

Prudhoe Historic Characterisation



ENGLISH HERITAGE



English Partnerships
The National Regeneration Agency

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Prudhoe Historic Characterisation

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Prudhoe Historic Characterisation Project Team

The Prudhoe Historic Characterisation study is the product of joint working between English Heritage and English Partnerships undertaken from November 2007 – May 2008. The individuals involved were Graham Fairclough and Jeremy Lake from English Heritage's Characterisation Team; Sylvia Short, Louise Wyman and Jill Channer from English Partnerships' National Consultancy Unit and Anthony Horrigan and Stephen Crompton from English Partnerships' Spatial Intelligence Team.

The team would like in particular to thank George Prest for introducing them to the site and key sources of information.

All plans and images were prepared and taken for this project, with the exception of the black and white photographs marked NMR (National Monuments Record). The front cover drawing is from *The Builder*, January 1930, and the aerial photo is from the NMR.

1. Introduction

1.1 Context of the Prudhoe historic characterisation

In 2005 English Heritage (EH) and English Partnerships (EP) began jointly to explore the use of Historic Characterisation (HC) in preliminary regeneration planning. Three experimental pilot projects were carried out to test various methods using former hospital sites - Graylingwell in Chichester, Hanham Hall near Bristol, and the present study, Prudhoe, in the Tyne Valley. EH and EP intend to use the results of the pilots to produce generic guidance for the use of HC on sites of similar scale and levels of complexity.

EH and EP believe that conducting HC at the pre-masterplanning stage can make a positive contribution to the planning and regeneration process. Such early characterisation is not intended to replace archaeological evaluations or the traditional detailed surveys of architectural fabric that might be needed at later stages to inform detailed design or as mitigation. Instead, HC offers something new for planning and design teams: a forward-looking and contextual understanding of a site's historic development and present day historically-derived character that can be drawn upon to inform the masterplan for a site.

After a preliminary section on the background of the site and its current planning status, this report sets out the core of the characterisation work in two sections. Section 2 presents a summarised account of the history, landscape and principal features of the site, including a detailed historical sequence based on a series of historic maps from 1862 onwards. This historical context begins to define the main aspects of the site's inherited character that might influence the trajectory of future change. It also frames the description in Section 3 of six distinctive Historic Character Areas into which the site has been divided. This section also signposts some of the more general ways in which site character might influence masterplanning in advance of the more detailed suggestions in Section 4, where the lessons and ideas that arise from the characterisation are brought together and amplified as a contribution to the masterplanning. Appendix 1 provides a simple gazetteer of the site's principal buildings and Appendix 2 provides information on sources.



Figure 1 Site Location and Regional Context

The former Prudhoe Hospital sits within the Tyne Valley to the west of the City of Newcastle. It is situated on the eastern edge of Prudhoe within a 10 minutes walk of the town centre. To the east the A69 connects the site to Newcastle (10 miles), Gateshead and the A1(M). To the west the A69 connects the site to Hexham (26 miles), Carlisle (72 miles), and the M6. The nearest airports are at Newcastle and Carlisle.

1.2 Site Description

The EP site comprises approximately 96 hectares, but does not include the whole of the former hospital site. It falls into two unequal parts – open farmland and woodland ('South Park') to the south and most of the hospital itself to the north. These two areas are separated by the deep ravine of the Stanley Burn, flowing north-eastwards into the Tyne. The historical development of the site and its buildings, ranging from Prudhoe Hall of 1878-9 to hospital buildings of the 1920s-1980s, is summarised in Section 2.3

The EP site contains a wide range of buildings, of both single and two- or three-storey height, with a total footprint of approximately 37,424 square metres. The siting of most of the buildings exploited the topography of the site, which slopes SE towards Stanley Burn. There is significant though uneven patterning in the distribution of the buildings, and most were built within extensive areas of terracing and landscaping. The overall development is low density with large areas of open green space designed to provide areas for recreation and amenity. The buildings are set in a mature landscape setting with many high quality trees and in particular a striking avenue of trees along the main access route from the NE.



Figure 2 Aerial photograph of 1992 showing Prudhoe Hospital and its wooded perimeter from the SW and Prudhoe in the background.

