

Graylingwell Hospital, Chichester Historic Landscape Characterisation

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English Partnerships
The National Regeneration Agency

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Introduction

This report is the product of joint working between English Heritage (EH) and English Partnerships (EP) from February 2006 to August 2006.

The emphasis of the report is on how analysing historic character can generate a range of suggestions for planners on how to make a connection to the past when producing future plans.

The first section of the report describes the EH/EP Pilot Project and the innovative approach of using Historic Landscape Characterisation (HLC) methodology to analyse a former hospital site. The aims and objectives of the Graylingwell study are also outlined here. Section 2.0 explains how a HLC is constructed and the analysis carried out at Graylingwell. Section 3.0 provides information on the site, its location and provides a site plan and location map.

Section 4.0 deals with Graylingwell's historic context. This section starts with the most recent development on the site relating to the hospital and works backwards in time to when the site was a farm and earlier still, describing its character during Medieval, Roman and Pre-Roman settlements.

Section 5.0 provides the core information that forms the Graylingwell HLC. The map produced using GIS illustrates all the distinct Character Areas identified by EH and EP. The individual Character Areas are grouped with other Areas of a similar nature and with similar planning implications in this section. The planning constraints and opportunities are then presented for these key Character Areas. Individual Character Areas are described in detail in Appendix B.

Section 6.0 draws together the Recommendations and Conclusions of the Graylingwell HLC. This section deals with how the important findings of the

Characterisation methodology could influence future planning of the Graylingwell site. It then makes a series of recommendations on which historic elements could be retained or restored to provide a link to the past when the site is redeveloped. The final part of the study evaluates to what extent the aims and objectives of the study have been achieved and its wider applicability to other EP projects.

Appendix A contains a series of Historic Maps dating from 1881 – 2000 showing patterns of development on the Graylingwell site over time. Appendix B provides a detailed description of each Character Area illustrated on the Map in section 5.0 and describes the planning implications of each Character Area.

1.0 Aim and Objectives

1.1 The English Heritage/English Partnerships Pilot Project

In 2005 EH and EP began working together to explore the potential and value of using HLC as part of the assessment of former hospital sites for regeneration.

EH and EP believe that conducting HLC at the pre-planning stage has the potential to make a positive contribution to the planning and regeneration process. HLC provides the planning and design teams with a contextual understanding of a site's historic development and areas of important historic character that can inform the broad strategic view of a future plan.

In the past HLC has been used to assess fairly large tracts of land such as entire counties, whole conurbations such as Merseyside and regions such as the Thames Gateway. Using HLC to map smaller sites is an innovative step calling for additional levels of detail and a more forward-looking approach.

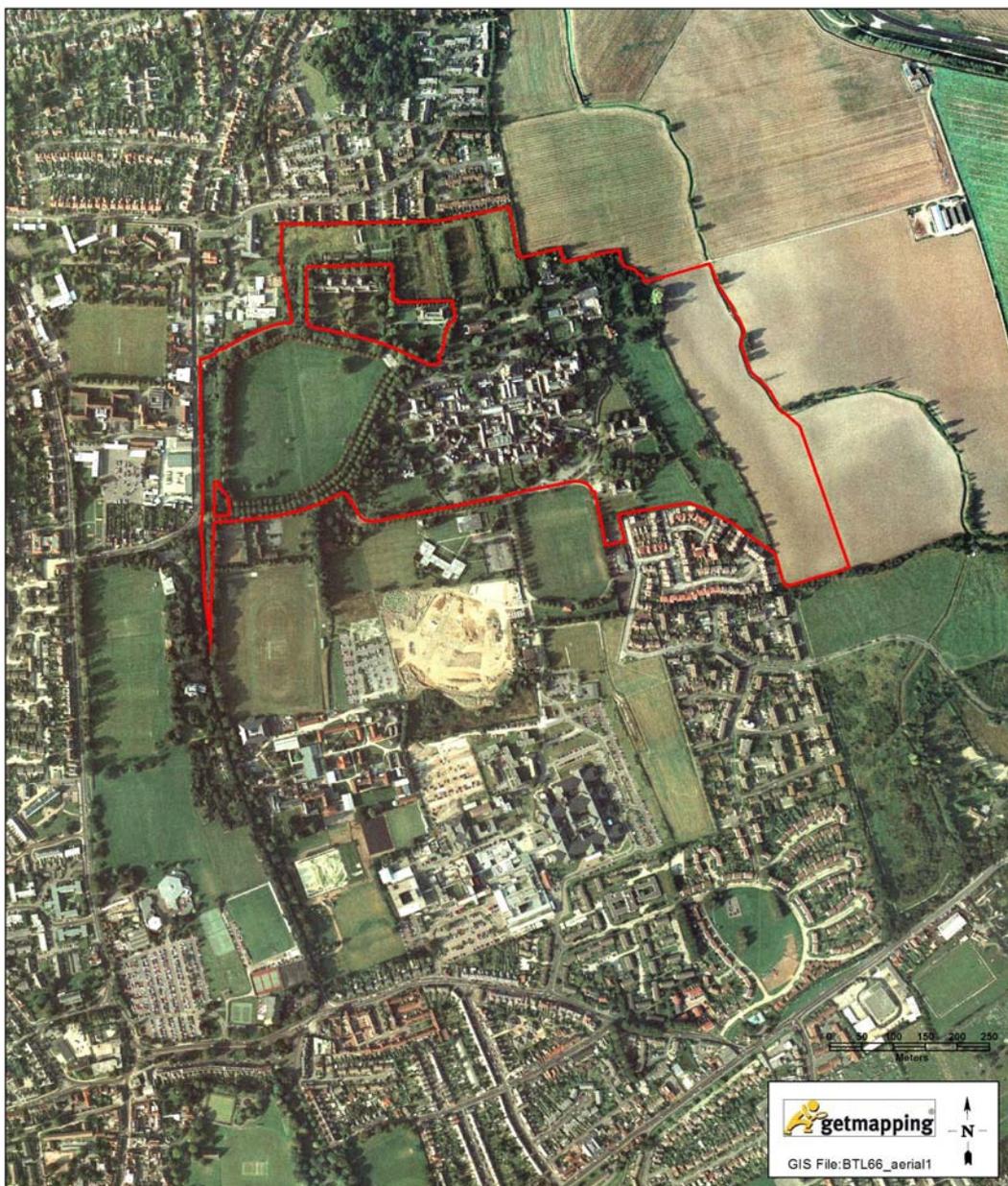
The key objectives of the Pilot Programme are:

- To initiate joint working between EH and EP to test the value of the HLC process when assessing former hospital sites.
- To identify the contribution that HLC can make to the planning process when it is undertaken at the pre-planning stage and whether it can improve the overall quality of development.
- To consider whether conducting a HLC study at the pre-planning stage can speed up the planning process as a whole.
- To explore the methodological approach of using HLC to assess smaller sites than have typically been assessed using this technique.

- To identify distinct character areas on hospital sites that could inform future plans.

Graylingwell is the first hospital site in the EP/EH Pilot Project. Two further sites within the Hospital Sites Programme will be studied during 2006, and a joint Tool Kit or Best Practice Guide produced on the HLC process to exemplify methods, benefits and future applications of this approach.

1.2 The Graylingwell Project



Aerial photo of Graylingwell Hospital site (Red line boundary shows EP's ownership)

The key aim and objectives of the Graylingwell HLC are as follows:

- To map the historical development of the Graylingwell site and identify how historical land use and development patterns could inform future development.
- To identify distinct Character Areas and make recommendations on how an understanding of these Areas can make a positive contribution to the planning and design process.
- To consider whether conducting a HLC in parallel with Building Design Partnership's (BDP) planning work for the Local Development Framework (LDF) can improve the overall quality of development on the Graylingwell site.
- To satisfy Chichester District Council's requirement for a Landscape Characterisation Study as a planning condition on developing the Graylingwell site.[D2][D3]
- To complete the HLC by summer 2006, followed by a review session to identify lessons learnt, refine the process and identify future applications.

2.0 Outline of the HLC Process

The English landscape owes much of its diversity and richness to the results of human actions over hundreds and thousands of years. HLC is about understanding some of the legacy of these actions as part of the process of constructing a contemporary sense of landscape character. There are many reasons for doing HLC, but a central one is to provide spatially meaningful knowledge at a variety of scales to help with the management of change and the creation of future landscape. A useful summary of methods and emerging applications is in 'Using HLC' (www.english-heritage.org.uk/characterisation click on 'Landscape')

HLC has origins in parallel with those of *Landscape Character Assessment (LCA)*, and HLC and LCA share many principles; for instance, they:

- Provide understanding and appreciation of overall character
- Help manage change everywhere, not just 'special places'
- Give context to particular places, but allow the whole inherited landscape to play a role in modern life.

HLC was in fact developed to supplement LCA, because whilst LCA includes some historical information, it necessarily glosses over the historical processes of landscape development and the survival of patterns that they create. HLC addresses this shortcoming to make the landscape characterisation as a whole more robust and holistic. HLC is usually carried out by landscape archaeologists; in its developed forms it requires a healthy understanding of GIS.

HLC so far has mainly been carried out at a county scale. The programme of national coverage, which started with a pilot study in Cornwall in the mid 1990s, now extends over more than three quarters of the counties of England. Its use

has been extended into major cities and conurbations, and is beginning to be used also at local scale from small towns to military complexes.

Graylingwell presents a further opportunity to develop and test new aspects of the methodology at a more detailed scale.

2.1 HLC- Analysis

HLC is essentially an interpretative tool. It mainly uses (and collates) existing knowledge to reach an appreciation of landscape character and its 'time-depth'. The landscape is assessed by determining the origins and the subsequent evolution of its main components, for example field systems, woodland, parklands, mineral extraction, industrial and urban areas. Assessment is carried out using archaeological interpretation, morphological analysis supported by documentary evidence, aerial photography and the results of previous local or regional historical/archaeological studies.

The predominant historic characteristics or processes of a site are used to define areas that are drawn as 'polygons' in GIS. To these are attached data attributes denoting present and former human activity and land use. This process can be infinitely layered using modern GIS, but a simple structure is best defined around a nested hierarchy of broad and more specific HLC 'types'. This spatially based method reflects both the dominant current aspects of landscape character and the trajectory by which its character has survived into our time.

The HLC approach allows a more inclusive view than traditional site-selective approaches. It identifies areas that still retain significant elements of 'ancient' landscape character of more recent date and recognises the potential interest of all changes that have shaped the present landscape. Indeed, it can help to recognise change as a characteristic of landscape as well as an impact upon it. HLC thus allows the complexity of landscape (the fact that in any vista, character draws in differing degrees on the remains of many centuries of change) to be used in planning further change.

At the heart of HLC is a process aimed at revealing the key historical aspects that make a given place typical or distinctive, common or unique. Within any 'polygon' or HLC character area or type, there may be smaller areas of difference that

could at a finer scale be extremely significant but which at the larger scales normally used for characterisation do not significantly affect the bigger picture.

HLC is not intended to replace the more detailed site-specific information (for example Historic Environment Records) that will be required at detailed design stage. It is designed to help decide the overall direction of change rather than the precise way in which change is accomplished.

2.2 The Graylingwell Methodology

In this context of HLC methods and objectives, the Graylingwell approach has been tailored to support medium-sized and smaller regeneration projects on areas of complex historic character areas. Whilst adopting HLC principles and techniques, the approach at Graylingwell is innovatory. It adopts a different scale of characterisation that is suited to large complexes of buildings and land well below the scale of a whole town or county. At Graylingwell, the study coincided with the point of need, whereas characterisation would more normally inform judgements made at a later date when changes are being proposed.

The general character of proposed change and the impact on the area was in broad terms known, in the sense that the site will be redeveloped for predominantly housing with a mixed use component. The characterisation study has progressed in parallel with initial LDF planning work. An innovatory aspect of this method is that it has embedded within it recommendations about how inherited character could inform planning and design options.

3.0 Graylingwell Site

3.1 Location



Location Plan

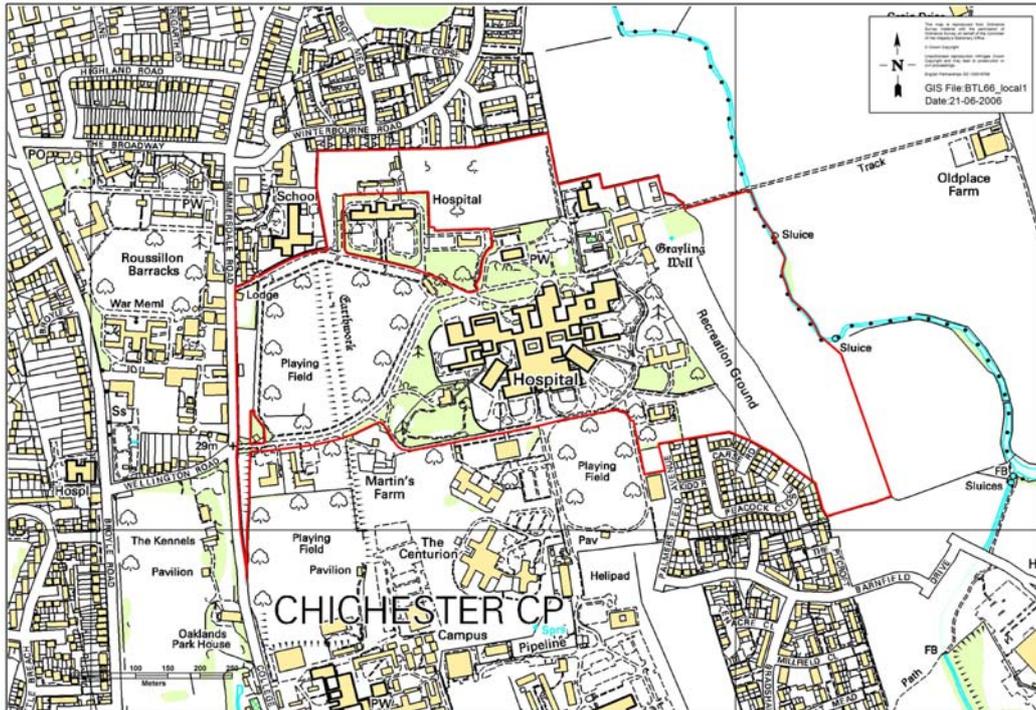
Chichester lies between the South Downs and the South Coast. Its busy yachting harbour and surrounding countryside reflect the seafaring and agricultural past of the town. The city itself is popularly symbolized by its cathedral, the crossing of its Roman streets marked today by the medieval butter cross and by the remains of its Roman and medieval town walls.

