

FORMER LONDON HOSPITAL CONSERVATION AREA

Character appraisal and management plan

Adopted October 2021



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PREFACE

What is a conservation area?

Conservation areas are parts of our local environment with special architectural or historic qualities. They are created by the council, in consultation with the local community, to ensure that change preserves or enhances the specific character of these areas for everybody.

The special character of these areas does not come only from the quality of their individual buildings, but from the value of these buildings as a group and from their setting. Elements such as the historic layout of roads, paths and boundaries and characteristic building and paving materials all contribute to the familiar and cherished local scene.

What is the purpose of this document?

This document has been prepared to comply with the Planning (Listed Buildings and Conservation Areas) Act 1990 Section 69(1) which states that a conservation area is “an area of special architectural or historic interest, the character or appearance of which it is desirable to preserve or enhance”. The Conservation Area Appraisal and Management Plan provides a detailed description of the area’s architectural and historic character and management guidelines on how this character should be preserved or enhanced in the context of appropriate ongoing change.

This document has also been prepared to support relevant strategic objectives contained within the council’s Conservation Strategy 2017 –2027 including objectives 1.1, 1.2, 1.3, 1.4 and 2.6.

Who is this document for?

This is an inclusive document which is intended to engage with many different people and organisations. It will depend on the support of the community to achieve its objectives.

The character appraisal and management plan is aimed primarily at the residents, businesses, developers and others living and working in the area. The document has also been prepared to align conservation objectives within different parts of the council, to help to meet the objectives of the Conservation Strategy and to provide a single point of reference for the management of the area. It represents our shared commitment to conserve the special architectural and historic character, and to help manage change constructively.

What is the status of this document?

This character appraisal and management plan has the status of planning guidance. It replaces the previous character appraisal and management guidelines adopted in 2007. It should be read in conjunction with Tower Hamlet's Local Plan and the London Plan. All planning applications for sites within the Former London Hospital Conservation Area should be informed by this document. It is a material consideration when planning applications affecting the conservation area are assessed.

Equality and diversity

Valuing diversity is one of the council's core values, and we take pride in being one of the most culturally rich and diverse boroughs in the UK. This core value has informed the preparation of this document and will continue to inform changes to this document in the future. These values will also inform changes to buildings and places and as such this document provides guidance to ensure inclusivity for all members of the community.

This character appraisal and management plan document will support the council's aims set out below:

- Creation of a strong spirit of community and good race relations in Tower Hamlets.
- The removal of prejudice, discrimination and victimisation within the communities we serve and our workforce.
- To ensure that the borough's communities and our workforce are not discriminated against or bullied for any reason, including reasons

associated with their gender, age, ethnicity, disability, sexuality or religious belief.

Please contact us if you feel that this document could do more to promote equality and further the interests of the whole community.

1.0 INTRODUCTION

The Former London Hospital Conservation Area was designated in April 1990. The boundary was amended in 2021, with one area to the east removed.

The former hospital and surrounding buildings have a strong historical link with the community and city life of the East End of London. The importance of the site itself is derived from the quality of the principal buildings, their historical associations and the relationship of those hospital facilities with their surroundings. The London Hospital site has been the scene of a series of changes in response to evolving healthcare needs and provision of services and is presently being refurbished to provide a new civic centre. New medical research facilities have also been constructed within the setting of the conservation area.

The character and appearance of the area, as described in the appraisal in the first part of the document, define its special qualities. The second part of the document, the Management Plan, contains relevant policy and guidance as well as development guidelines intended to ensure that future change is sensitive to the area's special character.

1.1. Location and setting

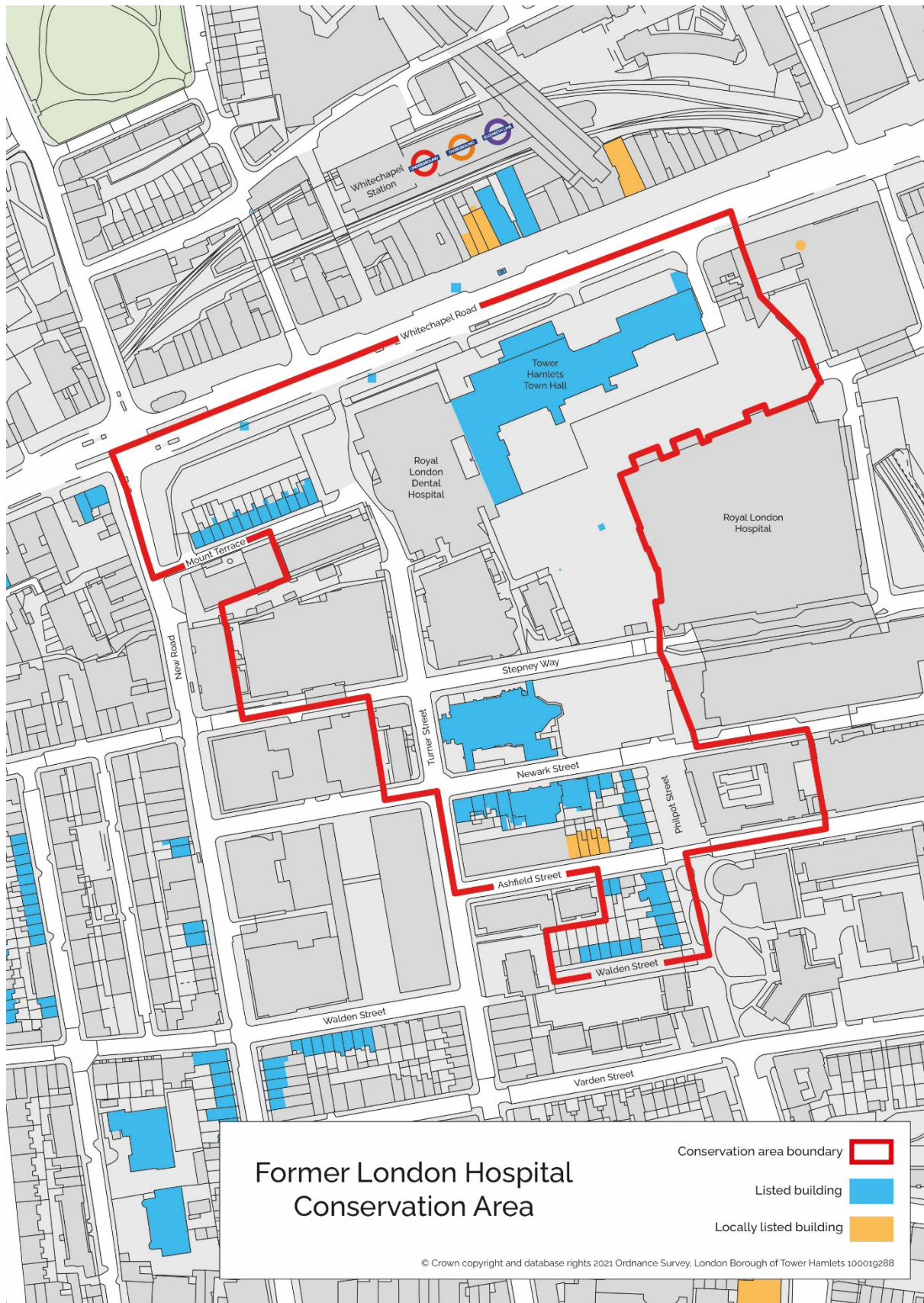
The Former London Hospital Conservation Area runs along Whitechapel Road to its north, with New Road to the west and Ashfield Street and Walden Street to the south. This is an area of particular special architectural and historic interest, illustrated by its rich history and significant architecture, dating from the 18th century onwards with notable buildings from the 19th and 20th centuries.

The historic buildings associated with the Royal London Hospital are at the heart of the conservation area. Since its foundation in 1757, the London Hospital site has

undergone incremental development over time, experiencing change and alteration not only to the hospital building but also to surrounding buildings and facilities. The establishment and reorganisation of the hospital site has resulted in a wide range of historical and architectural styles in the area. The changes that have taken place in the conservation area have contributed to its character.

Adjoining to the north west of the conservation area is the Whitechapel Market Conservation Area. The scale of buildings within the adjoining conservation area is quite different, with most buildings terraced, not exceeding three or four storeys and relatively narrow individual plot widths clearly defined. Although there are some terraces within the London Hospital Conservation Area, namely those on Mount Terrace, Philpott Street and Walden Street, the conservation area is largely characterised by detached or stand-alone institutional buildings mostly associated with the hospital use. To the south of the conservation area boundary the buildings are largely mid-late twentieth century housing blocks and some hospital/office buildings from the same period. To the east is the Ford Square Sidney Square Conservation Area and to the west the Myrdle Street Conservation Area. Both are largely characterised by residential built terraces of three or four storeys, with some areas of commercial use. As such the differences between the conservation area and the surrounding areas clearly define the Former London Hospital Conservation Area boundaries.