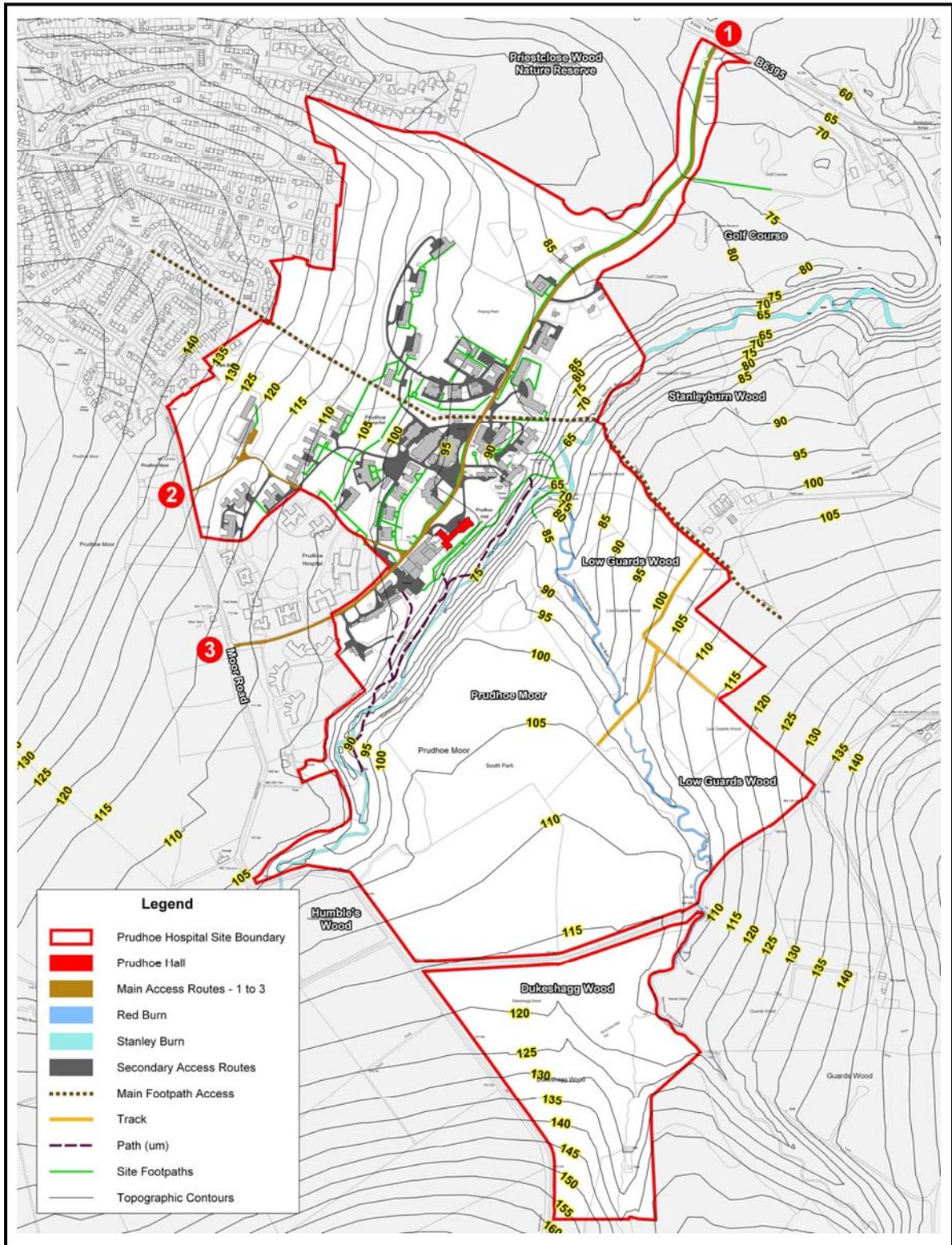


Figure 3a Map of Prudhoe showing topography and main access routes. In particular, a Public Right of Way crosses the site from NW to SE: this has historically provided access from Prudhoe to this area and pre-dates the establishment of Prudhoe Hall and the hospital. The main road into the site (called The Avenue) was formed in the 1870s in order to provide access to Prudhoe Hall from the B6395 (1) (then the main road through Prudhoe from Newcastle to Hexham, now the link to the A695), and from Moor Road to the SW (3). Another access point (2) from Moor Road formed in the 1870s was upgraded to vehicular access in the 1960s to serve the hospital. A network of secondary routes within the site connect individual buildings to the main access routes, and a major feature of the hospital site are the footpaths which were designed for use by patients and staff.



Figure 3b Prudhoe Hospital Aerial Photograph

1.3 Planning Status of Prudhoe Hospital Site

1.3.1 Part of the site is in the Green Belt as defined in the LDF and Local Plan.

1.3.2 Because the Local Development Framework (LDF) for Tynedale Council remains in preparation, the Tynedale Local Plan is still current. Policy NE10 'Prudhoe Hospital' is that:

"Prudhoe Hospital is recognised as an important development site within the Green belt and its boundary is designated on the Proposals Map. Within the site boundary proposals for limited infill development, re-use, partial re-use or redevelopment will be permitted for a strategic employment site and/or mixed use development."