Chichester has good transport connections and is easily accessible from the M27 and A27 coast road which links Hampshire, Sussex and Kent. The A29 and A24 connect London and mid-Sussex. Heathrow Airport is 57 miles away and Gatwick Airport is 38 miles from Chichester with the smaller Southampton Airport approximately 35 miles away. Ferry terminals are found at Portsmouth, 18 miles away.

3.2 The Site

The Graylingwell Hospital site lies just to the northeast of the Roman and medieval walled area of Chichester and within walking distance (approximately 1.5 miles) of the town centre. Graylingwell Hospital itself was built in 1897 at the municipal boundary of the city. It continued to mark the limits of the town until the 1960s, and still does today towards the east where it overlooks the open space of the Lavant floodplain.

The site lies to the north of the ring road on Summersdale Road, which turns into College Lane. To the north lie residential areas developed from the 1960's to the present day. Chichester Hospital and College, and the Roussillon Barracks (dating originally from the early 19th century) lie to the south and west of the site respectively. They both have a significant open character despite their large buildings. To the east, open fields and agricultural land lie in the flat floodplain of the River Lavant with views across to Goodwood Aerodrome and Racetrack, and further towards the north to Goodwood Racecourse high on the Downs.



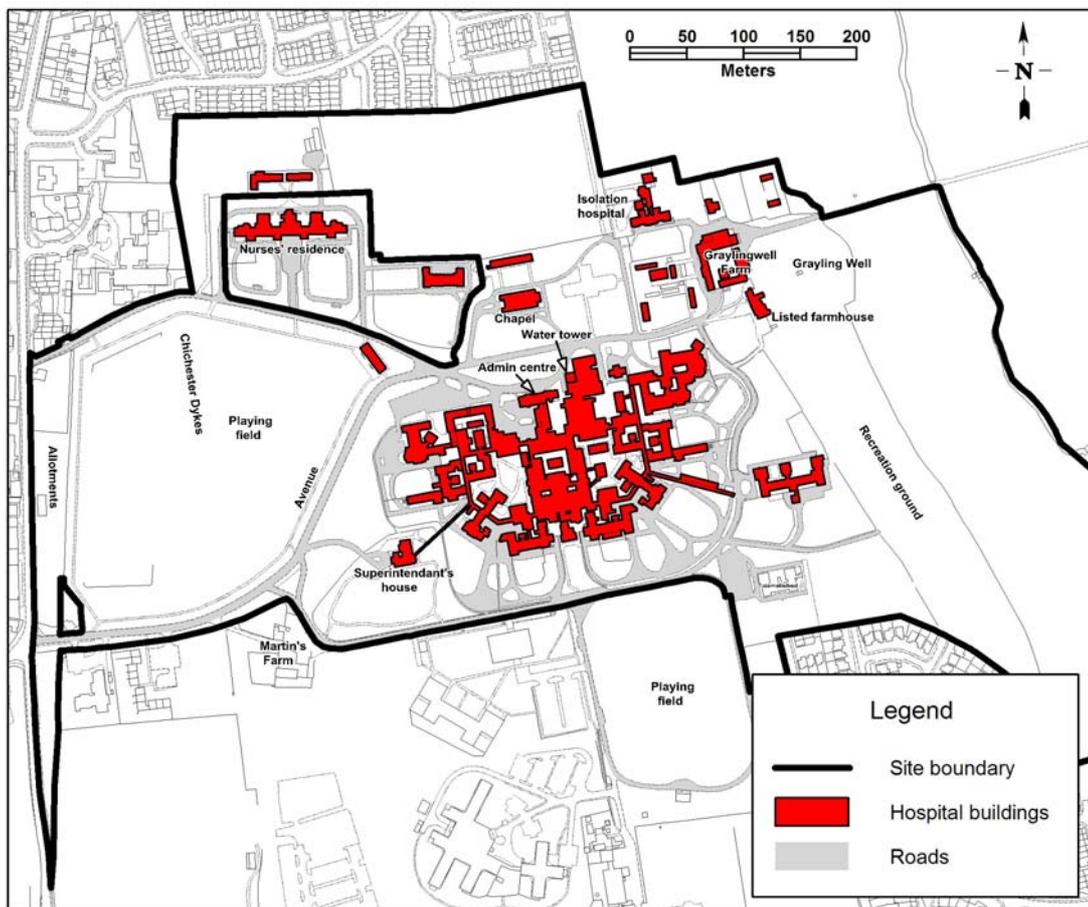
Site Plan

The site area is approximately 15.6 ha (38.5 acres) and contains a complex array of buildings. This includes the late 19th and 20th century former hospital buildings and chapel, a listed 18th century farmhouse, a well of medieval if not earlier usage, and a scheduled pre-Roman earthwork, all set within an area of registered historic parkland. These elements are described in greater detail in section 4.

The western section of the site, bounded by Blomfield Drive and Connolly Way is open space used as a playing field and framed by mature trees. The northern section of the site is open land and includes fruit trees planted when this part of the site was used as an orchard and nursery garden. The eastern section of the site is open land. The southern section of the site is former airing courts and garden spaces relating to the main hospital buildings.

There are numerous mature trees throughout the site that are not currently subject to Tree Preservation Orders (TPO). However much of the site falls within a conservation area, where the trees benefit from a similar protection as a TPO.

4.0 Historic Context



Site map showing location of main hospital buildings

4.1 Hospital Development

The hospital was built between 1894 and 1901 as a lunatic asylum for the pauper agricultural population of rural West Sussex. Since then it has been a prominent part of Chichester's rural (and later suburban) landscape, particularly its tall brick keep-like water tower.



Water Tower

The choice of the Graylingwell site for the 1890s hospital has had a marked and major impact on the evolution of the area during the 20th century. It has served to attract much larger buildings of the present NHS hospital to the south. The choice of location to some extent reflected a pre-existing peri-urban character of the area, as the choice of location for the Napoleonic barracks to the west makes clear. Much older functional zonings had placed institutions such as a medieval priory and leper hospital (hence 'Spitalfield Lane') beyond the medieval town walls in this area. Therefore the hospital's location is part of a longer historic trajectory that has deeply imprinted this part of the city.



The Chapel

The overwhelming external character of the hospital is late Victorian. A major part of this character derives from its relationship to the landscaped grounds, which were laid out in 1897-99 as part of an original design by a noted authority on institutional landscaping R Lloyd, the Head Gardener at Brookwood Asylum. The

grounds provided a balance of practical, recreational and therapeutic functions (e.g. food-growing areas, laundry spaces and secure open air exercise areas for patients). The choice of site for the hospital and the overall layout of both buildings and landscape follows the recommendations promoted in the Victorian period by the *Commissioners in Lunacy* on the care and treatment of mental illness – an elevated site for ‘the air’ and views into the surrounding landscape from the principal day rooms combined with a sense of privacy and enclosure, reinforced by the restriction of access routes into the north of the site.

The choice of style for the buildings was primarily a matter for the tastes of the founding committee. The hospital was designed by the architect Arthur Blomfield, who declined to emphasise the administrative centre as the most prominent focus of the plan, instead grouping it with the water tower and a detached chapel on the north side of the site.

From the southern or western perspectives, i.e. viewed from the town, the architectural aspect that most dominates the landscape is the southward arc of the intermittent but closely spaced facades of the radially aligned wards. These, exemplify the 'Queen Anne' style that was well established by the 1890s for domestic and institutional buildings. The additional wards at the North East and North West corners of the hospital were built in 1900-01 and are marked by minor differences in the execution of the general design. Planning should recognise the important role of at least the more formally designed facades.



The main Hospital buildings- northeast corner

At opposite ends of a central North – South axis through the hospital complex stand two more carefully detailed 'Queen Anne' style buildings. The one to the

south accommodated the assistant medical officers, conveniently located amidst the arc of wards but distinct on account of its small scale, architectural treatment and private garden. The one in the north served as both administration building and principal entrance, and is the most highly elaborated example of this style on the site. Standing opposite, and sharing a sort of entrance forecourt with the entrance, is a chapel designed with local materials and detailing in a replica 'Early English' style. These two buildings are normally seen as the 'best' pieces of architecture in the hospital complex.

At the core of the complex are the service buildings and the recreation room, the latter playing an important role in the care and activities of patients. Supplementary buildings were added to the hospital during the 1920s and 1930s, some in separate grounds and some placed in the open spaces within the original plan, including infill to original internal courtyards. There is also an interesting range of post 1945 additions that reflect developing ideas towards mental illness and new methods of construction, which give the site some of its more interesting and fine-grained time depth.



The hospital wards from the northeast; 1960s ward extension in the foreground.

The original visual and physical separation of the radiating wards was an important feature of the site, designed to reflect gender segregation and differing medical treatments. The separation was also continued outwards into the grounds by way of six distinct gardens or airing courts fenced and additionally hedged in holly for security. This physical separation is now masked by extensive late 20th Century infilling. Removal of much of the in-filling would enhance the general character of the whole site.

There are several outlying buildings. Some are later in date, such as the 1930s ward to the southeast and the Nurses' Residence to the northwest. Others are part of the original design, notably the isolation hospital east of the chapel, and the substantial Queen Anne-style Medical Superintendent's house set in its own extensive planted grounds, and linked to the main complex by a long wooden corridor. This presence of isolated buildings is an important part of the site's character.



Superintendent's house

Beyond this core of buildings and closely-related gardens lies a larger area of parkland, recreational areas, a large kitchen garden, orchards and farm land adapted from the 370 acres (c150ha) Graylingwell Farm estate, acquired to make way for the Hospital in 1894. This includes the remains of a rectangular kitchen garden (an important element of the therapeutic regime), a nursery north of the chapel, with gardener's cottage, the footprints of former glasshouses, and other associated buildings. This contributes a large area of open space, which in character terms mediated the original transition to open country from the hospital.

The majority of the parkland lies to the west of the main building, framed to north and south by the two main access drives. The northern drive follows the much older line of the access to Graylingwell farmhouse. The southern drive with its more formal avenue of trees (and gas lights) is the 'new' approach to the hospital. Rather than being peripheral, it runs through pre-existing open land. The piece of

open space to the southeast, which has become overgrown and now screens the hospital buildings, was originally equally open land.

Apart from giving a sense of openness and separation, and having an important public recreation role, this open land also includes a (scheduled) section of the pre-Roman 'Chichester Dykes'. It thus forms a link between the hospital and the earliest visible aspect of the area's past.

Mental hospitals were usually located at the very limits of towns, where land was available to build and would support the practical and therapeutic activities of the inmates while providing a certain separation from local centres of population. This was certainly true at Graylingwell, and indeed in this case the municipal boundary had to be extended northwards to accommodate the new hospital. The provision of parkland to the west and of lodges at the South and North entrance to the grounds from Summersdale Road serves to reinforce this separateness from the outside world, as does the avenue of trees that formed the principal approach. The preservation of open space imparts great character to this area of modern Colchester, combining with the broad expanse of the Roussillon barracks (a camp for the siege of Chichester in 1642, and barracks since 1800) to the west, Oaklands Park to the south west and the opening out into agricultural land to the east. Only in the north has the site's connection to the rural hinterland of Chichester been broken by late 20th century housing estates.

The northeast quarter of the Hospital site is significantly distinctive. Here are no laid out grounds, but working areas inherited from Graylingwell Farm, making a very direct link between late 19th and 20th century aspects of landscape character and the more remote past. The farmhouse stood next to the 'Grayling Well', which the hospital used to supply the water tower. A flint wellhead with iron gates remained standing until at least 1987. The well house is now gone, its site marked by brick rubble, safety fencing and scrub. In the lifetime of the hospital, the farmhouse was used to house male patients working on the farm as a part of their treatment. Immediately to the north a courtyard farmyard and farm cottage was built in the late 1890s, incorporating earlier farm buildings. These buildings, with their scale and clear historic use form a very distinct character area.