FORMER LONDON HOSPITAL CONSERVATION AREA



2.0 HISTORIC CONTEXT

2.1. Evolution of the area

Whitechapel Road has great significance in the development of east London, having been a major thoroughfare since the 12th century. When Bow Bridge was constructed in the early 12th century the present alignment of Whitechapel Road and Mile End Road became the main route to London from Essex.

The medieval settlement of Whitechapel was focussed on the church of St Mary Matfelon, which stood at the eastern end of Whitechapel High Street until its destruction by bombing during World War II. The name Whitechapel is said to come from the whitewashed walls of the chapel. St Mary's was a chapel-of-ease (one built within the bounds of a parish for the attendance of those who cannot reach the parish church conveniently) to St Dunstan's Stepney, until 1329 when it became a parish church in its own right.

Ribbon development along the Whitechapel Road existed as early as the 16th century, with pasture and market gardens stretching away behind the buildings.

During the Civil War there was a fort located just west of where the former London Hospital now stands and there were defensive banks and ditches to the north and south, to protect London from Royalist attack. An artificial mound, known as the Mount, was created with the spoil from the excavations of these trenches. The name of this is recalled in the present day Mount Terrace and East Mount Street.

Until the early years of the eighteenth century Whitechapel was the limit of London's suburban development. By the mid eighteenth century continuous ribbon development had extended east, beyond what was then called Dog Row (now known as Cambridge Heath Road), and streets were beginning to be laid out on either side of Whitechapel Road. At this time Whitechapel lay beyond the official controls of the City and was the location of industries such as foundries, tanneries and armament manufacturers. Many of London's arms makers kept workshops in Whitechapel to be close to armouries of the Tower and Proof House of the Gunmakers Company. As a result, by the end of the eighteenth century it had already become part of the City hinterland and

home to vibrant working class communities. The expansion of the docklands and overseas trade meant London was also a global city.

The London Hospital moved to Whitechapel in 1748, eight years after its foundation, having been previously located at Featherstone Street in Moorfields and Prescott Street in Aldgate. Construction began on the hospital's first purpose built accommodation in 1751, but it was not until 1757 that staff and patients moved into the new building, which had space for 300 beds. The east and west wings of the main hospital building were extended in the 1830s by H.R. Mason.

In 1807-08 the Mount was taken down and the material was used in the construction of roads across the marshy land linked to the development of the East and West India Docks. The Mount was replaced by terraced housing and by the mid nineteenth century the urbanisation of the area was complete and was moving towards the poverty and overcrowding that became synonymous with the East End at that time.

As London expanded, the hospital began to take on increasing numbers of patients. Since the expansion of the hospital wings in the 1830s and 1840s, the volume of patients had more than doubled. By 1862, overcrowding had become unmanageable and the hospital asked its surveyor Charles Barry Jr to prepare plans for extensions. The agreed solution was to build a five-storey wing with a basement and attic, extending west from the original building parallel to Whitechapel Road. The new wing was constructed in 1864 to 1866 by locally based contractors Hill and Kendall.

Despite the expansion to the west, the hospital struggled to keep pace with demand for beds. Further expansion to the east of the main hospital building took place in the form of the Grocers' Company Wing, named in recognition of a donation from the livery company. The new wing was designed by Charles Barry Jr and was constructed in 1874 to 1876 by Perry & Co. It was formally opened by Queen Victoria in a grand celebration.

The London Hospital had been associated with teaching since the 1740s. Early plans to extend teaching at the hospital were inhibited by the lack of rooms for lectures. The construction of a purpose built lecture theatre in 1783 to 1785 enabled the expansion

of teaching at the hospital and elevated its status to that of a medical school. The medical school was housed in a single storey block at the east end of the front block of the hospital. The school moved in 1854 to a new site at the junction of Turner Street and Stepney Way. Initial designs for the new college by Alfred Richardson Mason were rejected as being too costly, and it was built to an amended design by George Myers. However, the new building could not accommodate the increasing volume of students attracted to the college by its growing reputation. Between 1886 and 1887 the college was extensively enlarged and remodelled to designs by Rowland Plumbe.

By 1897 the hospital's outpatients department had outgrown its basement accommodation and, following a donation from the shipbuilding magnate Alfred Yarrow, a new purpose built building was constructed on a site occupied by thirty-five early nineteenth century terraced houses on the north side of Stepney Way (then known as Oxford Street), between Turner Street and New Road. The new building, designed by Rowland Plumbe, was completed in 1903.

By the end of the nineteenth century the London Hospital was the largest charitably funded hospital in the United Kingdom, with over 1,000 beds.

The expansion of the hospital gave rise to increased numbers of staff. This precipitated the construction of a series of nurse's homes. The first, which overlooked the hospital garden, was designed by Charles Barry Jr. It was constructed in 1886 to 1887 and became known as Old Home. This was followed by Alexandra House in 1894, which was located on the north side of Stepney Way, at the junction with East Mount Street. Further accommodation was named after wellknown nurses that worked at the hospital. Eva Luckes Home, built in 1905 to 1906 was named after the hospital matron and Edith Cavell Home was named after the nurse who started her career at the hospital and was celebrated for saving the lives of soldiers from both sides during the First World War. She was executed in Belgium by the German occupiers.

Further additions to the hospital complex were made throughout the twentieth century. These include the construction of a laundry in 1904 and an estates department in 1909, both located between Stepney Way and Newark Street, to the west and north of Eva Luckes Home respectively. Further extensions to the main hospital building

were also introduced, such as the addition of the Holland Wing to the rear of the Grocers Wing and the addition of a single storey building to its front. A link was also constructed between the east and west wings and single storey buildings were built in the rear courtyard. Other additions include a building known as Knutsford House, which was built on East Mount Street, to the north of Edith Cavell House; the Garden House that contained the children's unit located to the rear of the main building; a pathology department and swimming pool located between Stepney Way and Newark Street, to the east of Philpot Street and Fielden House on the west of Philpot Street. The majority of these buildings have since been demolished as the hospital has evolved.

The London Hospital was granted Royal title by HM Queen Elizabeth II in 1990 to celebrate the 250th anniversary of its opening on the Whitechapel site, allowing it to be known as The Royal London Hospital. In 1994, The Royal London, London Chest Hospital (in Bethnal Green) and St Bartholomew's (in West Smithfield) joined to become The Royal Hospitals Trust, with the Queen Elizabeth Hospital for Children (in Bethnal Green) joining the Trust in 1998. In 1999 the Trust was renamed as Barts and The London NHS Trust.

The piecemeal development of the hospital over the previous two hundred and fifty years, and the lack of adaptability in some of the older buildings, meant that it was increasingly difficult to practice modern medicine effectively and efficiently. In addition, the disparate and unconsolidated nature of the various hospital departments meant that patient journeys were often unnecessarily long and uncomfortable.

A review of United Kingdom healthcare provision in 1997 found that a new hospital in Whitechapel was sorely needed and that it should include about 900 beds for secondary and tertiary care. The same review recommended St Bartholomew's should be redeveloped to provide specialist cancer and cardiac services meaning that some of its other services needed to be incorporated into the Royal London site.

Given the substantial community benefits arising from the construction of the new hospital, which include the strategic role that it would play in the healthcare in east London as well as the creation of new public open space the harm arising from the

loss of some significant historic buildings, and their replacement with a much larger hospital building was considered on balance acceptable.

Planning permission for the redevelopment and expansion of the hospital was granted in 2005. The new hospital building, designed by HOK and constructed by Skanska, was opened in 2012. It is formed of two seventeen storey, and one ten storey tower, all of which are connected.

The new hospital is a leading, internationally renowned teaching hospital, providing a wide range of local and specialist medical services. It is one of the largest children's hospitals in the UK with one of the busiest paediatric accident and emergency departments. The hospital is home to London's Air Ambulance and is also one of the capital's leading trauma and emergency care centres and hyper-acute stroke centres. The new hospital building is not included within the conservation area as it is not representative of its special character and appearance.

The former main hospital building facing Whitechapel Road was to be renovated to continue to be part of the hospital complex. However, after standing empty for some years, the building was sold to the London Borough of Tower Hamlets in 2015, and in 2018 planning permission was granted to renovate and extend the building to form a new civic centre. As part of the planning permission, some parts of the listed structure were demolished to enable the building to be converted to its new use.