1.3.3 The site lies within a 'Commuter Pressure Area' as defined by Tynedale Council.

1.3.4 EP (the land owner since 2006) has commissioned two studies from David Lock Associates:

a) a 'Development Proposal' in September 2006 (in response to a request from Tynedale Council requesting contributions towards the evidence gathering stage of their Site Allocations Development Plan Document [DPD]). This made a first estimate of the site's possible contribution towards the Region's anticipated growth to 2021 through the provision of 12.5 ha of residential land, 5.5 ha of employment; and 3 ha of hotel/leisure use.

b) a 'Master Plan Report' in September 2007, in response to an invitation to submit further information to Tynedale District Council. This built on the 'Development Proposal' but demonstrated that the master plan proposals for the mixed use redevelopment of the site had evolved. The purpose of this report was to demonstrate what could be achieved through redevelopment but it was not intended to be prescriptive. In summary the 'Master Plan Report' demonstrated that Prudhoe Hospital could be redeveloped to provide:

- 13.6 ha Country Park
- 10.6 ha NHS uses
- 2.6 ha Care Village (Use Class C2)
- 1.7 ha Community Facilities
- 0.9 ha Education
- 1.2 ha Hotel
- 3.1 ha Formal Open Space
- 2.2 ha Employment Uses (Use Class B1)
- 8.1 ha Residential (up to 250 dwellings developed in 3 phases)

1.3.5 Two buildings on the site have been listed at grade II since 1985. These are:

- Prudhoe Hall, the service yard and buildings attached to the west
- The kitchen garden walls and buildings

A thematic listing survey of the NHS Estate in 2006 by EH (using a 1993 survey by the Royal Commission for Historical Monuments) did not result in further listing against the strict criteria then used for buildings of the inter-war period.