Listed 18th century Farmhouse

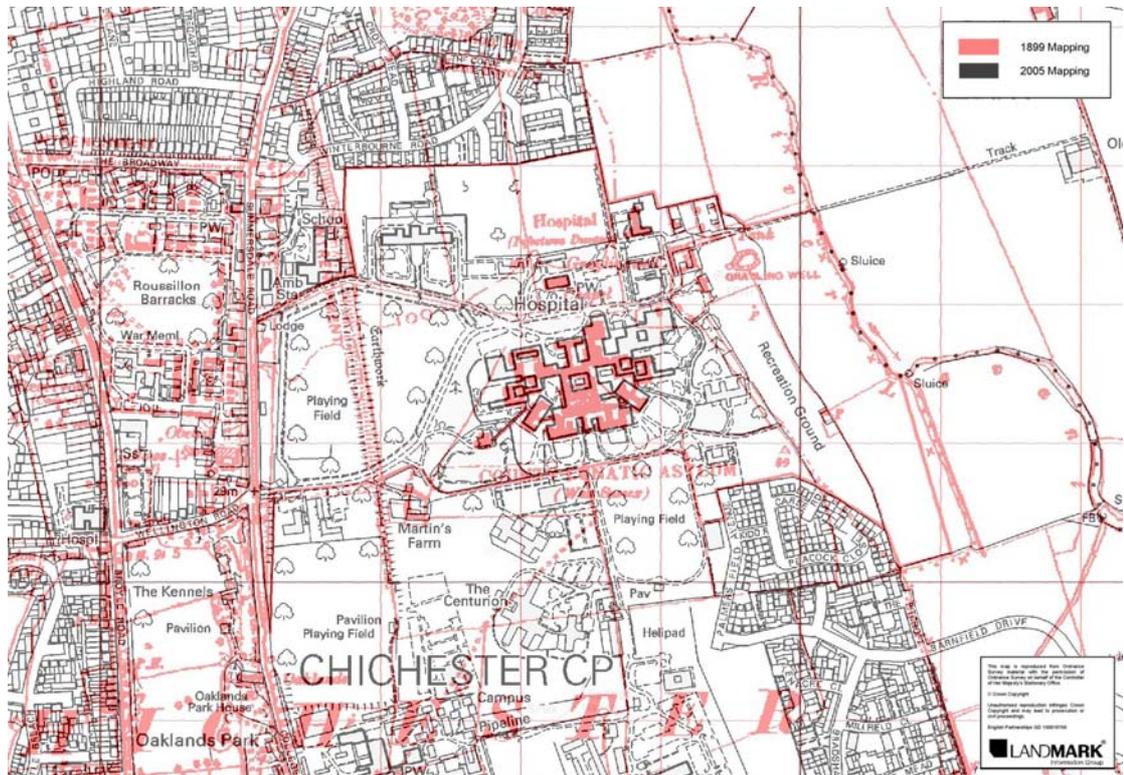
4.2 Farmland

Graylingwell Farmhouse stands as a key signpost to the site's pre-hospital history. It has its own associations - here reputedly lived the author Anna Sewell during the writing of *Black Beauty*.

The house overlooked gardens to the east, and Grayling Well- one of many springs that feed the Lavant. In the mid 19th century a pond within the garden was fed by the spring, but is now in-filled and the site of the well is marked by the overgrown fenced enclosure that surrounded the hospital's well head. The character of the well in the pre-hospital period is not well known, but the 1772 'Gardner' map and the 1778 Yeakell and Gardner map show the name Gravelling Well and Gravellingwell Farm respectively. The fact that the well gave its name to the whole site, suggests that it has always been an important feature.

In the later 18th Century, the owners of Graylingwell carried out a small scale 'embankment', gentrifying the farmhouse by fencing a larger area of garden with iron railings, and – most interestingly – creating a tree-lined small avenue to the south which was not an entrance avenue but presumably served as a landscape feature for leisurely exercise. The avenue can still just be traced in damaged low banks and a now-thinning line of conifers between the farmhouse and the detached E-shaped hospital ward to the south. The avenue could be replanted, or given a new linear function, as part of the new site layout to re-establish this 19th century feature.

The farm's fields where they survive (as shown on the 1st Ed OS map) have an orderly, surveyed pattern within a more erratic outline. They might in part date from the medieval period. They include an almost North-South alignment, parallel to the ancient imprint of the pre-Roman dyke rather than with the line of the later medieval Hindhead (now Summersdale) Road.



Drawing showing overlay of 1899 and 2005 maps

The alignment of the fields thus shows the continuing influence of actions taken in the landscape over two thousand years ago. Taking this theme a step further the hospital itself, placed within the angles of these fields, similarly shares this ancient alignment. It also retained much of the pattern of the former farmland - adopting existing boundaries for the fields and kitchen gardens to the north and the playing field to the south - as well as adopting the original farm lane as its northern approach. This long-standing North-South 'grain' of the built landscape is a strong feature of the site. Retention and reinforcement of the North-South grain in future planning would contribute to the site's sense of place and the integration between past and future of its character.

There was a second farm called Martin's Farm, a flint-built house with yards on the site. This still survives within the hospital grounds alongside the southern

approach. Now derelict and overgrown its main contribution to the present character appears to have been in the unusual alignment of the field boundary, which ran to the northeast and subsequently influenced the shape of the parkland and the direction of the formal avenue to the hospital.

4.3 Medieval

Whether Graylingwell farm takes us back to the middle ages is not clear at present. It might be assumed that it has been grazing land since Roman times and not necessarily enclosed.

Few traces remain of the medieval landscape north of the town wall. It probably had a similar open, un-wooded aspect to the present landscape northeast of the hospital. A mixture of unenclosed grazing land, heath, and fields held by great estates and the medieval priory located in what is now the angle of College Lane and Spitalfield Lane to the south.

The most influential feature inherited from this period is the Chichester- Hindhead road, now College Lane and Summersdale Road, which developed as many other medieval track ways did as a broad line of common movement centred on a deeply eroded core or hollow way. The hollow is clearly evident to the south of the hospital and the wider easement is still reflected in the boundaries between the road and the park.

4.4 Roman

The medieval and modern town of Chichester owes its location to the foundation of a major Roman town in the first century AD. *Noviomagus Regnensium* was a civitas capital, a centre for the Romanised tribes of the area, and perhaps even the original invasion point in 43 AD. Perhaps most significantly, it possessed a special relationship to Rome, its tribal leaders being in effect 'client kings' not just before the Roman Conquest (building the great Palace at Fishbourne a few miles west of the Graylingwell) but also perhaps the dyke system pre-dating the Roman invasion.

Noviomagus held all the usual trappings of Romanised urban life - commerce, industry, religion, recreation and government - and the accommodation for all those who took part in it. Until the 2nd century the city was not enclosed, and its stonewalls were not built until the 3rd century, although town and country may have merged slightly. In any event, the land around the city, including where Graylingwell stands, would have been densely settled and provided farms, hamlets, perhaps villas, cemeteries etc.

The Graylingwell site is close to the main Roman road in the north as it leaves the city and runs to the west of the hospital site (Broyle Road) almost parallel to the scheduled dyke. The typical straightness of the road is another strand in the persistent north-south grain of the area. It also links this area, physically and symbolically with the Roman Town, the outline of which remains so clearly defined.

Land so close to the boundaries of the Roman city was heavily used, for example for the grazing of animals. Extra-mural dwellings can be predicted to have existed in this zone, which in most Roman cities was also used for cemeteries, and for religious buildings such as isolated rural temples. The association of water sources with later prehistoric and even Roman religious sites cannot go unremarked, opening at least the possibility of intriguing (but unsubstantiated) sacred origins for the Grayling Well. These immediately extra-mural areas also provided space for some of the industrial and craft activity necessary for towns but undesirable in the built up area.

Whilst the character of the area in the Roman period can therefore be broadly predicted, current evidence is sparse because of the haphazard nature of early discoveries and the very small-scale opportunities for more recent scientific work. Nevertheless, there is evidence from air photographs (crop-marks) of enclosures and land divisions to the east of the River Lavant which might date from this period or slightly earlier, as well as pottery and building debris discovered during development to the south of the hospital. Periodic discoveries suggest that a large burial ground existed quite close to the north gate, and further burials extending alongside the road would be expected. Traces of industry have been seen in the form of quarry pits in the area of St Richard's Hospital, as well as hearths and wood-lined pits. Evidence that the area might have been used for tanning was also found during recent development work south of the hospital.

These discoveries, and the potential for many more, have little to do with the visual characteristics of Graylingwell, but they do add to the sense of place - the appreciation that our lives in this place add to the sum of human experience over centuries.

Research and excavation during development of these areas should therefore expect to be able to contribute much to our knowledge of this important period

and the costs and time implications of such work will need to be considered in planning the regeneration programme.

4.5 Pre Roman

The site's antecedent history and thus its character do not stop when we reach back as far as the Roman period. The dyke stretching across the park to the east of the hospital, which was much more pronounced before the park was ploughed up in the second World War, is now the only visible pre-Roman monument on the site. Over the centuries it has lent its alignment to much of the later development and thus current historic character of the area. It does not stand alone, but is part of a much larger complex, one of 15 similar earthworks across the gravel plain between Chichester Harbour and the foot of the South Downs. Often known as the 'Chichester Dykes', taken together as a single complex, these are thought to have marked out a high status, proto- urban tribal settlement (or *oppidum*) preceding the Roman invasion. This is one of the first sites in South East England where the origin of urbanisation can be understood.

Archaeological discoveries in the vicinity of Graylingwell have revealed pottery fragments and postholes of this later Iron Age. Other discoveries point to a diffused pattern of human activity of late Iron Age to the south and southeast. There are quite extensive crop marks of Iron Age and Romano-British enclosures to the east of the River Lavant, near Oldplace Farm. Evidence of earlier Bronze Age occupation was found in the area of new housing immediately north of the hospital.

Further back still, archaeological discoveries in the vicinity of Graylingwell points to a diffused pattern of human activity in the late Neolithic period and early Bronze Age (around c.2000 BC) in the area to the south of the hospital complex. There is some evidence of occupation suggested by pits found in the area immediately southeast (Carse Road) in 1997. Finally, evidence for Mesolithic peoples has been recovered from the inter-tidal zones affected by subsequent rising of sea levels and inundation. The site where "Boxgrove Man" was found – one of the earliest hominid remains in Europe, dating to c500, 000 BC – is only a few kilometres to the east.

The Graylingwell site thus has very high archaeological potential on a variety of fronts. An adequate response to this within the framework of PPG16 needs to be an aspect of the early planning, funding and redevelopment works on this site.

5.0 Description of Character Areas

This section provides a site plan identifying all the Character Areas and their location on the site plan. The individual Character Areas are described in detail in Appendix B.

5.1 Plan showing Character Areas

Please see attached PDF file.^[D4]

5.2 Planning Constraints and Opportunities

Identifying and analysing distinct Character Areas has enabled EH and EP to generate a range of suggestions for how historic character could shape future development plans for the Graylingwell site. The planning implications of each Character Area are described in section 5.2, grouped under several broad themes. The group of Character Areas is briefly described followed by bullet points in bold text highlighting the planning constraints and opportunities. The constraints and opportunities should be read as suggestions for how the site and buildings could be regenerated and not as fixed solutions.

5.2.01 Park Land and Gardens (Character Areas 2, 10, 11, 12, 18)

A large area of open parkland (18) and the wooded area (10, 11) to the west of the hospital buildings along with the area of recreational open space to the south of the hospital complex (2- now outside the site area) are an integral part of the original Hospital layout.

The garden surrounding the Medical Superintendent's House (37) is located on the south west corner of the hospital complex. It is laid out in a similar manner to the airing courts that front the wards (i.e. area 48). Medical Superintendent's

House and its garden are set in its own grounds (12) to the south west of the main hospital complex.

- **The open parkland (18) takes its general shape from a pre-existing field system, which defined the general alignment of the southern approach road to the hospital. The southern approach road appears to have been completed circa 1910 and unifies the two approaches through the use of matching tree avenues. It is a valuable open space reflecting the design and function of the hospital grounds and should be retained in any future spatial plans.**
- **Any plans to enlarge the park towards the Summersdale road should bear in mind the longevity of the imprint of the Hindhead track way, which is a landscape feature.**
- **The wooded area (10, 11) was originally planted with trees as part of the development of the parkland circa 1914. The area is currently overgrown. Future spatial plans could restore this area to its original parkland character.**
- **The playing field, now outside the site boundary, forms part of the key historic north-south alignment adopted for the hospital grounds from the former farmland, track ways and dyke. There is merit in perpetuating this alignment further into the future.**
- **Both the lime trees along the east and west boundaries of the playing field, and the boundary hedges are of interest for both historic and biodiversity reasons. Where possible these landscape elements should be retained in the future spatial planning of the site.**
- **The design of the Superintendent's garden and the airing courts was historically similar, and could provide guidelines for future landscape planning.**
- **Landscaping should aim to reveal and frame the 'Queen Anne' style Superintendent's House and the southern hospital façade.**

5.2.02 Iron Age Dyke system (Character Areas 4- 8)

The dyke is still a largely distinctive feature and a very important part of Chichester (and South East England's) history. It is the earliest visible feature in the area and the origin of the characteristic alignment adopted by later farmland boundaries and the layout of the hospital.

- **The dyke should be celebrated and conserved as a matter of local and national interest and as a strong early signature in the landscape, which lent its alignment to subsequent patterns.**
- **Where possible the dyke's relationship to the sections of dyke outside the site, both north and south, could be strengthened and the visibility improved.**

5.2.03 Farm Buildings (Character Areas 3, 27, 28)

Martin's Farm (3), the dilapidated 19th century farm house and yards now outside the site; Graylingwell Farmstead (27) the early 18th century farmhouse, which includes the renovated and improved courtyard of farm buildings and cottages and Graylingwell Garden (28) lay at the heart of the hospital's productive estate.