2.2. Historic architectural significance of buildings

Grade II Listed Buildings

Former Royal London Hospital, Whitechapel Road

The former hospital building is a fine example of Georgian and Victorian classical architecture, and is an imposing feature along Whitechapel Road. Construction of the hospital started in 1751 to designs by Boulton Mainwaring. It was initially a large and rather austere Georgian building of three storeys with a pedimented centrepiece. The building has been altered and extended many times including in 1781, 1839, 1849, 1876 and later. These changes include the addition of wings to the east and west, the

addition of extra storeys and the erection of a chapel and porte cochere at the centre of the Whitechapel Road façade.

The significance of the building is predominantly derived from its aesthetic, historic and communal values. The aesthetic value relates primarily to the impressive façade on Whitechapel Road, with the historic value stemming from survival of historic fabric from many periods. The building's strong communal value comes from the role that it has played as the home of a renowned institution, which has been hugely significant to the East End for over two hundred years.

22-34 Mount Terrace

This Georgian terrace of three storey houses with basements was constructed in 1810 by the Corporation of London. The houses are in stock brick and feature round headed doors with fanlights. The terrace was originally part of a more extensive development of two rows of 17 houses built after the clearance of the Mount, an artificial mound initially constructed as part of the Civil War defences.

26 to 34 (evens) Newark Street

This group of early nineteenth century three storey terraced houses are some of the most substantial in the area. The buildings feature a stone cill band to the first floor and the first floor windows have flat arches set within semi-circular headed recesses. The significance of these buildings is predominantly derived from their historical and aesthetic values. The historical value relates to the survival of historic fabric from the beginning of the nineteenth century, and the aesthetic values relates to their elegant proportions and high quality detailing.

36 Newark Street

This former school building, dating from 1842, is in the gothic style with grey brick and white stone dressings. The significance of this building is predominantly derived from its historical and aesthetic value. The historical value relates to the survival of historic fabric from the mid nineteenth century, and the aesthetic values relates to its elegant proportions and high quality detailing.

38 Newark Street

This former vicarage dates from the late nineteenth century. It is of yellow brick with red stone dressings and incorporates distinctive gothic details. The significance of this building is predominantly derived from its historical and aesthetic value. The historical value relates to the survival of historic fabric from the late nineteenth century, and the aesthetic values relates to its elegant proportions and distinctive detailing.

40 to 42 (evens) Newark Street

These three storey houses date from the early nineteenth century. The significance of these buildings is predominantly derived from their historical and aesthetic values. The historical value relates the survival of historic fabric from the beginning of the nineteenth century, and the aesthetic values relates to their elegant proportions and high quality detailing.

43 to 69 (odds) Philpot Street

These two terraces date from the early nineteenth century. The three storey buildings with basements are of yellow stock brick with a stone cill band to the first floor. The ground floor has semi-circular headed openings, while the first floor windows have flat arches set within semi-circular headed recesses.

The significance of the two terraces is predominantly derived from their historical and aesthetic values. The historical value relates to the way that the buildings enable the recollection of the lost wider architectural ensemble, which included terraces opposite and the important part these grander terraces played at the centre of the residential development to the south of the London Hospital. The aesthetic value derives from the proportions, details and craftsmanship evidenced particularly in the street facing facades of these grand terraces.

46 to 48 (evens) Ashfield Street

These two stock brick houses of the mid- 1820s once formed the eastern end of a terrace of similar houses. They are two storeys in height with basements and attics. Tall six panel doors have decorative semi-circular fanlights. The significance of the

pair of houses is derived from their historical and aesthetic value. The historical value relates to their importance as surviving elements of a lost part of the London Hospital estate. This is illustrative of the fragility of the surviving heritage assets within the area and emphasises the value of the surviving fabric. The aesthetic value derives from the classic proportions, elegant details and craftsmanship associated with the architecture of the period, which is well demonstrated in this surviving part of the terrace.

39 to 49 (odds) Walden Street

This is an early nineteenth century stock brick terrace of two storeys with basements, and the slate covered mansard roof incorporates dormers. Each house has a round headed doorway and a sash window with two windows above. The significance of the terrace is derived from its historical and aesthetic value. The historical value relates to the survival of original fabric as the surviving part of a much-changed streetscape. The aesthetic value is derived from the proportions, details and craftsmanship, which is well illustrated by the exterior of the houses. Numbers 31 to 37 (odds) are part of the same terrace but are not listed.

Statue opposite the south entrance of the new main building of the Royal London Hospital

This is a bronze statue of Queen Alexandra dating from 1908, located just outside the conservation area. It is a full sized figure mounted on a white stone plinth, which bears a pictorial plaque in low relief, commemorating the Queen's visits to the sick. The statue was erected in recognition of the Queen's Presidency of the London Hospital in 1904, and her work in introducing the Tilsen Lamp to combat Lupus. The statue was moved to its current location in 2013, having previously been located within the conservation area, in the rear courtyard of the former Royal London Hospital building. Although the statue is now located just outside of the conservation area it remains an important part of its setting.

The significance of the statue is derived from its historical and aesthetic value. The historical value relates to the commemoration of important historical events. The aesthetic value is derived from the fine craftsmanship exhibited by this statue.

Pillar Box previously located in the rear courtyard of the former Royal London Hospital building.

This is a mid-to-late nineteenth century pillar box of the Victorian 'penfold' type, which was rescued when the Post Office were updating pillar boxes and given a new home within the grounds of the hospital. Made of cast iron, it is hexagonal with cap bearing leaf designs, resting on ball mouldings and with a centre finial. The significance of the pillar box is derived from its historical and aesthetic value. The historical value relates to the survival of this rare type of pillar box. The aesthetic value is derived from the fine craftsmanship exhibited by this pillar box. It is intended that the pillar box will be relocated as part of the landscape works associated with the creation of the new civic centre.

K2 telephone kiosks opposite 209 Whitechapel Road and outside of the former Royal London Hospital building

These are two K2 type telephone kiosks dating from 1927. Designed by Giles Gilbert Scott, they are in red painted cast iron with domed roofs, with perforated crowns to top panels and glazing bars to the windows and doors. The significance of these telephone kiosks is derived from their historical and aesthetic value. The historical value relates to the survival of this rare type of telephone kiosk. The aesthetic value is derived from the fine craftsmanship and elegant proportions exhibited by these telephone kiosks.

Grade II* listed buildings

Former church of St Augustine with St Philip, Newark Street

This late Victorian Gothic church, of orange coloured brick with stone dressings was designed by Arthur Cawston to replace an early nineteenth century church. It is one of the borough's largest and most impressive ecclesiastical buildings.

The building ceased to operate as a church in 1979 but was subsequently converted to a medical and dental library. The crypt houses the hospital museum.

The significance of the building is predominantly derived from its aesthetic, historical and communal values. The aesthetic value relates to the high quality architecture, including the skilfully massed exterior and superb craftsmanship exhibited throughout

the building. The survival of this magnificent building and its adaptation to a new use give the building historical value. Communal value is derived from the important role the church played in the local community. The building also derives significance from its setting, including the fine terrace of buildings immediately to its south on Newark Street and from the area of open space to its east, which allows clear views of the building.

Locally listed buildings

39 to 43 (odds) Ashfield Street

This is the surviving part of an early nineteenth century terrace. The buildings are stock brick laid in a Flemish bond. Entrances have grey glazed brick surrounds with gauged brick arches. A string course divides the ground and first floors. The terrace displays the attributes of listed terraces within the conservation area, including fine architectural details and carefully considered proportions. The significance of the terrace is derived from its historical and aesthetic value. The historical value relates to the survival of original fabric as the surviving part of a much-changed streetscape. The aesthetic value is derived from the proportions, details and craftsmanship.

Other buildings that make a positive contribution to the conservation area

Former Outpatients Department, Stepney Way

This is a large and formidable block in banded brick with four prominent corner turrets, large stone transom windows and a central shaped gable with a decorative terracotta frieze. It was built to designs by Rowland Plumbe in 1900 to 1902 and forms part of a central group of historic buildings in the conservation area, including the grade II* listed former St. Augustine with St. Philip's Church to the southeast and the late Victorian School of Medicine and Dentistry building directly to the east. Although not statutorily listed, this building is integral to the significance of the conservation area due to its prominence, position in the group and handsome Edwardian elevations, which are still recognisable despite some later additions such as the large entrance canopy and external pipework. Although not statutorily listed, the former Outpatients Department is one of the principal historic hospital buildings that underpin the reason for the conservation area designation.

The Garrod Building, Turner Street

This is a four storey building with a robust exterior composed of yellow bricks with red dressings. The buildings principal elevation faces Turner Street with a Doric porch, topped with a balustrade. The facades feature Doric pilasters and are punctuated by large windows on the lower floors, with smaller ones on the upper floors. The building, designed by Rowland Plumbe and built between 1886 and 1887, is an extensive enlargement and remodelling of an earlier college building built in 1854 to a design by George Myers. Some changes have occurred over time. There is potential to reinstate some missing features.