1.3.6 The footpath crossing the site from NW to SE is a Public Right of Way.

1.3.7 Priestclose Wood adjacent to the site is locally designated as a Site Of Nature Conservation Importance (SNCIs).

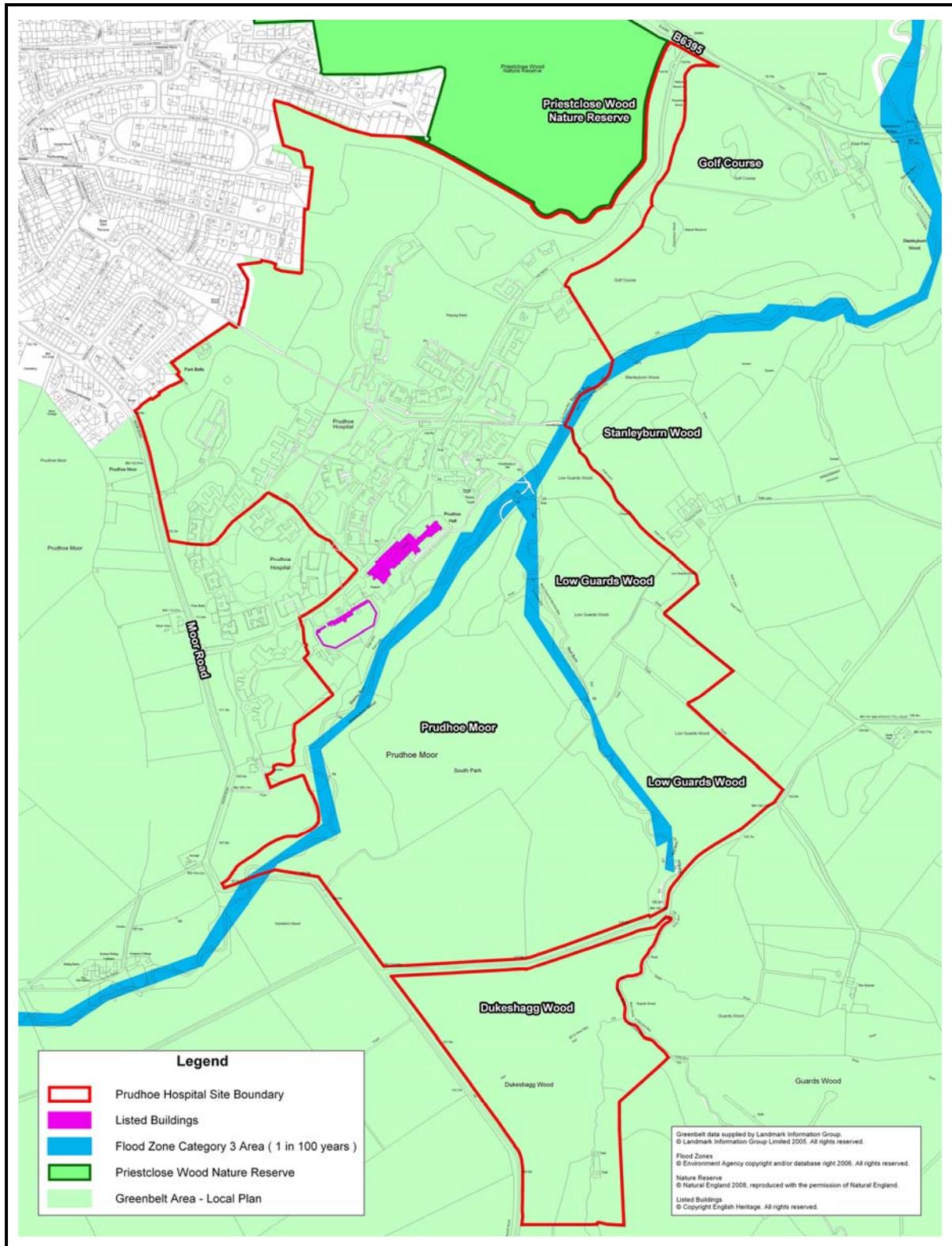


Figure 4 Planning Constraints

2. Historical Development

2.1 The story of the site

The various stages of the site's history (leaving aside any future discoveries about its prehistory) and the principal traces relating to each stage, are summarised below:

2.1.1 A long history, stretching back at least to the 11th century, of use as common land for Prudhoe and the communities that preceded it. This was connected to an area of moorland extending towards Mickley to the W, and bordered by farmland and by woodland to the NE and E. Principal traces of this period in the modern landscape are field names, place names (Prudhoe Moor, Fulcherside Common), woodland to the NE and E and the remnants of the waggonway in South Park.

2.1.2 The taking-in of the common land to the north (the present hospital site) as temporary arable or meadow, by the early 17th century. There appear to be no visible traces of this in the present landscape.

2.1.3 A brief period of time from the mid 18th century to the 1870s when the site was farmland following the enclosure of the common land. Fragments of field boundaries remain from this period.

2.1.4 A period of less than 40 years from the later 1870s until 1913 (when the house and land was sold to become a mental hospital) when the site was occupied by Prudhoe Hall and its parkland. The legacy of this period includes the Hall, its stables and kitchen gardens, designed woodland copses and the site's scalloped woodland edge, The Avenue and related accesses to the Hall and the remains of the park and gardens including trees.

2.1.5 The use of the site as a hospital over a period of 90 years after 1913, with major construction in two main stages in the 1920s and 1930s, and later between the 1950s and 1980s. By the 1970s Prudhoe had become the fifth largest mental hospital in the UK, with a staff of nearly 1000 and nearly 1500 beds for patients, but downsizing began from the 1980s. This period has left the most marked imprint on the site, notably its numerous substantial buildings and distinctive open character.

2.1.6 The present period since closure of most of the site was announced in 2005. Part of the site to the west remains in medical use by the Northumberland Tyne and Wear NHS Trust with access from Moor Road, but the larger part is owned by EP pending redevelopment.

2.2 Settlement and Landscape Context

2.2.1 Prudhoe

The town of Prudhoe can be said to have had three stages of life.

- 1 Its origins as a farming village after the foundation of the castle in the late 11th century.
- 2 Its transformation by industry (coalmining and later brick and fertiliser manufacturing) in the decades after the building in 1835 of the Newcastle-Carlisle railway and in the 1880s of a bridge across the Tyne to Ovingham. The town's growth in this period can be shown by comparing its more than sevenfold rise in population between 1851 (488 people) and 1901 (3,900).

- 3 Its late 20th century and current character, based on continued growth through the 20th century so that its population has since 1971 been around 11,000 to 12,000, but increasingly dependent on a post-industrial service, leisure and commuting economy that has emerged in the last 30 years. The two main industries are paper products (SCA Hygiene) and paints (Hammerite, owned by ICI). The pressure to provide commuter housing for Newcastle (and beyond) is one issue that needs to be considered in the context of Prudhoe Hospital's regeneration.

It is to the second of these stages that the hospital owes most of its character; to the third it must link its future.