- **If refurbishment of Martin's Farm and reuse is not possible, its footprint could be used or reflected in a new layout.**
- **The proximity of the scheduled pre-Roman dyke to Martin's Farm should be a consideration in future landscaping; its visibility could be enhanced.**
- **The Graylingwell Farmstead complex marks a transition from the enclosed cluster of hospital buildings to open countryside. Any future high-density development here would alter this balance, this should be taken into consideration in future planning.**

- **The existing iron railings along the eastern boundary to Graylingwell Farmstead provide an example of a design feature that could be adopted in future detailed design to provide a historic link.**
- **The site of the well poses significant archaeological questions related to early settlement in the area, and could retain well-preserved archaeological remains. Archaeological investigations should be carried out in this area prior to future development.**

5.2.04 Driveways and forecourt (Character Areas 9, 13, 23)

The southern driveway (9) provides the formal approach to the hospital through parkland (18) leading visitors along a well-lit, tree-lined avenue to the formal entrance forecourt (23) and main administration building (45) on the northern side of the hospital.

Trees lining the southern driveway are an original design feature, simultaneously giving a flavour of a country estate and screening the hospital's western elevation. The converted gas lanterns along the route are an interesting and distinctive (and vulnerable, and diminishing) feature.

The northern approach (13) to the hospital from Summerdale Road, skirting the parkland (18) leads to the administration building (45) at the north of the complex and gives access to the Summersdale Hospital and northern Nurse's Home (19). The hospital inherited this curiously angular pre-existing road to Graylingwell Farm and used it as a secondary access to the more formal tree-lined avenue skirting the parkland to the south (9). In the 1930s it came to be used as access to Summerdale Hospital and the Nurses' Home to its east.

The pattern of drives converging to the north of the administration building produces the effect of a sort of entrance forecourt (23). This is not a deliberate element of the hospital's design so much as a modern perception, based on the space between two of the hospital's most distinctive buildings.

- **The southern driveway is integral to the hospital and the park, and should be retained.**

- **The screening effect of the trees is a design feature of the southern avenue and could be retained.**
- **1890s lampposts are significant historical details. Contemporary lampposts that pick up on this historic design detail could be introduced.**
- **The northern driveway perpetuates a much earlier road to Graylingwell Farm and its alignment should be retained where possible.**
- **One aim of spatial planning might be to strengthen the contributions of the two driveways and the forecourt to the overall sense of place.**

5.2.05 Medieval Hindhead Road (Character Areas 14, 15, 16/17)

The southern section (14) of the medieval Hindhead track way alongside College Road (outside site) is typically a broad and hollow route caused by the movement of people and animals and the desire to spread the effects of erosion before the laying of a durable road surface. The southern section (14) is a useful area of public open space, whose character is the result of an historic process that is highly distinctive of this part of Chichester's approach.

The eroded edge of the former hollow way is visible on the early OS maps, and its form (and to a lesser extent function) is perpetuated in the present area of public open space alongside College Lane.

The section of the medieval Hindhead trackway (15) alongside Roussillon Barracks, which is on site, is visible in plan form to the west of the Roussillon Barracks.

The width of the former medieval Hindhead trackway has been perpetuated in the property boundaries flanking the eastern side of Summerdale Road since the 1880s if not earlier.

The section of the Medieval Hindhead trackway along Roussillon Barracks (16/17) (outside site) is visible in plan form alongside Summersdale Road north of the

hospital entrance, now in the grounds of the ambulance station and adjacent properties. Within the section on site (15) and in the north (16/17), landscaping may have buried an eroded sunken track way posing an archaeological issue should this area be considered for development.

- **Any plans to enlarge the park (18) towards the road should bear in mind the longevity of this landscape feature, and the ways in which it unifies the historic character of the area.**

5.2.06 Summerdale Hospital and Northern Nurses' Home (Character Area 19)

Summersdale Hospital and the smaller Nurses' Home to the east stand on the north side of the site; both are enclosed in their own grounds.

Both buildings were opened in the 1930s, and share similarities in design which reflect the neo-classical themes in the main hospital complex. The grounds are enclosed by mature hedgerows and partitioned in a manner very similar to that of the main complex's airing courts. A major distinction, however, is that neither buildings nor grounds share the axial NNW-SSE alignment of the earlier hospital or still earlier field patterns.

- **Conversion to residential use is an option here.**

5.2.07 Isolation Hospital (Character Area 22)

The former isolation hospital stands on the northern perimeter of the complex, to the north east of the chapel grounds (26).

The isolation hospital was constructed at the same time as the bulk of the hospital complex, being a necessary component for dealing with infectious diseases in an enclosed community. The building, surprisingly reminiscent of a rural railway station, still stands but it is severely dilapidated. Its grounds, which included a tennis court in front of the building, were shielded until recently by tall hedges. These have been denuded by ground clearance work, which also removed the glasshouses and frames in the adjacent nursery yard (25).

- **The original deliberate 'separateness' of this part of the complex could be adopted as a future planning strategy.**

5.2.08 Ornamental Avenue (Character Area 24)

This is a long narrow land parcel defined by denuded earth banks and conifers extending south eastwards from Graylingwell Farm (27)

This short tree-lined avenue is shown on the earliest (1880) OS map leading in a south east direction from the gardens around Graylingwell Farm to nowhere in particular. It presumably served as a landscape feature and a place of leisurely exercise. The avenue's outline can be traced in the existing damaged banks and thinning line of conifers.

- **A feature of such longevity should be retained in some form; it would lend itself (widened if necessary) to accommodate access routes such as to the proposed new school.**

5.2.9 Nursery Yard (Character Area 25)

The nursery yard lies to the south of the Isolation Hospital (22). Its glasshouses and frames served the kitchen garden (20,21), but recently destroyed by ground clearance works.

Nothing much now survives above ground apart from fragments of foundations and paths.

- **The nursery yard could be treated as a space, which mediates between adjacent areas.**

5.2.10 Chapel and Former Chapel Grounds (Character Areas 26, 29)

The purpose-built hospital chapel lies to the north of the administration block and other main buildings set within its own grounds.

The recently listed Chapel built in local flint and stone dressing in an 'Early English' style, is an original feature of the hospital. Its design is in strong contrast

to the dominant neo-classicism of the hospital, presumably in order to provide a comforting sense of tradition and permanence, or to emphasize the different character of religious days in the life of the hospital. The character of its grounds copies some of the ambience of a country churchyard even though it did not have burial rights as the inmates' remains were returned to their parishes.

The former Chapel grounds contained pathways and lines of trees, prior to the construction of a narrow T-shaped building in the late 1960s or early 1970s, which has since been removed but this earlier character of the area is barely readable except on historic maps other than in the survival of some mature trees.

- **The Chapel is a significant contrasting element of the hospital complex, which will add diversity and interest within a new design scheme.**
- **There is scope to provide an enhanced setting for the chapel in future development, especially in terms of its visual relationship to the Administration Building to its South.**

5.2.11 Ward Buildings (Character Areas 33, 34, 35, 36 , 38, 39, 40 42, 43, 44)

Original late 1890s ward buildings (38, 39, 40, 42, 43, 44) form six of the eight wards constructed in the early hospital phase (1895-1901) arrayed in an arc to the south of the administration building (45). Externally these wards appear much as first built - red brick and white stone-quoined two-storey neo-Georgian ranges with cross wings.

Two Neo-classical two-storey ward buildings (33, 34) were added to the original array around 1900-01 and together form an imposing façade oriented to the south. These wards are slightly obscured by later buildings, but their external appearance is also essentially as first built. The secondary phase is indicated by slight changes in detailing (flush quoins) and semi-hexagonal or semi-octagonal bays. Later extensions, in a similar but pared-down style with flat roofs and external cantilever stairways were added in the 1960 (35, 36).

- **Future development ought to maintain the façades of the original wards in order to create a consistent sense of place at the heart of the Graylingwell redevelopment. Connecting service buildings could be removed if the wards are reused.**
- **The early additions of 1900 are not un-imposing buildings and also form part of the main array of wards. Future development should consider retaining them where possible.**
- **The 1950-60s extensions do not contribute markedly to the original façade. Retention would not be a priority, but the effects of their removal would need to be considered.**

5.2.12 South Eastern Hospital Building (30)

A large detached E-shaped ward building constructed in the 1930s and upgraded in the 1980s, standing to the southeast of the main complex.

The building shares the general neo-classical style of the earlier hospital but in a modernist form of greater clarity; it also follows the original hospital's principal alignment. The southern edge of the building's grounds perpetuate an earlier (pre-hospital) field boundary, its garden pathways and airing courts were removed when the building was given a new entrance in the 1980s.

- **If the South Eastern Hospital building is redeveloped its height should not obscure the southern façade of the main complex.**

5.2.13 Medical Officers' House (41)

Cottage-like 'Queen Anne' style house set between the two southern hospital wards (40, 42) and forming part of the hospital's imposing southern façade.

Externally remains substantially as built around 1897 to house the medical officers in charge of the various wards and is connected to the complex by service corridors.

- **Where possible, this building should be retained for its contribution to the hospital's southern elevation.**
- **Service corridors should be removed.**

5.2.14 Administration Building (45)

'Queen Anne' style building, is the grandest on the site, serving as the administration building and principal entrance on the northern side of the complex. Central to the array of wards and together with the medical officers' house to the south, set on the principal axis of the design. It has a significant relationship with the chapel, the land between forming the entrance courtyard for the whole complex.

This building externally remains substantially as built around 1897, complete with elaborate gabled entrance bay, two flanking bays and clock tower/cupola. Linked by a central southern corridor to the rest of the complex.

- **As a feature hospital building, it should be considered for alternative uses.**
- **Future master planning could draw together this building with the chapel (26), water tower (46) and 'entrance forecourt' (23), to create a focus for a new development.**

5.2.15 Water Tower (46)

The striking brick built water tower is located to the east of the Administration building. The peculiar location of this tower next to the principal hospital entrance is difficult to explain. It dominates the location, overshadowing the elaborate administration building.

- **The water tower may be difficult to re-use, or to integrate into a new vision for this part of the hospital site, yet it has a status as a landmark feature and a function as a phone mast.**

5.2.16 Hospital Core (47)

The core of the hospital complex - a series of interconnected, low level buildings and passageways, in some cases infilling yards, and surrounding various drying yards and other open spaces.

The interconnecting passageways and service buildings represent many phases in the development of the hospital. The principal covered corridors, the kitchens and recreation hall, the mortuary, the stable range, the boiler rooms and other service buildings belong to the original 1890s plan.

- **The infrastructure within the arc of ward buildings would be difficult or impossible to convert; it also contributes little to character whilst detracting from appreciating the radiating wards. Removal should be considered.**

5.2.17 Airing Courts (48)^[D5]

The arc of hospital wards is surrounded by a fringe of gardens in various states of repair and completeness.

The garden spaces provided secure exercise areas for each ward. Each court was enclosed by low railings and holly hedges, which maintained ward separation and still provided 'uninterrupted and beautiful views of the country' (Annual Report 1898). Looped pathways encouraged exercise and wooden kiosks (two survive) provided access to fresh air all year round. Iron tub fountains served as central features in some or all of the airing courts.

- **Significant open spaces giving context to the facades of the radiating ward. It is important to retain this relationship of open space to the wards in future plans.**
- **The form, materials and design details of the airing courts provide design ideas for new garden areas.**

6.0 Graylingwell Recommendations and Broad Conclusions

The previous section 5.0 looked at the important Character Areas and identified the planning constraints and opportunities they generate. This section makes a series of recommendations on how the findings of the Graylingwell HLC could shape future development plans. It then draws broad conclusions from the Graylingwell HLC study about the value of the approach and methodology.

6.1 Graylingwell Recommendations

6.1.0 This section offers “whole-site” recommendations to supplement those in section 5

6.1.1. Analysis of the historic maps shows that the principle alignment of the built landscape and indeed the core hospital buildings is derived from the almost north-south alignment of the Iron Age dyke and subsequent field patterns. This ancient alignment should be retained and reinforced in future development plans. The diagram below shows that all the green areas take their alignment from the iron-age Dyke.



6.1.2 Historically the setting of the Graylingwell Hospital was such that it reinforced the separation from local centres of population and the outside world. Future plans should consider maintaining the character of open views to the northeast of the site; the western parts should achieve a sense of separation; separation to the south should be considered.

6.1.3 The setting of the outlying buildings such as the 1930s ward to the southeast, the Nurses' Residence to the northwest, the isolation hospital east of the chapel, and the house of the Medical Superintendent show a pattern of development of clusters of buildings surrounded by extensive planted grounds. The pattern of development on the site is therefore one of close clusters of buildings surrounded by substantial open spaces. Planning should seek to preserve this character of well-defined clusters of development within a more open landscape with mature planting.

6.1.4 There are number of individual buildings on site that have a distinct architectural character. These include several buildings that exemplify the 'Queen Anne' style, especially the administration building, the superintendent's house and the medical officers' house. There is also the chapel designed in a replica 'Early English' style. The site plan should recognise the contribution these

individual buildings make. The site plan should also consider how the relationship between the administration building, the chapel and the water tower across the entrance forecourt could be used to strengthen their contribution to a sense of place.