Ambrose King Centre, Turner Street

This is a robust three storey plus basement neo-Georgian building dating from 1926. It is in stock brick with prominent stone quoins.

Good Samaritan public house, Turner Street

This is a three storey building in the neo- Georgian style, with touches of art deco detail, including geometric patterns on the door lanterns and fanlights and bright stained-glass windows. The building's north elevation features a roundel bearing the Trumans Brewery's distinctive eagle. The Good Samaritan was rebuilt in 1937 to 1938 to designs by the chief architect to Trumans, A.E. Sewell.

Floyer House, Philpot Street

This is a five storey building in brick with a ground floor loggia and projecting window frames. The arched fanlights of the doors and windows echo the interlaced tracery of the listed terrace on the opposite side of Philpot Street. It was designed by Edward Maufe as a student's hostel and dates from the 1930s. The building has more recent additions facing onto Newark Street and Ashfield Street, which are of less architectural and historical interest.

2.3. Archaeological significance

The majority of the Former London Hospital Conservation Area is included within the Mile End Archaeological Priority Area (APA). Only a small section of the conservation area, south of Ashfield Street and west of Philpot Street, is not covered by the APA.

APAs highlight where important archaeological interest might be located based on the history of the area and previous archaeological investigations. Mile End is a Tier 2 APA due to the potential for significant postmediaeval remains that are attested in historical records. The APA was designated because the area was historically important as its location on the edge of London attracted vital urban activity that was unacceptable in the city itself. It also served as the capital's de facto frontier with the rest of the country at historically important points. As London developed, so did the scope and nature of the activities carried out in Mile End, mirroring the development of the city. The area has potential to contain nationally significant remains relating to the Red Lion playhouse as well as medieval and post medieval remains of regional importance. Of particular relevance to the Former London Hospital Conservation Area is the presence of the former hospital's burial grounds and the possible survival of Civil War defences and a fort. A possible contemporary ditch was identified in modern investigations at the London Hospital Medical College.

For more information please see the Greater London Archaeological Priority Area Guidelines published in July 2016, available on the Historic England website. The website also provides a link to the Tower Hamlets Archaeological Priority Areas Appraisal produced by Historic England (2017), where further descriptions and maps of the APAs are provided.

3.0 TOWNSCAPE CHARACTER

3.1. General historic character and plan form

The present day character of the Former London Hospital Conservation Area is principally determined by the eighteenth century plan of the area. This consists of a grid of streets behind the main Whitechapel Road frontage. Within this grid, the conservation area has developed in a piecemeal fashion over the last two hundred and fifty years and contains eighteenth, nineteenth and twentieth century buildings.

The former Royal London Hospital building and the other surviving hospital complex buildings give much of the conservation area an imposing institutional character. This is complemented by the quieter, more domestic appearance of surviving residential terraces.

Overall the conservation area has strong historical value, as it incorporates valuable elements of built form that illustrate the evolution of the hospital and the residential estate to the south. Although some of the buildings have been altered for functional reasons, they retain an aesthetic value derived from the elegant proportions, fine detailing and high quality craftsmanship. The conservation area also has considerable communal value given that its focus is the former Royal London Hospital that played a very significant role in the East End for over two hundred and fifty years.

3.2. Layout and plan form

The original nineteenth century street pattern is still largely apparent today, although in places the historic streets have been pedestrianised or built over. The street pattern is a non-uniform grid, which gives rise to irregular block sizes. Within these blocks there is a variety of plot widths and depths, which is a result of the different building types found in the conservation area.

Large footprint Institutional buildings, such as the former Royal London Hospital and the former Outpatients Department, sit within significant plots. In contrast, the plots on Mount Terrace, Philpot Street and Walden Street have greater regularity and a finer grain compared to the rest of the conservation area.

3.3. Land uses

The conservation area is dominated by medical, institutional, and other associated land uses. Some of the conservation area buildings still form part of the overall hospital complex, such as the Alexandra Wing which houses the dental hospital, the Ambrose King Centre which accommodates a sexual health clinic, the Garrod Building which contains the medical college and the former church of St Augustine with St Philip which is home to the medical college library. With the redevelopment of the Royal London

Hospital and the changes to the way it provides medical care, a number of buildings, such as the outpatients department, are not currently in use.

The conservation area also features a number of residential terraces. Some of these buildings have been converted from private houses to uses associated with the hospital. Planning permission has recently been granted to refurbish buildings on Philpot Street and return them to residential use.

3.4. Building heights and massing

The piecemeal development of the conservation area, and the variety of buildings types within it, creates variety in the heights of buildings and their massing.

The current and former medical and institutional buildings in the conservation area are relatively modest in scale, but their large footprints mean that they are of a greater mass than much of the other fine grained historic development in the area. With the exception of the Alexandra Wing, the mass of these buildings is offset by their elegant proportions and fine detailing.

Generally, the residential buildings, such as the Grade II listed terraces on Mount Terrace and Walden Street, are two to three storeys in height. This scale is consistent with residential properties in neighbouring conservation areas such as Myrdle Street and Ford and Sidney Square.

The new Royal London Hospital building is an imposing structure that dominates many views both into and out of the conservation area, causing significant harm to its setting. Although harmful to the historic character of the area, the scale and mass of this building was considered acceptable due to the significant public benefits associated with the new hospital, the additional public open space it promised to deliver (including a new public square to provide views and a positive setting to the former church) and the strategic role that it plays in delivering healthcare in the East End.

3.5. Topography and important views

The Former London Hospital Conservation Area is generally flat and as such important views are shaped by the form of the built environment. As well as static views, kinetic views are of importance throughout the conservation area.

Typically, views in the area run along street axes. Long views along Whitechapel Road are of particular importance, taking in the former Royal London Hospital which is the main visual landmark in the conservation area. Long axial east to west street views are also important as many of the buildings that contribute positively to the conservation area, are visible without the intrusion of the new Royal London Hospital.

The former Church of St Augustine with St Philip (converted to the London Hospital's medical school library) is also an important conservation area landmark, being a distinctive building that is the focus of views along Turner Street, Stepney Way and Newark Street

4.0 ARCHITECTURAL CHARACTER

All buildings within the Former London Hospital Conservation Area, with the exception of the Royal London Dental Hospital, contribute positively to the special character of the conservation area. These buildings are identified as positive contributors due to their siting, building envelope and massing, appearance and materials. All buildings that make a positive contribution to the character of the conservation area should be preserved and where alterations are proposed these should enhance their contribution to the conservation area. Demolition of any positive contributors will not be supported. Equally, any alteration that is not sympathetic to the special character of the conservation area will not be supported.

4.1 Building typology and form

The conservation area features a range of architectural styles, reflecting the organic and piecemeal growth of the area. However, the character of the conservation area is principally derived from later Victorian and Edwardian hospital buildings that occupy large blocks of the previous Georgian residential street layout.

The area also contains early Victorian terraced buildings, which stylistically relate back to Georgian architecture and form a homogenous and cohesive group.

4.2 Key architectural features and building materials

Buildings in the conservation area are typically characterised by elegant proportions, fine detailing and high quality craftsmanship. Whilst it is recognised that some alterations have taken place, in general these do not detract from the character or appearance of the conservation area.

All buildings, with the exception of Gwynne House, incorporate brick as a facing material in some way, making it the predominant building material in the conservation area. A variety of brick colours are used; some buildings such as the former Royal London Hospital feature yellow stock bricks, while other such as the former Outpatients Department and the former church of St Augustine with St Philip use different tones of red brick. Some buildings, such as the Garrod Building, successfully combine different brick colours for a polychromatic effect.

Many of the medical and institutional buildings are adorned with decorative features, such as stone dressings, string courses, pilasters and balustrades.

In many cases, roofs are hidden behind parapets, although in some cases visible pitched roofs, such as that on the former church of St Augustine with St Philip and the Good Samaritan Public House, make a positive contribution to the streetscene. The former Outpatients Department features distinctive corner towers with pyramidal roofs, which are a typical motif of architect Rowland Plumbe.

5.0 PUBLIC REALM AND OPEN SPACE

5.1. Streets

Whitechapel Road (A11) forms the northern boundary of the conservation area. It is one of the main east / west routes that pass through the borough, connecting the city to outer London. Whitechapel Road is the focus of much activity and today is characterised by the competing demands of pedestrians, cyclists, public transport,

motorists and market traders. This spacious and busy road provides a good setting for the former Royal London Hospital building, which will become the new Civic Centre.