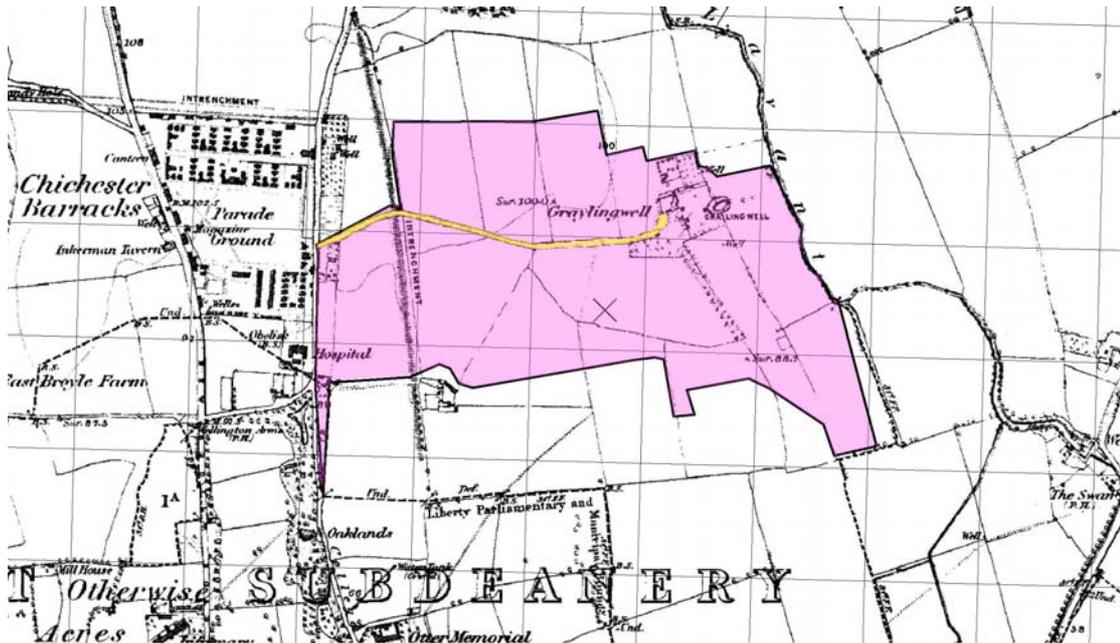
6.1.5 The original design concept of the hospital of physically separated radiating wards, gardens and airing courts is now masked by extensive late 20th century infilling in and around the hospital core. Planning and later detailed design should respect the character of the original radiating layout and seek ways to retain it in the future development. The facades of the radiating wards provide distinct character and should be retained where possible.

6.1.6 The majority of the parkland lies to the west of the main building. This open land is a historical feature of the hospital and includes a scheduled section of the pre-Roman 'Chichester Dykes. The existing southern access drive with its formal avenue of trees runs through this open land. The piece of land between the road and the hospital buildings was planted as screening around 1914 and has become overgrown obstructing the views from the hospital. Future plans may consider re-establishing the original open aspect of this area and extend the parkland to the hospital buildings. Alternatively the plans could retain the more recent wooded character.

6.1.7 Graylingwell Farmhouse with its gardens to the east, which contains the remains of the eponymous Grayling Well, is an even older feature of the site and treatment of this feature should be given serious consideration in futures plans.

6.1.8 The tree-lined small avenue to the south of the farmhouse is a landscape feature of 18th or early 19th century. Future plans may consider replanting this avenue to restore the historic landscape feature, (widening if necessary) potentially providing an access route.

6.1.9 Analysis of the historical map shows that the alignment of the northern access road has survived since 1881. The map below illustrates this point. This road alignment should be retained where possible.



1881 map showing alignment of Northern access road.

6.1.10 The original informal path system through the hospital grounds was edged with hooped iron railings, only a few examples remain. Detailed design could use this railing detail as a landscape feature to provide a historic reference.



Photograph showing hooped iron railings

6.1.11 Converted gas lampposts along the southern driveway contribute to the overall landscape character along this route, giving it a formal quality. Detailed design could consider the use of contemporary versions of these lampposts as a

feature along the southern approach road however they would not be appropriate across the entire site.

6.1.12 The airing courts planted were around their perimeters with mature trees and holly. The use of holly in the boundaries, is part of the site's historic character and the retention or replanting could be considered where appropriate.

6.1.13 The pilot study concluded that the area was long-settled and 'densely' inhabited by the later Bronze Age, at least 3,000 years ago with the possible Neolithic or even earlier remains as well. The site has also partial late Iron Age and Roman period significance too.

6.1.14 Planning should respect the archaeological sensitivity of the site and further archaeological investigations may be necessary prior to development on site. This study should be seen as an early indication and discussion with the context of PPG16 needs to begin at the outset of master planning.

6.1.15 It is hoped that this study will satisfy Chichester District Council's requirement for a 'Landscape Characterisation Study'. A brief for the specific requirement of such a study has not been provided, however it is intended that this report addresses the principle landscape issues.

6.2 Broad Conclusions

In terms of how this study has addressed its aims and objectives, EH and EP believe that it has been valuable to work together to produce a HLC study in parallel with the LDF planning work. Characterisation has generated a range of suggestions for how historic character could shape future development plans and how planning can provide a link between the past and the future.

6.2.1 The study has shown how HLC can offer both a temporal and spatial context to an understanding of the character of a place that is about to undergo planned transformations. The Graylingwell Study has been particularly useful in developing additional modes of HLC, that operate at a more local scale and in relation to a complex of connected buildings and spaces; The

study has been successful in developing a more detailed, fine-grained version of HLC.

6.2.2 HLC is a valuable tool for providing a connection to a site's context and in this respect it does contribute to the quality of future development.

Conducting a HLC does not guarantee an improvement in the overall quality of future development but it does identify important historic issues early in the planning process and provide positive suggestions on how to address these issues and how to move the site forward along its historic trajectory. One way in which the quality of future plans can be assessed, is in how well they respond and connect to the historic and local context and HLC provides an excellent tool for making such connections.

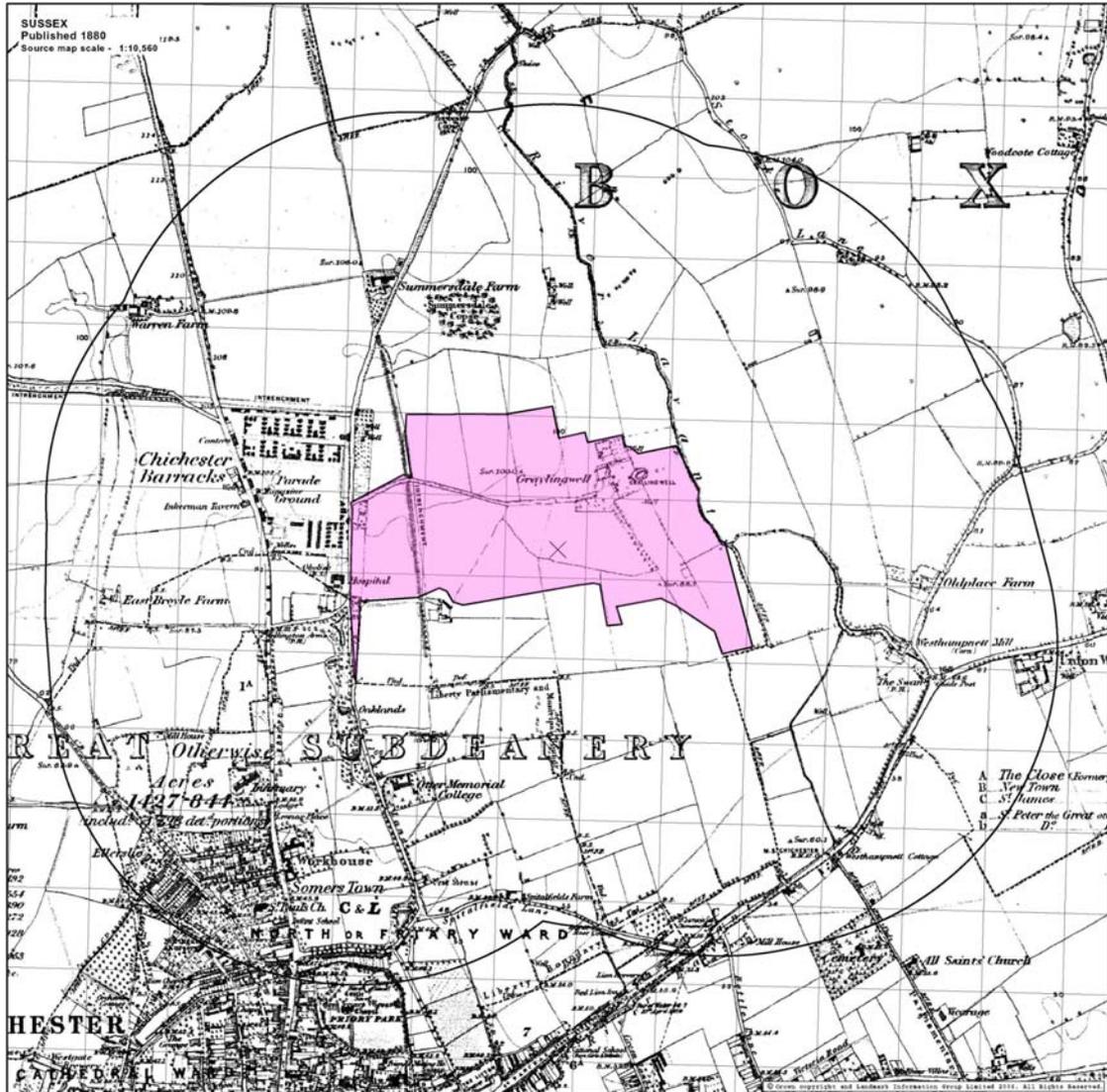
6.2.3 HLC does not necessarily speed up the planning process as a whole, but it can clarify issues, help avoid delays and contribute to the smooth running of a project through the Planning system (e.g. by flagging up likelihoods of archaeological excavation being necessary). However the important point to stress is that HLC provides a means of bringing relevant stakeholders together early in the planning process. In this instance the stakeholders were, EH (the HLC consultant), EP (the landowner), Chichester District Council (the Local Authority) and BDP (the planning consultant). Bringing the stakeholders together early in the planning process should ensure that areas of disagreement are addressed upfront and a way forward agreed. This should ensure that a project then progresses more smoothly through the planning system.

6.2.4 There are ecological benefits to conducting a HLC as the methodology identifies important ecological features. In the Graylingwell study features such as hedgerows and tree avenues were identified as worth preserving. Recommending how these features should be retained contributes towards the ecological sustainability of the environment and safeguards these features for future generations.

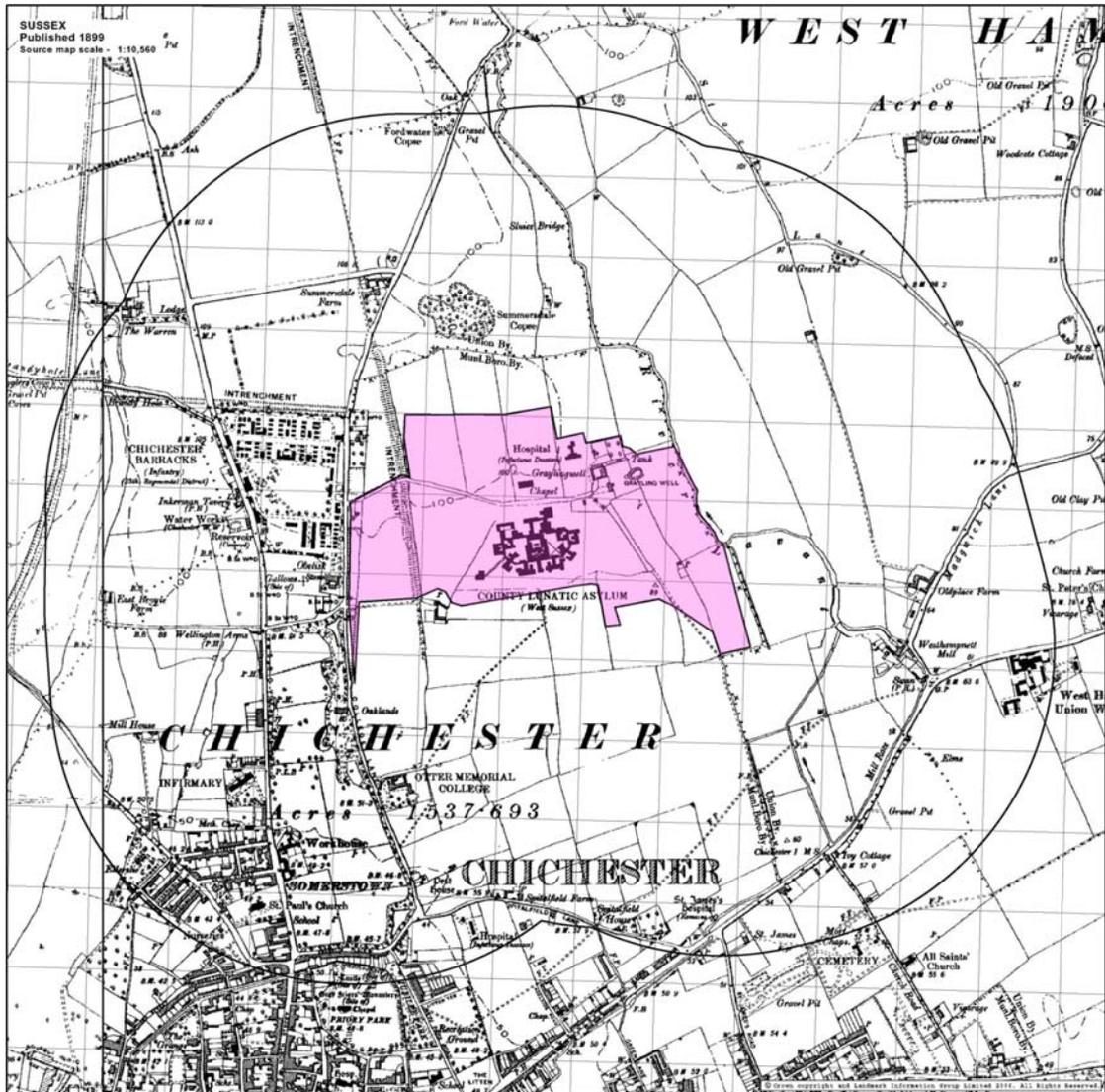
6.2.3 The final important aspect of the study is the integration it has achieved between the process of historic characterisation and the early stages of future planning. It has placed a greater emphasis than normal HLC on broad character areas, but the principal lessons learnt at Graylingwell have been how to carry out characterisation as part of (rather than in advance of)

strategic decision-making. There are merits in separating the process of characterisation from the process of evaluation or decision-making, but Graylingwell has demonstrated that the two stages can usefully be carried out in tandem as long as the general direction of future change is known.