New Road defines the westernmost boundary of the conservation area. This is also a busy thoroughfare, and links Whitechapel Road to Commercial Road. Like Whitechapel Road, the northern part of New Road has a commercial character with shops, cafes and restaurants located primarily on the western side of the street.

Other streets within the conservation area have less of a commercial character, although they remain relatively busy with significant numbers of people visiting the new Royal London Hospital, medical college and other associated buildings. In particular, Stepney Way is a busy thoroughfare that provides access to the new hospital building immediately to the east of the conservation area.

In places, the historic street pattern is disrupted. A large section of Philpot Street has been pedestrianised and a post war building currently blocks the path of Walden Street between Philpot Street and Turner Street. The alignment of the northernmost part of Turner Street has been slightly changed by the location of the modern Alexandra Wing and vehicular access has been restricted. Vehicular access to the western part of Newark Street has also been restricted. At one time, Ashfield Street (then known as Rutland Street) led directly from the conservation area to New Road. Its path is now blocked by the Blizzard Building and Bio Innovation Centre (both outside of the conservation area just to its west).

5.2. Street surfaces

The street surfaces within the conservation area have contemporary surfacing, including dark grey asphalt on the carriage way and large concrete paving slabs on the footways. Some of the street surfaces, such as the one on Mount Terrace, are in a poor condition.

The pedestrianised section of Philpot Street is surfaced with red paving stone, arranged in a herringbone pattern. This emphasises its difference from the other streets, but is not particularly sympathetic to the historic character of the area.

5.3. Street furniture

The two listed K6 telephone boxes and a further un-listed red telephone box, on Whitechapel Road are an attractive complement to the streetscene. However, they would benefit from some maintenance to address some instances of graffiti and missing glass.

The remaining street furniture in the conservation does not make a positive contribution to its character and appearance. For example, the southern side of the stretch of Whitechapel Road between East Mount Street and New Road features a variety of items on the pavement that clutter the streetscene and detract from the setting of the Grade II listed former hospital building. These items include cycle hoops, cycle hire station, telecommunications poles, security cameras and cabinets. There is also a free standing advertising board located toward the western end of this section of Whitechapel Road. This advertising board is detrimental to the appearance of the streetscene and obscures views of the listed K6 telephone box, harming its setting.

Elsewhere in the conservation area there are some items of modern street furniture associated with the operation of the new hospital. located along Stepney Way to prevent vehicles from mounting and parking on the pavement, and there is also a vehicle gate on Newark Street. Whilst these items of furniture may be necessary for the effective operation of the hospital, their design and execution is detrimental to the appearance of the conservation area.

5.4. Open space and greenery

At present, parts of the pedestrianised section of Philpot Street, between Newark Street and Walden Street, form the only area of open space in the conservation area. The space is laid out informally with meandering paths, grassed areas, raised beds, hedges and trees. Whilst the space would benefit from some improvement, it is nonetheless an important amenity for the area and provides respite from the otherwise hard and urbanised appearance of this part of Whitechapel. Other notable greenery is provided by the large mature tree within the grounds of the former church of St Augustine with St Philip that makes a positive contribution to the streetscene.

The redevelopment of the Royal London Hospital site was intended to provide a number of new open spaces. These included a new civic space to be located at the rear of the former hospital building, which would measure 140 metres from east to west and 34 metres from north to south, making it comparable in scale to the forecourt of the British Museum. In addition, the demolition of buildings adjacent to the former church of St Augustine with St Philip, was intended to provide a public square measuring 37 metres from north to south and 80 metres east to west at its widest point. A further area of landscaped open space was to be provided between Mount Terrace and Whitechapel Road.

Unfortunately, these new spaces have not been delivered, to the detriment of the character and appearance of the conservation area. The former hospital building has been purchased by the council and planning permission has been granted to refurbish and extend it to form a new civic centre. There is an intention to provide a new civic square to the rear of the building. Buildings adjacent to the former church of St Augustine with St Philip have been demolished, but the landscaping works have yet to take place. The space is being used as a temporary garden. The space between Mount Terrace and Whitechapel Road is currently being used for car parking.

5.5. Public art

The bronze statue of Queen Alexandra was previously located in the area to the rear of the former Royal London Hospital building. As part of the redevelopment of the hospital complex, the statue was relocated to the area opposite the south entrance of the new hospital building, just outside the conservation area.

5.6. Street trees

There are a number of large street trees along Whitechapel Road, these help to screen the Alexandra Wing of the former hospital and generally make a positive contribution to the character and appearance of the conservation area.

6.0 HERITAGE AUDIT

At the time of writing, the conservation area is identified by Historic England as being 'at risk', with its current condition considered to be 'very bad', (the worst of four ratings).

Much of the conservation area is in a poor state of repair, with many opportunities for the enhancement of the conservation area. In these areas a lack of investment, development within the setting, inappropriate alterations and the loss of historic features cumulatively threaten the special character and appearance of the conservation area. It is these same threats which, if addressed, offer the opportunity for significant enhancement.

The condition of the building fabric within the Former London Hospital Conservation Area varies, but many buildings are in a poor state of repair with maintenance and repair works required, including redecoration and repointing. The building material is largely consistent, predominantly using yellow stock and red brick with some smaller areas of stucco, stone or glazed bricks. Timber windows prevail, with many historic timber sashes surviving along with some interwar Crittal windows. Most buildings immediately abut the pavement edge, but some of the historic houses have small front gardens or lightwells, for example on Philpot Street. The largely consistent material palette within the conservation area is an important aspect of its architectural and historic significance.

6.1. Lack of investment and inappropriate alterations

Often a lack of investment can result in a gradual deterioration of the built fabric as maintenance is reduced and the cost of repairs minimised. The exteriors of historic buildings within the area feature rich materials and details which are a major part of its historic and architectural character, but which are vulnerable to neglect and poorly considered change. The opportunity exists to reverse this change with carefully considered investment, which retains the surviving historic fabric and builds upon it.

In several cases, original brick facades are in need of repointing or brickwork has been damaged by cleaning. There are also areas of graffiti.

Much of the public realm within this conservation area is in a poor state of repair, with a variety of surface treatments and very little consistency. Many pavements are covered in asphalt, as are all the road surfaces in the conservation area.

6.2. Loss of historic features

Window frames are key historic features. The installation of inappropriate windows has detracted from the appearance of several buildings within the conservation area.

The appearance of some buildings has suffered from the removal of historic architectural features such as windows and railings. This has harmed the character and appearance of the conservation area. In some instances historic photographs or surviving historic features or precedents offer the opportunity for appropriate reinstatement.

6.3. External changes

The appearance of some buildings has also suffered from incremental additions, often associated with their use as hospital buildings. Such features include entrance canopies, signage, pipework and flues, which have often been added to help historic buildings meet the modern operational needs of the hospital. In many cases, features have been added with little consideration for the significance of the host building, disrupting elevations and obscuring historic features.

6.4. Vacant/underused properties and sites

At the time this document was adopted, a number of the historic hospital buildings within the conservation area are underused or largely vacant. This is a contributing factor to the neglect of building fabric.

There are a number of sites within the conservation area that appear vacant, such as the land to the rear of the former hospital building and the area to the east of the former church. These spaces were cleared with the intention of creating new open spaces, but landscaping works have yet to take place.

6.5. Development outside the conservation area boundary affecting its setting

To the immediate north and west, the conservation area is bounded by the Whitechapel Market and Myrdle Street conservation areas. These areas have a neutral impact on the setting of the conservation area. Although buildings do not all necessarily follow the scale, proportions or plot coverage of those within the conservation area, they are generally of a smaller scale than the larger hospital buildings within the conservation area and are mostly in keeping with the scale and appearance of the smaller, residential buildings within the conservation area.

To the east of the conservation area there are a number of larger scale developments that do not contribute positively to its character. In particular, the new Royal London Hospital, which was developed inside what was once the conservation area boundary is a significant structure, formed of several large volumes reaching to around 100 metres in height. The conservation area boundary has been amended to exclude the new hospital building and limit the harm to the conservation area itself, but it does cause significant harm to the setting of the conservation area. The Royal Mail building on Whitechapel Road also causes some degree of harm to the setting of the conservation area. The appropriate redevelopment of this building offers the potential to preserve or enhance the setting of the conservation area.

To the south the larger scale mid-late twentieth century housing blocks and hospital/office buildings are not generally in keeping with the form or style of buildings within the conservation area, but do not generally have a detrimental impact on the setting of the conservation area. The exception to this is John Harrison House on Philpot Street, which causes some harm as a result of its scale, massing and appearance.

6.6. Public realm and open space

The absence of good quality open space is detrimental to the character of the conservation area. The area is the location of a number of grand institutional buildings that would benefit from more generous, well-designed settings including green space. The area attracts a high number of visitors, including many thousands of visitors to the Royal London Hospital, who would benefit from the improved amenity the open spaces would provide.

There is a large area of underused public open space to the northern end of Philpot Street. This provides a welcome break in this densely built up area for local residents, hospital patients, staff and visitors and others visiting the area. It is, however, poorly maintained and would benefit from some soft landscaping improvements. The draft Tower Hamlets Local Plan 2031 envisages the creation of a 'green spine' that connects Philpot Street to the rear of the new civic centre in the former hospital building. This linear space would help create a sense of place and increase recreational opportunities. It would also contribute to a legible, permeable and well-defined movement network with a direct visual link along its length.

Much of the public realm in the area is in a poor state of repair with various surface treatments to the road and pavements that are not sympathetic to the character or appearance of the conservation area. Many street surfaces in the area have been covered with asphalt, with cracks and patches of repair clearly visible. Brick paving is used for the public space on Philpot Street. Traditional granite kerbs, located throughout the conservation area, are an attractive feature.

Surfaces throughout the conservation area need repair work and improvements in order to improve the area's appearance and quality. If any historic setts survive and are covered over, they should be retained below any new surfacing.

Features within the public realm are generally very varied with very little consistency. There are a wide variety of bollard designs, much variation in signage, a range of cycle storage designs, varied railing designs and hoardings which, together with the inconsistent surface treatments, add to visual street clutter to streetscenes within the conservation area.

7.0 INTRODUCTION TO MANAGEMENT PLAN

7.1. Background

This Management Plan sets out the borough's commitment to high quality management of conservation areas and their settings. The Management Plan provides

guidance to residents, businesses and other stakeholders about the special elements of the areas character and how these can be preserved or enhanced. The management plan also sets out the considerations that should be taken into account at the earliest possible stages of the design process and addressed as part of any planning application.

Conservation areas are as much about history, people, activities and places as they are about buildings and spaces. Preserving or enhancing the borough's architectural and historic built heritage is of vital importance in understanding the past and allowing it to inform our present and future.

Conservation areas also promote sustainability, in its widest sense, in line with the National Planning Policy Framework. The re-use of historic buildings and places is environmentally responsible, as it protects the energy and resources embodied in them and combats global warming. Demolition and rebuilding of buildings can have a big impact on the environment and can result in a large amount of waste and associated air pollution.

Recommendations for additions to the statutory list are considered by Historic England.

7.2. Policy and legislation

In conservation areas, planning controls are more extensive. Permitted development rights are more limited, and demolition and works to trees are controlled. The Planning (Listed Buildings and Conservation Areas) Act 1990 places a duty on Tower Hamlets to designate Conservation Areas in "areas of special architectural or historic interest" and to formulate and publish proposals for the preservation and enhancement of its Conservation Areas. Section 72 of the Planning (Listed Buildings and Conservation Areas) Act 1990 which relates to planning functions within conservation areas, includes that 'special attention shall be paid to the desirability of preserving or enhancing the character or appearance of that area. You are strongly advised to contact the council to check if works you are proposing need permission.

Any new development should have regard to relevant national, regional and local planning policy, including the following:

- The Planning [Listed Buildings and Conservation Areas] Act (1990);
- the NPPF;
- the London Plan alongside the City Fringe Opportunity Area Planning Framework;
- the Tower Hamlets Local Plan;
- the Tower Hamlets Conservation Strategy;
- Historic England Guidance; and
- this character appraisal and management plan.

Further information can be found on the council's website, on the government website and on the GLA website.

Statutorily listed buildings

There are fourteen listed buildings of structures (entries) in the Former London Hospital Conservation Area. If a building is statutorily listed, any alterations to the property, either internally or externally, will require listed building consent from the council. Listed building consent is required for any works of demolition, alteration or extension to the building, which would affect its special architectural and historic interest. Works within the grounds or curtilage of a listed building can also require consent. Repairs to listed buildings may also require consent. It is always advisable to inform the council of any plans you might have to carry out repairs. Replacement of any historic fabric usually constitutes an alteration and therefore requires listed building consent.

The council has a duty of care to ensure owners and prospective owners of listed buildings are aware of the need for maintenance and repair of such buildings. Regular maintenance can prevent serious and expensive problems at a later date. If listed buildings are not maintained in good repair, then the council can step in to ensure that relevant repairs are carried out. In some circumstances, the council itself may

undertake essential repairs and recover the cost from the owner. The council has powers of compulsory purchase in such circumstances.

Locally listed buildings

Local listing is a protection offered by the local authority to buildings it believes are of local significance. A heritage asset is a building, monument, site, place, area or landscape identified as having a degree of significance meriting consideration in planning decisions because of its heritage interest, locally listed buildings are included within this designation. The effect of an application on a non-designated heritage asset is a material consideration when deciding planning applications, and local listing strengthens the case for retention of a historic building. There is one group of locally listed buildings within the conservation area. Although locally listed buildings do not benefit from the statutory protection outlined previously, they have been recognised as being of local townscape importance. The council expects to see their retention and evidence that any proposed alterations enhance the building's character or appearance. Full justification for any redevelopment proposals will be sought, including convincing evidence that the building could not be retained. Economic reasons alone will not always justify redevelopment.

Article 4 Directions

Where evidence suggests that the exercise of permitted development would harm the special character of the conservation area, the council can serve an Article 4 Direction to withdraw specific classes of permitted development that would otherwise apply. It is important to note that an Article 4 Direction does not necessarily prevent the type of development to which it applies, but requires planning permission to be obtained for the specified types of development. There is no fee for planning applications required due to an Article 4 Direction. There are currently three confirmed Article 4 Directions that affect the Former London Hospital Conservation Area. One removes the permitted development right for changes of use from offices (B1(a) use class) to residential (C3 use class). Another removes the permitted development right for changes of use from residential dwellings (C3 use class) to small houses in multiple occupation (C4 use class). The third removes the permitted development right for changes of use from shops (A1 use class), financial and professional services (A2 use

class), betting offices or pay day loan shops (including buildings where these uses are combined with residential) to a residential dwelling (C3 use class).

For specific information on Article 4 Directions please see the General Permitted Development Order (1995) and 2010 amendment and accompanying Government Circular (available from the DCLG website), as well as the guidance provided in Historic England's Advice Note 1 (Second Edition) 'Conservation Area Designation, Appraisal and Management' which was published in February 2019 (<https://historicengland.org.uk/images-books/publications/conservation-area-appraisal-designation-management-advice-note-1/heag-268-conservation-area-appraisal-designation-management/>)

Archaeological investigations

Any new development that lies within the Archaeological Priority Area will be required to include an Archaeological Evaluation Report and will require any nationally important remains to be preserved permanently at the site, subject to consultation with Historic England.

Trees in conservation areas

A Tree Preservation Order (TPO) is an order made by the council to protect specific trees or groups of trees in the interests of amenity. A TPO prohibits the cutting down, topping, lopping, uprooting or wilful damage of a protected tree without permission and is a designation which is applied selectively. Whilst some trees in a conservation area may be protected by a TPO all trees in a conservation area are protected by the provisions of section 211 of the Town and Country Planning Act 1990, These provisions require owners to notify the council if works to trees are proposed. To do this a works to trees application form should be completed. The application must describe the works proposed and include sufficient particulars to identify the tree or trees which are the subject of works. Only one section 211 notice is need to carry out a number of different operations. Notification should be made at least six weeks before the works commence to allow the council sufficient time to assess whether the works are acceptable or not. If the works are not supported and modified proposals can not be agreed then the trees must be protected by the council serving a TPO. The application for works to trees can be found [here](#).

Carrying out works to trees without the necessary approval can be a criminal offence, and the council welcomes early requests for advice.

7.3. Outline guidance for applications

When planning applications in a conservation area are decided, the council as the local planning authority will pay special attention to whether the character of the area is preserved or enhanced by the proposal. The special character of the Former London Hospital Conservation Area is described in detail in the Appraisal in the first part of this document.

In the Former London Hospital Conservation Area, as in other conservation areas, planning controls are more extensive than normal. Before carrying out any work in this area, you may need to apply for consent even for minor work such as replacing railings. These consents include planning and listed building consent, as well as others for work such as felling trees. Planning permission is required to demolish any building bigger than 115m³, and a higher standard of detail and information is required for any application. When applying for listed building consent, please note that all parts of the building, including its interior walls, ceilings and all other internal features, are protected. Some buildings are nationally (statutorily) listed, and some are locally listed by the borough. Locally listed buildings are those of townscape value which the borough wishes to protect. The exact information required will vary with each application, but in general applications must include:

- A clear Design and Access Statement explaining the reasons behind the various architectural, masterplanning or other design decisions.
- A Heritage Statement where the impacts of the application on the significance of heritage assets or the impacts of demolition within the conservation area are set out.
- Contextual plans, sections and elevations of existing buildings (at a scale of 1:50 or 1:100).