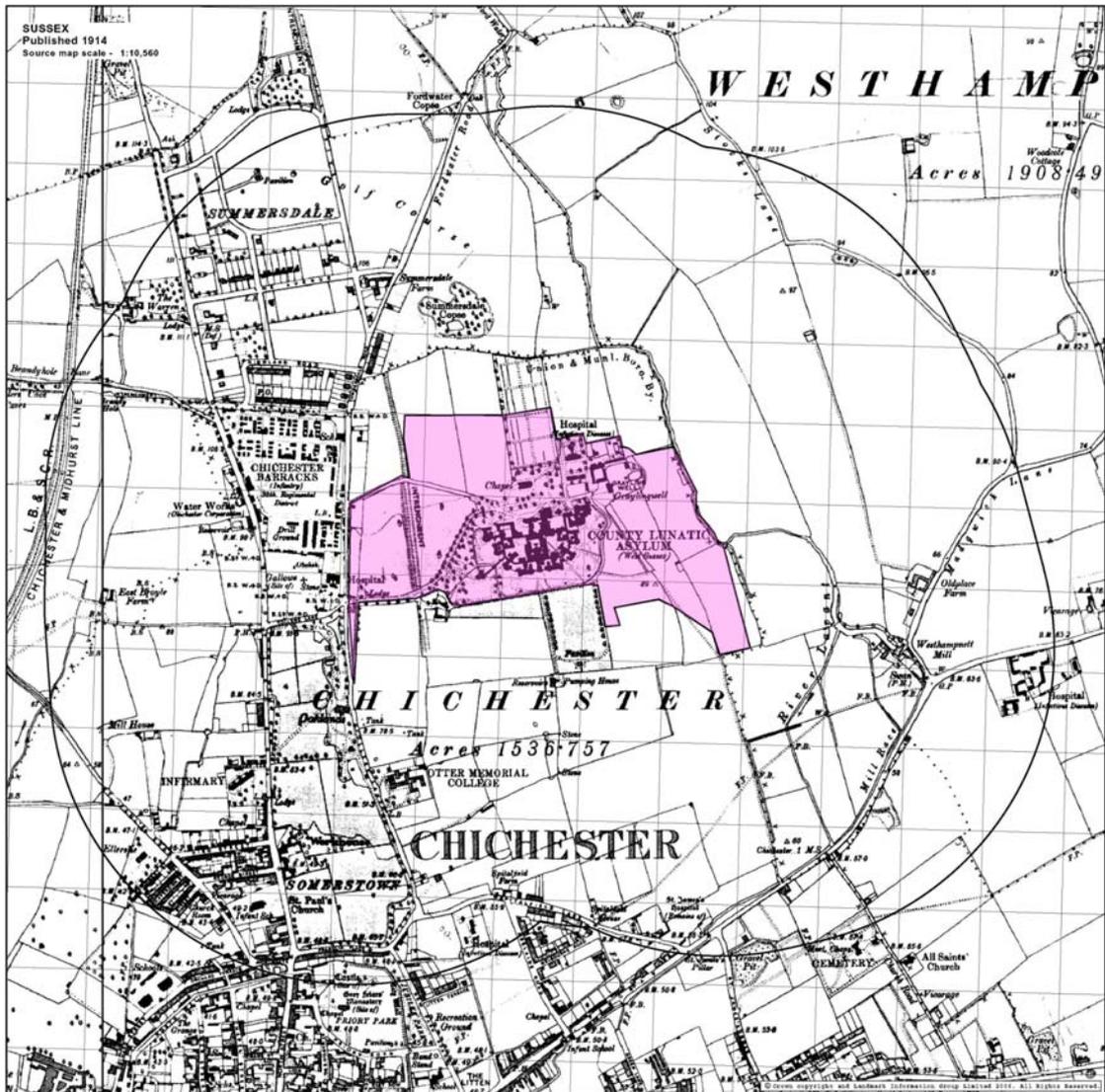
APPENDIX A: Historical Maps



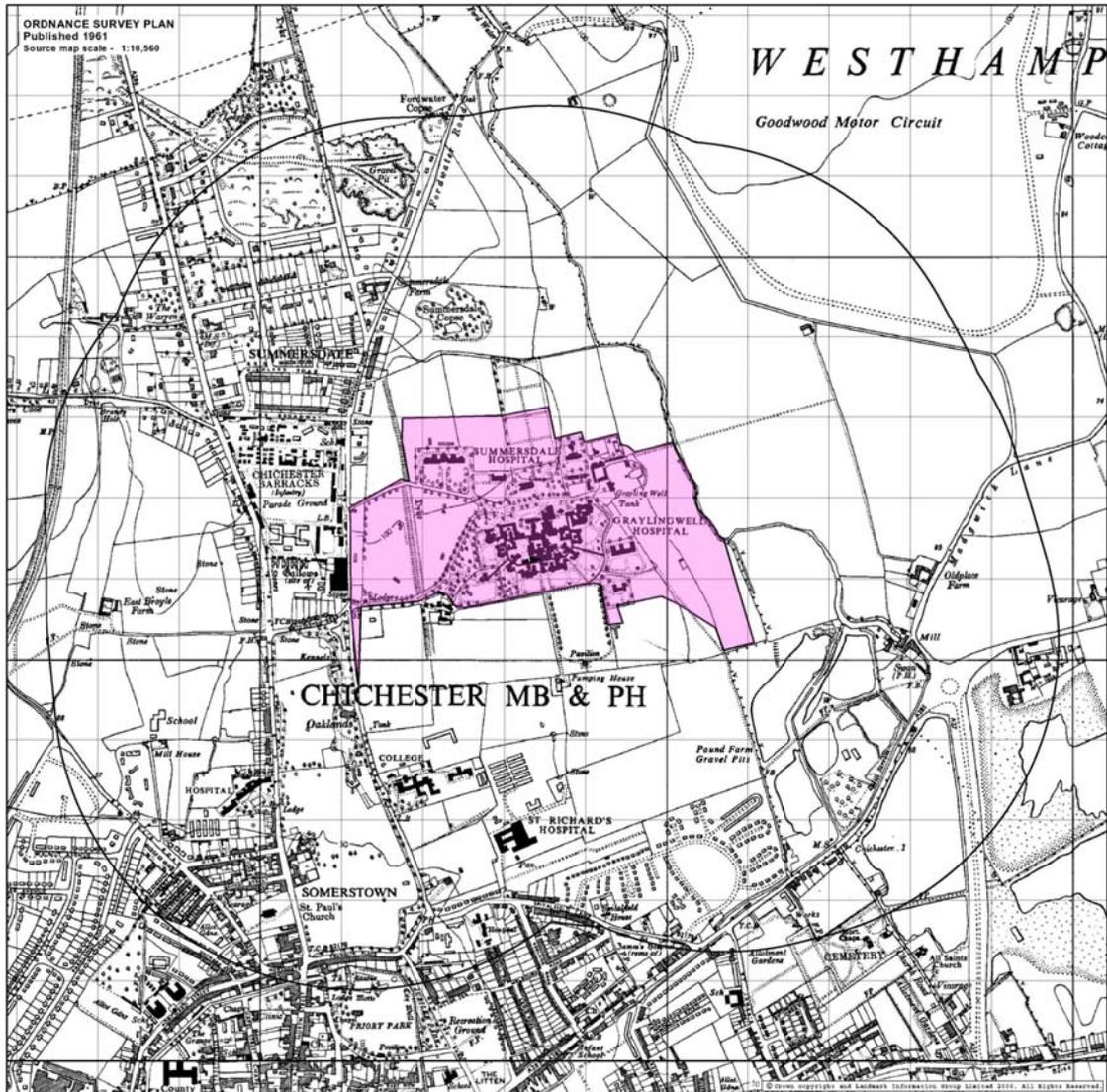
Ordnance Survey Map, published 1881



Ordnance Survey Map, published 1899

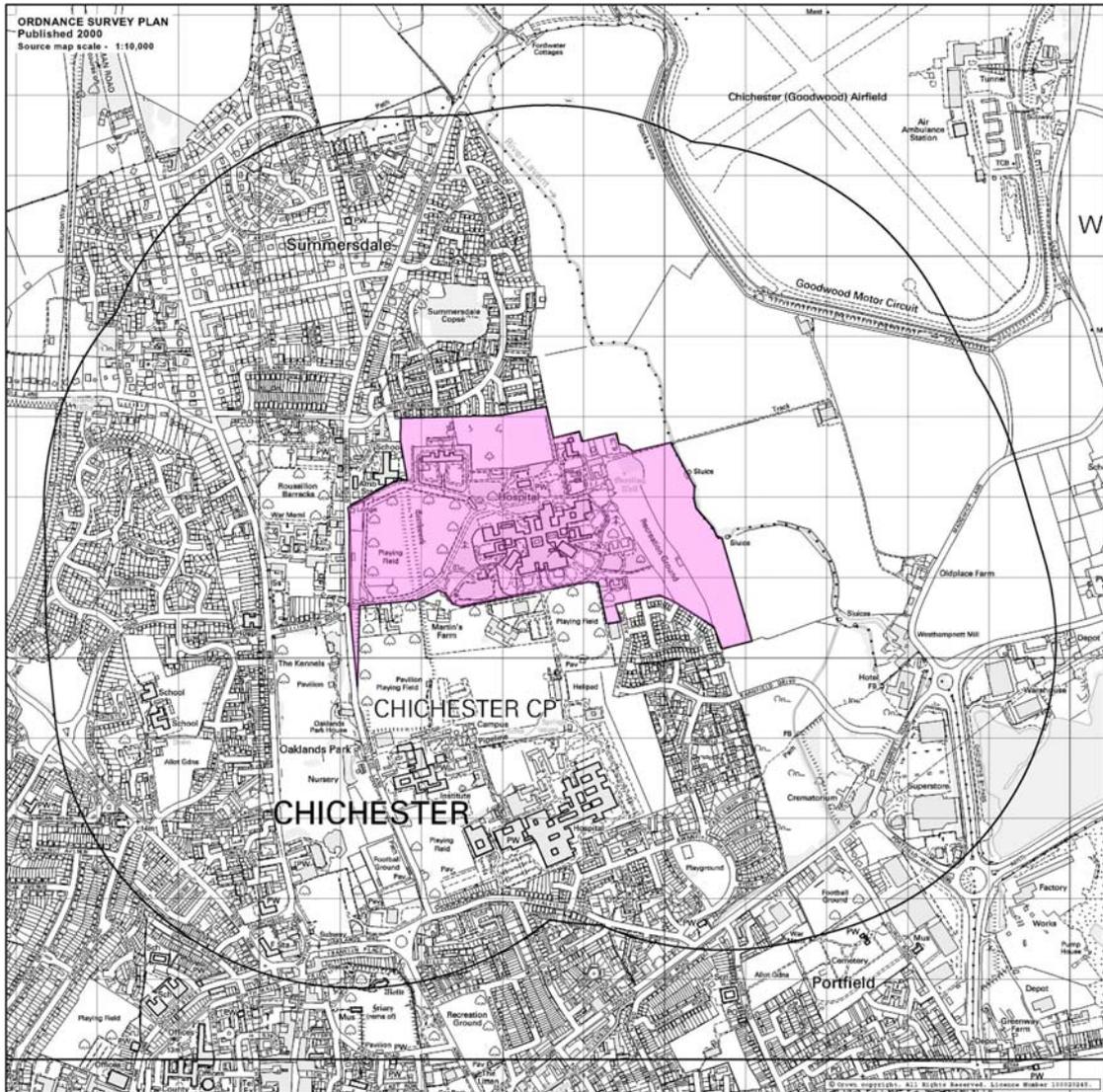


Ordnance Survey Map, published 1914



Ordnance Survey Map, published 1961

Graylingwell Hospital Historic Landscape Characterisation
16 August 2006



Ordnance Survey Map, published 2000

APPENDIX B: Description of Character Areas

The numbering for the following section corresponds to the numbers on the Plan Showing The Character Areas.