- Drawings of proposed works, including construction details, produced at larger scale (e.g. 1:200 or 1:10) clearly indicating the nature of the work proposed.
- Existing and proposed townscape views where relevant.
- Additional detail regarding materials and construction.
- Photos of the condition of existing building (including details where appropriate).

More details are available on the Tower Hamlets website where a validation list can be found. If in any doubt, the council welcomes and encourages early requests for advice or information. More information is available on pre-application advice on the council's website. When alterations are proposed to listed buildings, complying with the building regulations can be particularly complex, and early consideration of building control issues can help identify potential problems early in the process.

7.4. Resources needed to conserve the historic environment

The most effective way to secure the historic environment is to ensure that buildings can continue to contribute to the life of the local community, preferably funding their own maintenance and refurbishment. Commercial value can be generated directly from the building, through its use as a dwelling or office, or through its role in increasing the attractiveness of the area to tourists and visitors. However, it should be noted that economic reasons alone will not in themselves justify the demolition or alteration of a building in a conservation area. The council will consider grant aid to historic buildings and places, but grant funding, even for cases that meet the defined criteria, is extremely limited.

8.0 DEVELOPMENT GUIDELINES

8.1. General approach

Development in the conservation area should enhance the unique characteristics of the Former London Hospital Conservation Area, reinforcing its distinctive identity and

contributing to its historic sense of place. New buildings should be of a high design standard, reflecting the scale and variation typical of the historic townscape. Individual buildings should display their own identity within the historically set parameters (scale, grain, building line). These parameters are responsible for the creation of a coherent streetscape and locally distinctive character derived from an otherwise diverse collection of different designs, styles and materials. Retention and restoration of existing buildings which contribute to the character of the area provides the foundation for the area's development. The council encourages the sympathetic re-use of existing buildings in conservation areas. Where development has harmed a conservation area it is possible, under certain circumstances, that further development may help to mitigate this harm.

8.2. Demolition

Demolition of buildings within the conservation area

Although the Former London Hospital Conservation Area has undergone some change, it has a well-established and distinguished character distinctive from its surroundings in terms of its grain and scale. The council will resist unjustified demolition where this is considered to be harmful to the special character or appearance of the conservation area. Any applications including demolition will be assessed in line with national, regional and local policy and guidance including the National Planning Policy Framework.

A substantial amount of historic fabric has been lost as a result of the development of the new Royal London Hospital and the boundary has been revised to reflect this. The buildings that remain are, however, integral to the significance of the conservation area designation, particularly those which are associated with the hospital, such as the former hospital building, former outpatients department, the Garrod building, the Ambrose King Centre and the former church. The loss of one or more of these buildings would mean the loss of historic fabric that is integral to the significance of the conservation area and would call into question the justification for its continued designation.

Planning permission is required for demolition or substantial demolition of all buildings or structures larger than 115m³ in conservation areas. What constitutes substantial demolition is considered on a case-by-case basis by the Local Planning Authority. Where a building is statutorily listed, listed building consent will be required.

Where corner buildings are threatened with demolition this can cause a wider threat to the terrace as a whole, this will be resisted. The demolition and replacement of a central building forming part of a small terrace will also be resisted as this can result in further proposals and cumulative impacts.

If demolition work occurs without the necessary consent the council is likely to pursue planning enforcement action that may result in prosecution and a substantial fine. The demolished structure may be required to be rebuilt. It should be noted that the council will not normally grant planning permission for demolition without relevant permissions having been obtained for an acceptable scheme for the redevelopment of the site.

With regard to vacant sites, or those in poor condition, it should not be assumed that any development is automatically better than the current situation.

Partial demolition

In most cases, the council would expect to see buildings retained but in some exceptional cases it may only be possible to retain a building in part; either by retaining elements of a building or through façade retention. Partial demolition will only be considered acceptable when it can be demonstrated that the proposed demolition can be carried out without unacceptable risk to the parts of the building to be retained and that any new development integrates with and respects the remaining historic fabric. This should be outlined as part of a Heritage Statement. A report of any structural implications will also need to be submitted. In many cases it may be possible to salvage and re-use elements of the historic fabric for example bricks, slates or window frames or external features. Any partial rebuilding will require materials to match and will be controlled by condition. It may be necessary to record the existing building prior to alteration.

Demolition of buildings adjacent to the conservation area

Demolition of unlisted buildings outside a conservation area does not always require planning permission. However, proposals to demolish and re-develop sites adjacent to a conservation area boundary should preserve, and where possible enhance, the setting of the conservation area to ensure that the significance of the conservation area is not harmed.

8.3. New development

New developments should respect the fine grain character and straightforward legibility of the historic street pattern. Any replacement buildings should preserve or enhance the character or appearance of the conservation area and ensure that its significance is not harmed. Any new development on potential infill sites (as highlighted in section 6.0 of the Appraisal) should sit comfortably with the existing character or appearance of the conservation area.

Where existing buildings have a negative impact on the character or appearance of the conservation area, it may be possible to alter the exterior of the building so that it enhances the character or appearance of the area. The council would only encourage replacement of these buildings if the replacement is of high quality and has a positive impact on the character or appearance of the conservation area.

All new developments should be sympathetic to the character or appearance of the conservation area in terms of scale, materials and design. The overall quality of architectural detailing will be key to producing a successful scheme which builds on the qualities already present within the area. In order to ensure necessary architectural quality, detailed design should be explored and agreed early in the planning process. The quality of external materials will also be key to producing a successful scheme.

8.4. Property conversion

The permitted development rights for this area of the borough have been removed in relation to the conversion of offices (Use Class B1(a)) to residential (Use Class C3). Where property conversion or change of use is permissible, external changes are likely to require planning permission. Any external changes should relate well to the

public realm, should respect the character of the host building and should be in keeping with the character or appearance of the conservation area.

8.5. Extensions and alterations

A number of historic buildings in the conservation area were designed to meet specific operational requirements of the hospital. As the practice of medicine evolved, so did these operational requirements meaning that older buildings are no longer ideally suited to ongoing medical use. Nonetheless, historic buildings associated with the hospital are integral to the significance of the conservation area and are an important part of the history of the East End. As such, the council will strongly support appropriate proposals to bring these buildings back into active use.

The council will take a flexible approach to the consideration of extension and alteration of former hospital and current institutional buildings where this would not result in undue harm to any significance they may have or the significance of the conservation area, and would ensure the long-term survival of these important conservation area buildings.

Roof extensions

The impact of any roof extensions on the public realm and views from within the conservation area should be carefully considered in order to ensure the character or appearance of the conservation area is preserved or enhanced.

Rear extensions

The visibility of proposed rear extensions from the public realm must also be carefully considered to ensure that, not only the impact on the host building, but also on the wider conservation area, is acceptable and preserves or enhances the character or appearance of the conservation area.

External alterations

Where external alterations are proposed to existing buildings, these must seek to preserve or enhance the character or appearance of the conservation area. Piecemeal alterations can be harmful to the special architectural and historic character of a

building. Any alterations to historic fabric should be on a like-for-like basis in terms of materials and design. Where inappropriate or unsympathetic alterations have occurred in the past, these should be rectified in accordance with the historic materials and appearance. In cases where the alterations are to a building which is not historic, the design and materials used should be in keeping with the character of the conservation area. Any external alterations to individual buildings will have an impact on the wider conservation area and so must be considered within the wider context.

8.6. Energy efficiency improvements

Window replacement and alteration

Window replacement and alterations to existing windows are often successful ways of improving the energy efficiency of a building. A careful study of the existing building should be carried out in order to identify the original window design and materials. This should form a good template for the kind of windows that will be acceptable in terms of materials, design, glazing bar details, window opening patterns and type of glass. In most cases historic or original windows should be retained and repaired, draught proofing added and if necessary internal secondary glazing installed. Where it is acceptable to replace the existing windows with double glazing care must be taken to ensure that the double glazing is of an appropriate design, that it is possible to replicate the dimensions and opening arrangements of the existing historic windows, that the double glazing is of a slim profile and that spacer bars are white and are unperforated, rather than perforated metal. Top-hung or outward opening windows will not be supported on historic buildings unless this reflects the original glazing pattern.

It may be necessary to apply for planning permission to fit new windows (such as double-glazing) in a flat or maisonette. Planning permission will not be required to add internal secondary glazing. It is also unlikely to be necessary where you are fitting windows which are identical to those which are being removed i.e. like-for-like replacements. However, if the new windows differ in appearance or size to those you are replacing (for instance, different glazing patterns or opening methods) you may need to apply for planning permission. The detailed design, materials, dimensions, glazing bar pattern, glazing thickness and opening methods are all important considerations when new or replacement windows are proposed.