1. Carse Road Housing

This is a new (c.2000) estate of densely packed houses with small gardens arranged along curving roads and cul-de-sacs.

Inherited character

Very little in terms of layout – only the estate's outer edges follow historic field boundaries. Within this boundary a modern and dense housing scheme is provided. Some attempt was made to portray local vernacular building style in the use of flint, brick and tile-hung cladding and various 'Victorian' design motifs. The former playing field, tennis court and linear recreational ground (on the eastern boundary of the site) have no resonance in the new development.

Planning issues: No significant implications as outside the site.

2. Playing Field

The area of recreational open space (cricket pitch, pavilion) surrounded by a perimeter drive immediately to the south of the main Graylingwell hospital complex.

Inherited character

The playing field was an integral part of the hospital grounds, and its use shaped part of the therapeutic regime. It is largely unaltered in appearance and function

to the present day. It appears fully formed on the 1914 O.S. map, occupying a single field.

Planning issues:

- The playing field forms part of the key historic N-S alignment adopted for the hospital grounds from the former farmland, trackways and dyke and there is merit in perpetuating this further into the future.
- The playing field provides an open aspect looking north towards the façade of neo-classical wards buildings.
- Lime trees along the east and west boundaries of the playing field are probably the thinned down survivors of quite dense wooded screens visible on the 1914 and later O.S. maps
- The boundary hedges may be of considerable age, and therefore of interest for both historic and biodiversity reasons

3. Martin's Farm

The dilapidated 19th century farmhouse and yards located in an area of overgrown ornamental planting and scrub woodland south of the southern approach road.

Inherited character

The largely flint-built house, outbuildings and walled yards pre-date the hospital, and the plan form has remained essentially the same since the pre-hospital 1880 O.S. map.

Planning issues:

- If refurbishment and reuse is not possible, its position/outline could be used or reflected in a new layout,
- The proximity of the scheduled pre-Roman dyke should be a consideration in future landscaping; its visibility could be enhanced.

4. Iron Age Dyke within the park

this is a section of the pre-Roman dyke broad ditch and low bank highly visible in the parkland lawn (18) west of the hospital complex. It is part of a longer section of dyke, (see 5, 6, 7/8) which in turn forms part of a widespread arrangement of 15 similar earthworks thought to have marked out an extensive area of 1st century BC (late Iron Age) settlement below the foot of the South Downs.

Inherited character

Although ploughed over in the early 1940s the dyke is still a distinctive feature and a very important part of Chichester (and SE England's) history. It is the earliest visible feature in the area and the origin of the characteristic NNW-SSE alignment adopted by later farmland boundaries and the layout of the hospital.

Planning issues:

- The dyke should be celebrated and conserved as a matter of local and national interest and as a strong early signature in the landscape, which lent its alignment to subsequent patterns.
- The open aspect of the parkland is important to its setting.
- Relationships to the sections of dyke in the north and south could be strengthened.

5. Iron Age Dyke by Martin's Farm

A deeper, tree lined section of the dyke that extends to the north (4, 6, 7/8,) but visibly separated by the southern approach road (9) to the hospital. The southern extent of the dyke is uncertain. The visible length of the dyke south of Martin's Farm is largely unchanged since the 1880 O.S.

Inherited character

The dyke is the earliest visible feature in the area and probably the origin of the characteristic NNW-SSE alignment shared by later farmland boundaries and the layout of the hospital. It is, however, somewhat masked by undergrowth and unsympathetic landscaping around the modern development south of the hospital approach road.

Planning issues:

- The dyke should be celebrated and conserved as a matter of local and national interest and as a strong early signature in the landscape, which lent its alignment to subsequent patterns.
- Relationships to the sections of dyke in the north could be strengthened.
- Development of Martin's Farm should include opportunities to investigate the area of the dyke and improve the visibility of this section.

6. Iron Age Dyke north of Winterbourne Road

A largely buried section of the Iron Age dyke at the northern end of the alignment, which passes through the hospital parkland (see also 4, 5, 7/8). Now mainly visible as areas of grass framed by property boundaries, reflecting both the extent of the buried feature and the restrictions imposed by its scheduled monument status.

Inherited character

This section of the dyke was clearly visible as an earthwork in 1880 (O. S). The northern end of the scheduled dyke (and this character area) is marked by a persistent field boundary, adopted as the Municipal Borough Boundary to encompass the development of the hospital, and latterly adopted in the plan of residential properties. Further to the north, the alignment of the dyke is reflected in the position of 'The Drive' (a road laid out to serve an early 20th century speculative development), but its remains only survive, if at all, in a completely buried condition.

Planning issues:

- The dyke should be celebrated and conserved as a matter of local and national interest and as a strong early signature in the landscape, which lent its alignment to subsequent patterns.
- Relationships to the sections of dyke to the south could be strengthened.

7/8. Iron Age Dyke south of Winterbourne Road

A largely buried section of the Iron Age dyke towards the northern end of the alignment which passes to the west of the hospital (see also 4, 5, 6). Now mainly visible as levelled but undeveloped land framed by property boundaries that reflect both the extent of the buried feature and the restrictions imposed by its scheduled monument status.

Inherited character

This section of the dyke was clearly visible as an earthwork up to the early 1960s. Legal protection ensured that it was not overlain by the subsequent development of the school and other new build to the south of Winterbourne Road. Its position is still evident in the property boundaries.

Planning issues:

- The dyke should be celebrated and conserved as a matter of local and national interest and as a strong early signature in the landscape which lent its alignment to subsequent patterns.
- The identity of the dyke section and its relationships to the surviving and more visible sections to the south could be strengthened.

9. Southern Hospital Driveway

The southern driveway and lodge providing the formal approach to the hospital through parkland leading visitors along a well-lit, tree-lined avenue to the formal entrance and administration building of the Hospital on its north side.

Inherited character

For a short section of the driveway used the track that formerly led to Martin's Farm from the Hindhead Road (now Summersdale Road), but otherwise a completely new construction in the late 1890s. The SW to NE alignment of the driveway ran parallel to the boundary of 'Havenstoke Field', which was adapted for the park. In fact, this hedge actually lay some distance to the east of the drive and no longer survives except in its influence on the line of the drive and on the extreme SW corner of the Superintendent's Garden (Area 12).

Trees lining the road are an original design feature, simultaneously giving a flavour of a county estate and screening the hospital's western elevation. The converted gas lanterns along the route are an interesting and distinctive (and vulnerable and diminishing) feature.

Planning issues:

- The drive is integral to the hospital and the park and should be retained.
- The avenue and screening effect of the trees is a design feature.
- 1890s lampposts are significant historical details.

10/11. Southern Avenue Grounds

The area of Havenstoke Field was isolated by the construction of the main driveway.

Inherited character

This area reflects the SE corner of Havenstoke Field and in its present form is an integral part of the original Hospital layout. By 1914 it had been partly planted and today is rather heavily wooded and overgrown and screens the hospital from the west with its mixture of planted and self-seeded native and more exotic trees and shrubs clearly intended to screen the western wards and airing courts from the driveway and parkland.

Planning issues:

- The dense screening implied by early maps is no longer a necessity, but the wooded aspect does provide historical continuity with the park-like design of the hospital grounds.

12. Superintendent's Garden.

The garden surrounding the Medical Superintendent's House (37) is on the south west corner of the hospital complex. It is laid out in a similar manner to the airing courts that front the wards (i.e. area 48) - largely lawn surrounded by a perimeter

path accompanied by mature trees and enclosed by iron railings and holly hedges.

Inherited character

Substantially unchanged from the layout of the grounds around 1900. Its SW corner reflects the position of a pre-19th century hedge bounding on its east side the field (Havenstoke Field) that became the western park of the hospital (Area 18).

Planning issues:

- The design of the grounds and the airing courts was historically similar, and could provide guidelines for the future plans.
- Landscaping should aim to reveal the 'Queen Anne' Superintendent's House and the southern hospital façade.

13. Northern Hospital Driveway

This is the northern approach to the hospital from Summerdale Road, skirting the parkland (18) and leading to the administration building (45) at the north of the complex. It also gives access to the Summersdale Hospital and northern Nurse's Home (19).

Inherited character

The hospital inherited the curiously angular pre-existing road to Graylingwell Farm and used it as a secondary access route to the more formal tree-lined avenue skirting the parkland to the south (area 9). In the 1930s it came to be used as access to Summerdale Hospital and the Nurses' Home to its east.

Planning issues:

- The drive perpetuates an earlier road to Graylingwell Farm and its alignment should be retained where possible.

14. The Medieval Hindhead Road alongside College Road

The southern section of the landscape imprint left by the medieval Hindhead trackway. A typically broad and hollow route caused by the movement of people and animals and the desire to spread the effects of erosion before the development of hard metalled surfaces. Further sections (15, 16/17) remain visible in plans further north.

Inherited character

The eroded edge of the former hollow way is visible on the early O. S maps, and its form (and to a lesser extent function) is perpetuated in the present area of public open space alongside College Lane.

Planning issues:

- A useful area of public open space, whose character is the result of an historic process that is highly distinctive of this part of Chichester's approaches.

15. The Medieval Hindhead Road alongside Roussillon Barracks

This is a section of the medieval Hindhead track way visible in plans to the west of the Roussillon Barracks. Further sections (14, 16/17) remain visible in plans further north and south.

Inherited character

The width of the former medieval Hindhead trackway has been perpetuated in the property boundaries flanking the eastern side of Summerdale Road since the 1880s if not earlier.

Planning issues:

- Later landscaping may have buried an eroded, sunken, trackway, posing an archaeological issue should this area be considered for development.
- Any plans to enlarge the park towards the road should bear in mind the longevity of this landscape feature.

16/17 The Medieval Hindhead Road alongside Roussilon Barracks

This is a section of the Medieval Hindhead trackway visible in plans alongside Summersdale Road north of the hospital entrance, now in the grounds of the ambulance station and adjacent properties. Further sections of the trackway (14, 15) remain visible in plans and as landscape features further south.

Inherited character

The width of the former medieval Hindhead trackway has been perpetuated in the rear boundaries of properties flanking the eastern side of Summerdale Road since the 1880s if not earlier.

Planning issues:

- Later landscaping may have buried an eroded, sunken, trackway, posing an archaeological issue should this area be considered for development.

18. Parkland west of the hospital buildings

A large area of open lawn enclosed by the north (13) and south (9) hospital driveways and separated from Summerdale Road to the west by the line of the medieval Hindhead trackway perpetuated in later boundaries (15). The Iron Age dyke (4) bisects the park on a NNW-SSE alignment.

Inherited character

The park takes its general shape from a pre-existing field (Havenstoke Field), which defined the general alignment of the southern approach road to the hospital. It appears to be a later (c.1910) elaboration of the initial design, unifying the two approaches through the use of matching tree avenues and providing further space for recreation.

Planning issues:

- Valuable open space reflecting the design and function of the hospital grounds.
- Any plans to enlarge the park towards the road should bear in mind the longevity of the imprint of the Hindhead trackway as a landscape feature.

19. Summerdale Hospital and Northern Nurses' Home

Summersdale Hospital and the smaller Nurses' Home to the east stand on the north side of the hospital; both are enclosed in their own grounds.

Inherited character

Both buildings were opened in the 1930s, and share similarities in design which reflect the neo-classical themes in the main hospital complex. The grounds are enclosed by mature hedgerows and partitioned in a manner very similar to that of the main complex's airing courts. A major distinction, however, is that neither buildings nor grounds share the axial NNW-SSE alignment of the earlier hospital or still earlier field patterns.

Planning issues:

- Conversion to residential use is an option here.

20. Kitchen Garden South

The southern part of the rectangular area of former kitchen gardens extending northwards from the chapel grounds.

Inherited character

The now disused kitchen garden was established within an existing field (one of several running in parallel north from the Graylingwell Farm approach road (12)) during the development of the hospital. Its east and west boundaries are precisely those of the earlier period and the diversity of the hedgerows may reflect this.

Cross patterns of pathways, mapped in the early 20th century, are just visible beneath the encroaching scrub. The northern part of the kitchen garden has been replaced by modern housing (21).

Planning issues:

- The alignment of the garden is characteristic of the area - inherited from the medieval field systems, and ultimately from the Iron Age dyke and shared with the rest of the Victorian hospital.

21. Kitchen Garden North

The northern part of the rectangular area of former kitchen gardens extends northwards from the chapel grounds.

Inherited character

The southern part of the kitchen garden (20) remains open, but this northern part was built over in the 1980s as part of the Winterbourne Road residential development. An echo of the former garden is present in the plans but it is barely legible.

Planning issues:

- No significant implications as outside the site.

22. Isolation Hospital

The former isolation hospital stands on the northern perimeter of the complex, to the north east of the chapel grounds (26).

Inherited character

The isolation hospital was constructed at the same time as the bulk of the hospital complex, being a necessary component for dealing with infectious diseases in an enclosed community. The building, reminiscent of a rural railway station, still stands but it is severely dilapidated. Its grounds, which included a tennis court in front of the building, were shielded until recently by tall hedges, but

these have been denuded by ground clearance work, which also removed the glasshouses and frames in the adjacent nursery yard (25).

Planning issues:

- The original deliberate 'separateness' of this part of the complex could be re-iterated in new design.

23 Entrance 'forecourt'

The pattern of drives converging to the north of the administration building and south of the chapel produces the effect of a sort of entrance forecourt. This is not a deliberate element of the hospital's design so much as a modern perception, based on the space between two of the hospital's most distinctive buildings.

Inherited character

None.

Planning issues:

- One aim of spatial planning might be to strengthen the entrance court framed by important buildings as a focus for future development.

24. Ornamental Avenue

A long narrow land parcel defined by denuded earth banks and conifers extending south eastwards from Graylingwell Farm (27)

Inherited character

A short tree-lined avenue is shown on the earliest (1880) O. S map leading from the gardens around Graylingwell Farm to nowhere in particular. It presumably served as a landscape feature and a place of leisurely exercise. The avenue's outline can be traced in the damaged banks and thinning line of conifers between the farmhouse and the detached E-shaped hospital ward to the south (30), dictating the western boundary of the former recreation area on the eastern limits of the hospital grounds (32).

Planning issues:

- A feature of such longevity should be retained in some form; it would lend itself (widened if necessary) to accommodate an access route.

25. Nursery Yard

The nursery yard lies to the south of the Isolation Hospital (22). Its glasshouses and frames served the kitchen garden (20/21), but these were recently destroyed by ground clearance works.

Inherited character

Nothing much now survives above ground apart from fragments of foundations and paths.

Planning issues:

- Could be treated as a space, which mediates between adjacent areas.

26. Chapel

The purpose-built hospital chapel (with separate withdrawing rooms for male and female patients at the western end) lies to the north of the administration block and other main buildings, set within its own grounds.

Inherited character

The Chapel built in local flint and stone dressing in an 'Early English' style, is an original feature of the hospital. Its design is in strong contrast to the dominant neo-classicism of the hospital, presumably in order to provide a comforting sense of tradition and permanence. The character of its grounds copies some of the ambience of a country churchyard even though it did not have burial rights as the inmates' remains were returned to their parishes.

Planning issues:

It is a significant contrasting element of the hospital complex, which would add diversity and interest within a new design scheme.

27. Graylingwell Farmstead

The early 18th century farmhouse, which together with the renovated and improved steading (the courtyard of farm buildings) and cottages lay at the heart of the hospital's productive estate.

Inherited character

The farmhouse and cottages are older than the hospital. The area thus has the character of an 18th-19th century working farm, although elements of earlier 'gentrification' can be seen in the adjacent garden (28) and avenue (24).

The steading comprises a loose courtyard plan with a barn to the north of a cattle yard, the type of plan commonly associated with the predominantly arable-based farming systems of this area. The separation of track ways to the surrounding fields and to the house, which faces away from the yard, is indicative of a farmstead of high status. Although the South Coast Plain offered some of the best soils of the country, their proximity to the south coast conurbations has resulted in their large-scale loss to development and, in many cases, the total loss of farmsteads.

Planning issues:

- The farm complex marks a transition from the enclosed hospital to open countryside, and could serve as a transitional area in future development.

28. Grayling Well Garden

The garden falling away to the Lavant valley to the east of Graylingwell farmhouse, containing the eponymous 'Grayling Well'

Inherited character

The garden still shows signs of a period of gentrification associated with the farmhouse in the later 18th or early 19th century. The Grayling Well, one of several

sources of rising water along the borders of the River Lavant, may have provided a focus for settlement, religious symbolism and or other activities in earlier historic and prehistoric periods.

Planning issues:

- The site of the well poses significant archaeological questions related to early settlement in the area, and, being relatively undeveloped, could retain well-preserved archaeological remains.

29. Former Chapel Grounds

This is a disturbed area immediately east of the chapel, with minor driveways and traces of former structures.

Inherited character

This area formed part of the landscaped setting for the chapel, which was depicted with pathways and lines of trees on earlier O. S maps, prior to the construction of a narrow T-shaped building in the late 1960s or early 1970s. This building has since been removed but the earlier character of the area is barely readable other than in the survival of some mature trees.

Planning issues:

- Scope to improve and to provide an enhanced setting for the chapel.

30. South Eastern Hospital Building

A large detached E-shaped ward building constructed in the 1930s and upgraded in the 1980s, standing to the south east of the main complex.

Inherited character

The building shares the general neo-classical style of the earlier hospital but in a more reduced and modernist form. Unlike the contemporary Summersdale Hospital (area 19), this late addition to the hospital plan still adopts the original hospital's principal alignment. The southern edge of the building's grounds

perpetuate an earlier (pre-hospital) field boundary, but the garden pathways and airing courts on this side were removed when the building was given a new entrance in the 1980s.

Planning issues:

- If the South Eastern Hospital building is redeveloped its height should not obscure the southern façade of the main complex.

31. Area of the former south east Nurse's Home

An area undergoing rapid transition - formerly including a 1930s nurses' home, tennis courts and part of the southern playing fields; now cleared to make way for feeder roads and a roundabout in preparation for a further stage in development.

Inherited character

Nothing above ground has survived the recent clearance.

Planning issues:

- No significant implications.

32. Recreation Ground

A strip of open space along the eastern edge of the hospital grounds, marked as 'recreation ground' on modern O. S maps.

Inherited character

This strip of land was originally a long field running southwards from the garden of Graylingwell Farm. In contrast to many of the fields in this area, it has a long curvilinear form, which suggests the fossilisation of a medieval if not earlier pattern of cultivation. The ornamental avenue (24) took its alignment from one side of this field. Truncated to the south by new development it remains otherwise unaltered from the earliest O. S map (1880).

Planning issues:

- New access to this area might reinstate movement along the same direction as a NW-SE track way marked in the 1899 map and reintroduced along the Graylingwell Farm avenue in the 1970s.

33. Secondary Ward Building (West)

Neo-classical two-storey ward building (and attachments) added to the original array around 1900-01.

Inherited character

Slightly obscured by later buildings, but from outside appears essentially as first built. Secondary phase is indicated by slight changes in detailing (flush quoins) and semi-hexagonal or semi-octagonal bays.

Planning issues:

- Imposing building forming part of the south-facing array of radiating wards should be retained if possible.

34. Secondary Ward Building (East)

Neo-classical two-storey ward building and attachments were added to the original array around 1900-01.

Inherited character

Slightly obscured by later buildings, but from outside appears essentially as first built. Secondary phase is indicated by slight changes in detailing (flush quoins) and semi-hexagonal or semi-octagonal bays.

Planning issues:

Imposing building, forming part of the south-facing array of wards, should be retained if possible.

35. 1960s Ward Extension (West)

Westward extension to the original 1890s ward building added in the 1960s. Some attempt to match earlier hospital design. Interesting cantilevered external staircase on the end of the range. Matching extension added to the east of the complex (36)

Inherited character

As built

Planning issues:

- No need to retain.

36. 1960s Ward Extension (East)

Eastward projection to the original 1890s ward building added in the 1960s. Some attempts were made to match earlier hospital design but a flat roof was used. There is an interesting cantilevered external staircase on the end of the range. Matching extensions were added to the west of the complex (35).

Inherited character

As built

Planning issues:

- No need to retain.

37. Medical Superintendent's House

A relatively grand 'Queen Anne' style house set in its own grounds (12) to the south west of the main hospital complex.

Inherited character

Largely remains as built around 1897 to house the medical and administrative head of the institution. Separated from the hospital, but linked by a covered corridor.

Planning issues:

- This is a high quality building and if possible should be retained when the site is redeveloped

38. Primary Ward Building (West)

Original late 1890s ward building with attached structures, situated on the western side of the hospital complex. One of eight wards constructed in the early hospital phase (1895-1901) arrayed in an arc to the south of the administration building (45).

Inherited character

Externally these appear much as first built - red brick and white stone-quoined two- storey neo-Georgian ranges with cross wings. Together the six original (38, 39, 40, 42, 43, 44) and two secondary wards (33, 34) form an imposing façade oriented to the south.

Planning issues:

- Maintain façade through conversion to alternative uses if possible.
- No need to retain connecting service buildings

39. Primary Ward Building (South West)

Original late 1890s ward building with attached structures, situated on the south-western side of the hospital complex. One of eight wards constructed in the early hospital phase (1895-1901) arrayed in an arc to the south of the administration building (45).

Inherited character

Externally these appear much as first built - red brick and white stone-quoined two- storey neo-Georgian ranges with cross wings. Together the six original (38, 39, 40, 42, 43, 44) and two secondary wards (33, 34) form an imposing façade oriented to the south.

Planning issues:

- Maintain façade through conversion to alternative uses if possible.
- No need to retain connecting service buildings

40. Primary Ward Building (South: west of medical officers' house)

Original late 1890s ward building (with attached structures) situated on the southern side of the hospital complex. One of eight wards constructed in the early hospital phase (1895-1901) arrayed in an arc to the south of the administration building (45).

Inherited character

Externally these appear much as first built - red brick and white stone-quoined two- storey neo-Georgian ranges with cross wings. Together the six original (38, 39, 40, 42, 43, 44) and two secondary wards (33, 34) form an imposing façade oriented to the south.

Planning issues:

- Maintain façade through conversion to alternative uses if possible.
- No need to retain connecting service buildings

41. Medical Officers' House

Cottage-like 'Queen Anne' styled house set between the two southern hospital wards (40, 42) and forming part of the hospital's imposing southern façade.

Inherited character

Externally remains substantially as built around 1897 to house the medical officers in charge of the various wards. Connected to the complex by service corridors.

Planning issues:

- Retain if possible as it contributes to the maintenance of the hospital's southern elevation.
- No need to retain service corridors to provide private and secure dwellings.

42. Primary Ward Building (South: east of medical officers' house)

Original late 1890s ward building with attached structures, situated on the southern side of the hospital complex. One of eight wards constructed in the early hospital phase (1895-1901) arrayed in an arc to the south of the administration building (45).

Inherited character

Externally these appear much as first built - red brick and white stone-quoined two- storey neo-Georgian ranges with cross wings. Together the six original (38, 39, 40, 42, 43, 44) and two secondary wards (33, 34) form an imposing façade oriented to the south.

Planning issues:

- Maintain façade through conversion to alternative uses if possible.
- No need to retain connecting service buildings

43. Primary Ward Building (South East)

Original late 1890s ward building (with attached structures) situated on the south-eastern side of the hospital complex. One of eight wards constructed in the early hospital phase (1895-1901) arrayed in an arc to the south of the administration building (45).

Inherited character

Externally these appear much as first built - red brick and white stone-quoined two- storey neo-Georgian ranges with cross wings. Together the six original (38, 39, 40, 42, 43, 44) and two secondary wards (33, 34) form an imposing façade oriented to the south.

Planning issues:

- Maintain façade through conversion to alternative uses if possible.
- No need to retain connecting service buildings

44. Primary Ward Building (East)

Original late 1890s ward building with attached structures, situated on the eastern side of the hospital complex. One of eight wards constructed in the early hospital phase (1895-1901) arrayed in an arc to the south of the administration building (45).

Inherited character

Externally these appear much as first built - red brick and white stone-quoined two- storey neo-Georgian ranges with cross wings. Together the six original (38, 39, 40, 42, 43, 44) and two secondary wards (33, 34) form an imposing façade oriented to the south.

Planning issues:

- Maintain façade through conversion to alternative uses if possible.
- No need to retain connecting service buildings

45. Administration Building

'Queen Anne' styled building serving as the administration building and principal entrance on the northern side of the complex. Central to the array of wards and together with the medical officers' house to the south, set on the principal axis of the design.

Inherited character

Externally remains substantially as built around 1897, complete with elaborate gabled entrance bay, two flanking bays and clock tower/cupola. Linked by a central southern corridor to the rest of the complex.

Planning issues:

- Feature hospital building which should be considered for alternative uses.
- Design could draw together this building with the chapel (26) and 'entrance forecourt' (23) and water tower (46) to create a focus for a future development.

46. Water Tower.

Striking brick built water tower located to the east of the Administration building

Inherited character

The peculiar location of this tower next to the principal hospital entrance is difficult to explain. It dominates the location, overshadowing the most elaborate building on the site.

Planning issues:

- Water Tower may be difficult to re-use, or to integrate into a new vision for this part of the hospital, yet it has status as a landmark feature and a function as a phone mast.

47. Hospital Core

The core of the hospital complex - a series of interconnected, low level buildings and passageways, in some cases infilling yards, various drying yards and other open spaces. Labyrinthine; of low architectural quality

Inherited character

The interconnecting passageways and service buildings represent many phases in the development of the hospital, although the principal covered corridors, the

kitchens and recreation hall, the mortuary, the stable range, the boiler rooms and other service buildings belong to the original 1890s plan.

Planning issues:

- Difficult to convert the infrastructure within the arc of ward buildings. Removal should be considered.
- Potential for some new build in the hospital core that enables the retention of the radiating wards and takes pressure from the surrounding landscape.

48. Airing Courts

The arc of hospital wards is surrounded by a fringe of gardens in various states of repair and completeness.

Inherited character

The garden spaces provided secure exercise areas for each ward. Each court was enclosed by low railings and holly hedges, which maintained ward separation and still provided 'uninterrupted and beautiful views of the country' (Annual Report 1898). Looped pathways encouraged exercise and wooden kiosks (two survive) provided access to fresh air all year round. Iron tub fountains served as central features in some or all of the airing courts.

Planning issues:

- Significant open space giving context to the facades of the radiating wards –important to retain this relationship of open space to the wards in future plans.
- The form, materials and design details of the airing courts provide design ideas for new garden areas.

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