The replacement of historic windows to listed buildings will not be supported unless it can be demonstrated that they are beyond reasonable repair. If this can be demonstrated, then any replacement of windows should be on a like-for-like basis, matching the original design exactly. This will require listed building consent and, if any changes are proposed in terms of design, materials or thickness, planning permission may also be required. Energy efficiency can be improved through draught proofing windows or through the installation of internal secondary glazing. These works will not require listed building consent, unless they obscure important historic features or cause harm to the historic fabric.

Cladding, rendering or painting of external walls

The council will seek the retention or reinstatement of original façade treatments of buildings which contribute positively to the special character or appearance of the conservation area. Unless it can be demonstrated that existing exposed brickwork had originally been rendered or painted, the rendering or painting over of brickwork will not be supported.

External insulation through rendering or other methods will not be supported. Any additional insulation should be installed internally where appropriate so as not to inappropriately alter the external appearance of the building. In a listed building, internal insulation would need listed building consent. In most cases it is unlikely to be acceptable.

8.7. Other external changes

The council will seek to reduce street clutter and will therefore not support unnecessary additions to building frontages or elevations that front the street. Items such as, but not limited to, satellite dishes, antennae, flags and banners will not be supported. Grilles and louvres to the front of new or existing buildings are also unlikely to be supported. These should be placed on rear or side elevations if required and carefully designed so that they are incorporated into the overall building design.

The council welcomes the removal of unwanted and unnecessary clutter from the exterior of buildings within the conservation area.. Development proposals that involve the re-use and/or conversion of existing buildings will be expected to address this issue where appropriate.

8.8. Public realm improvements

Where there are historic surface finishes such as cobblestones, setts or paving, the council will seek their retention, as these form an important part of the character of the conservation area. Any major investment in buildings should also include public realm improvements where appropriate. New schemes should aim to retain historic surfaces and any new surfaces should be sympathetic to the conservation area. Junctions between different surface treatments should also be carefully considered.

The quality of the streetscape, the surface materials, street furniture and other features can all form an integral part of the character or appearance of the conservation area. Any work carried out should respect this historic character, using natural materials and colours that are in keeping with the character or appearance of the conservation area. For works to Whitechapel Road, Transport for London's [TfL] Streetscape Guidance should be consulted. On narrow side streets, setts and cobblestones should be reinstated where possible and historic kerb stones retained. Any paving works should be sympathetic to the historic character of the conservation area. Larger rectangular paving slabs ideally in natural stone or high quality composite stone, are more sympathetic to the character of the conservation area than smaller modular paving. Each case will be assessed on its own merits.

In addition to the TfL guidance, for developments which impact on public spaces, the council's Street Design Guide and Historic England's Streets for All: London document should be referred to. An important aim should be to reduce street clutter, such as obsolete signage and modern phone boxes.

The open space located towards the northern part of Philpot Street is an important amenity for the area and contributes positively to the setting of the surrounding historic buildings. It is important that this space is properly maintained, it would also benefit

from some landscaping improvements. Other open spaces that were planned as part of the redevelopment of the Royal London Hospital, but have not been delivered, should also be landscaped to provide important amenity for the area and to contribute positively to the setting of the surrounding historic buildings. In particular, the space to the east of the former Church of St Augustine with St Philip will make an important contribution to the setting of the Grade II* listed building. This important contribution was recognised and provided justification for the loss of listed nurse's quarter buildings at the time of the redevelopment of the Royal London, not only in providing valuable and much needed new open space to serve the hospital and the area more generally but specifically for allowing clear unimpeded views of the church's fine architecture. This space is an important part of the green spine that links Philpot Street to the rear of the new civic centre. Likewise, the public square at the rear of the new civic centre would provide an important point of arrival at the northern end of the green spine and provide an appropriate setting for this institutional building. The design and management of these spaces should be of a suitably high standard to reflect their importance to the significance of the conservation area.

All trees in conservation areas are protected, and some trees are also covered by Tree Preservation Orders (TPOs). Additional information on trees can be found in the Policy and Legislation section of this document and on the council website.

8.9 Signage

The richness in the variety of details to shopfronts and buildings is integral to the character and appearance of the conservation area. Existing timber fascias, pilasters and corbels should be retained or restored where they have been lost. In cases where shopfront corbels do not survive, careful study should be made of adjacent shops to see if any appropriate examples remain – these should form the template for reinstatement.

It should be noted that a standard corporate approach to signage may not be considered appropriate due to size, colour or illumination. As such, proposed designs and/or materials may have to be amended to suit the historic context. Any hanging or projecting signs should be well designed, bespoke timber hanging signs of an

appropriate size for the shopfront or building. Traditional materials should be used and plastic signage will not be supported. No upper level signage, projecting signs or banners will be supported.

Hand painted timber fascia signs or fascias with individually applied lettering are encouraged throughout the conservation area. Internally illuminated plastic fascia signs are not appropriate and will not be supported.

8.9. Vacant sites and hoardings

Vacant sites must be carefully managed to ensure that they cause minimal harm to the conservation area. These sites must be maintained and should not be allowed to fall into disrepair. Where hoardings are used around vacant sites or on sites that are currently undergoing building works, these must be consistent in terms of height, materials and appearance. Hoardings should be maintained in a good state of repair so as to not detract from the character or appearance of the conservation area. Where possible, hoardings should be used positively to inform the public of the history of the site or wider area.

8.10. Development affecting the setting of the conservation area

The setting of the conservation area has been harmed, to some degree, by the introduction of buildings of a significantly greater scale, most notably the new Royal London Hospital building. However, much of the conservation area's setting remains at a relatively modest scale and the presence of nearby tall buildings does not automatically justify further development at this scale.

It is important that development proposals on the edge of the conservation area and in surrounding areas include a fully detailed assessment of any impact on the historic significance of the conservation area.

To enable the council to assess relevant applications, the council will expect applicants:

- to identify which heritage assets and their settings are affected by a proposal;
- assess whether, how and to what degree these settings make a contribution to the significance of the heritage asset(s);
- assess the effects of the proposed development, whether beneficial or harmful, on the significance of the heritage assets; and
- demonstrate that they have explored ways to maximise enhancement and avoid or minimise harm.

9.0 MONITORING AND REVIEW

9.1. Ongoing management and monitoring change

The council recognises the contribution of the local community in managing conservation areas, and will welcome proposals to work collaboratively to monitor and manage change in the area. Public meetings will be held to maintain communications between all stakeholders and identify new opportunities and threats to the conservation area as they arise.

In addition, the borough's Annual Monitoring Report, prepared with the new Local Plan, will assess progress on the implementation of the whole Local Development Scheme, including policies relevant to conservation.

9.2. Enforcement strategy

Appropriate enforcement, with the support of the community, is essential to protect the area's character. The council will take prompt action against those who carry out unauthorised works to listed buildings, or substantial or complete demolition of buildings within a conservation area. Unauthorised work to a listed building is a criminal offence and could result in a fine and/or imprisonment. Likewise, unauthorised substantial or complete demolition of a building within a conservation area is illegal. It is therefore essential to obtain planning permission and/or listed building consent before works begin.

An enforcement notice, served by the council may require works to rectify unauthorised alterations. This notice is entered on the Local Land Charges records which could make the future sale or financing of the property more difficult.

If listed buildings are not maintained in good repair, then the council can step in to ensure that relevant repairs are carried out. In some circumstances, the council itself may undertake essential repairs and recover the cost from the owner. The council has powers of compulsory purchase, if necessary to protect listed buildings. The council will enforce conservation law wherever necessary, and will consider the introduction of Article 4 Directions to remove permitted development rights where appropriate.

10.0 USEFUL CONTACTS AND REFERENCES

The council encourages and welcomes discussions with the community about the historic environment and the contents of this document. Further guidance on all aspects of this document can be obtained on our website at www.towerhamlets.gov.uk or by contacting:

- Tel: 020 7364 5009
- Email: planning@towerhamlets.gov.uk

This document is also available in libraries, council offices and Idea Stores in the borough. For a translation, or large print, audio or braille version of this document, please telephone 0800 376 5454. Also, if you require any further help with this document, please telephone 020 7364 5372 Also, you may wish to contact the following organisations for further information:

- Historic England <https://www.historicengland.org.uk>
- The Georgian Group www.georgiangroup.org.uk
- Victorian Society www.victorian-society.org.uk
- 20th Century Society www.c20society.org.uk
- Society for the Protection of Ancient Buildings www.spab.org.uk
- East London Postcards www.eastlondonpostcard.co.uk