2.2.2 Connections and separation

Prudhoe Hospital is a 10-15 minute walk from Prudhoe town centre. Despite this proximity, however, Prudhoe Hospital still looks away from the town (the only direct communication being via a public footpath which dates from the time that this area was farmed from Prudhoe). It was sited like many mental hospitals at the edge of an existing settlement on land which – until enclosure as farmland and the emparkment for Prudhoe Hall - had been common grazing land and part of Prudhoe Moor. Although since 1950 Prudhoe has grown to meet the northern edge of the hospital site, the site's historical separation, strengthened by its outlook to the SE has strongly affected its character.



Figure 5 The footpath from Prudhoe to Wetherby's Gill remains from the pre-1870s enclosure and probably the earlier use of this area as farmland and common farmed from Prudhoe.

2.2.3 Landscape Design and Layout

The hospital was designed with a dispersed and open aspect that capitalised on the inherited character of the parkland (or for that matter the open land) that preceded the hospital. Only fragmentary traces remain, however, of both the parkland and farmed landscape phases of the site. The site is now dominated by an open character that predominantly reflects early – mid 20th century approaches to mental health care and education (see 2.3). This was based on an avoidance of an institutional atmosphere. Unlike late Victorian hospitals, the site is thus closer in ‘feel’ to parkland or ‘countryside’ than to an urban or even suburban character. Particularly important is the way that many of the hospital buildings exploited the site’s topography and the inherited character of the late Victorian park, to create views into the surrounding landscape.

2.2.4 Trees and Woodland

Woodland and trees also provide a significant visual and amenity context for the site. Much of the older woodland here (as elsewhere in the NE) was mostly clear-felled for the supply of timber props for coal mines in the 20th century, leaving a predominantly young mix of planted conifers with self-seeded and older remnants of oak, birch and sycamore. Two types of woodland contribute to the site’s character:

- 1 Older woodland (often termed ‘ancient’ woodland, probably continuously wooded since before c1600) survives on the steep slopes of Stanley Burn (where it mostly comprises ash, alder and oak) and to the north and east of the site in Guards Wood, Hag Wood and Priestclose Wood. As in the rest of the Tyne area this woodland was subdivided into blocks, one of the local names for which are *hags*, for the production of coppiced timber for the region’s industries.
- 2 Mixed woodland of the late 19th and 20th centuries within and around the site. Woodland around the perimeter of the hospital site (including Humble’s Wood to the SW), copses within the grounds of the hospital and areas around the hall and its kitchen gardens were planted for Prudhoe Hall from the 1870s. It is typical of 19th century estate planting, in that it frames the site and enables views and vistas into the surrounding landscape. Isolated trees with wrought-iron fencing are of similar date or earlier, and there are some elements of picturesque planting around the perimeter of the South Park area. Trees were also planted for the hospital along some of the vehicular routes and in particular along the early footpath from Prudhoe to Wetherby’s Gill.

2.2.5 Buildings

Appendix 1 provides a comprehensive gazetteer of the site's principal buildings. Buildings are loosely dispersed around the whole hospital site. They fall into three periods of development (Figure 7) and can be further distinguished between:

- The stylistically coherent and massed Victorian estate core, centred around Prudhoe Hall, completed in local stone and slate and designed in a mix of Revivalist styles which reflect developments elsewhere in the Region.
- The hospital buildings which in terms of layout are spread over the remainder of the site and follow design principles set down in the 1920s. These have largely adopted highly innovative approaches to site planning which reflect Continental progress in hospital and school (particularly open-air school) architecture. Whilst most of the institutional buildings were linked to The Avenue and maximised the use of open space and viewpoints, the residential units exploited the site's topography through their siting on higher ground that enjoyed views to the south and east.

The hospital buildings are further distinguished in terms of style and massing between:

- Small-scale and dispersed character of the staff housing of the 1920s-60s to the north-east (12, 13 and 18).
- The compact layout, broadly symmetrical treatment and domestic detail (including sash windows) reserved for the 1920s-30s two-storey accommodation blocks (4-7), the 1930s hospital buildings (8 and 9) and the Boys Village (14 and 15).
- The more functional style and expansive layout – loosely based on the H-shaped plan of the 1920s-30s blocks - adopted for the single-storey 1950s-60s Girls' Village and mostly 2-storey Children's Village blocks (27-29), which as a result are low-profile structures and occupy much larger footprints.
- Large-scale institutional blocks which are planned and orientated in order to embrace and relate to open space around The Avenue, and which display international influences in their broad architectural form and layout. These range from the imposing form of the recreation hall (10) with its projecting outer wings to the expansive layouts of 19, 20, 22 and 23.

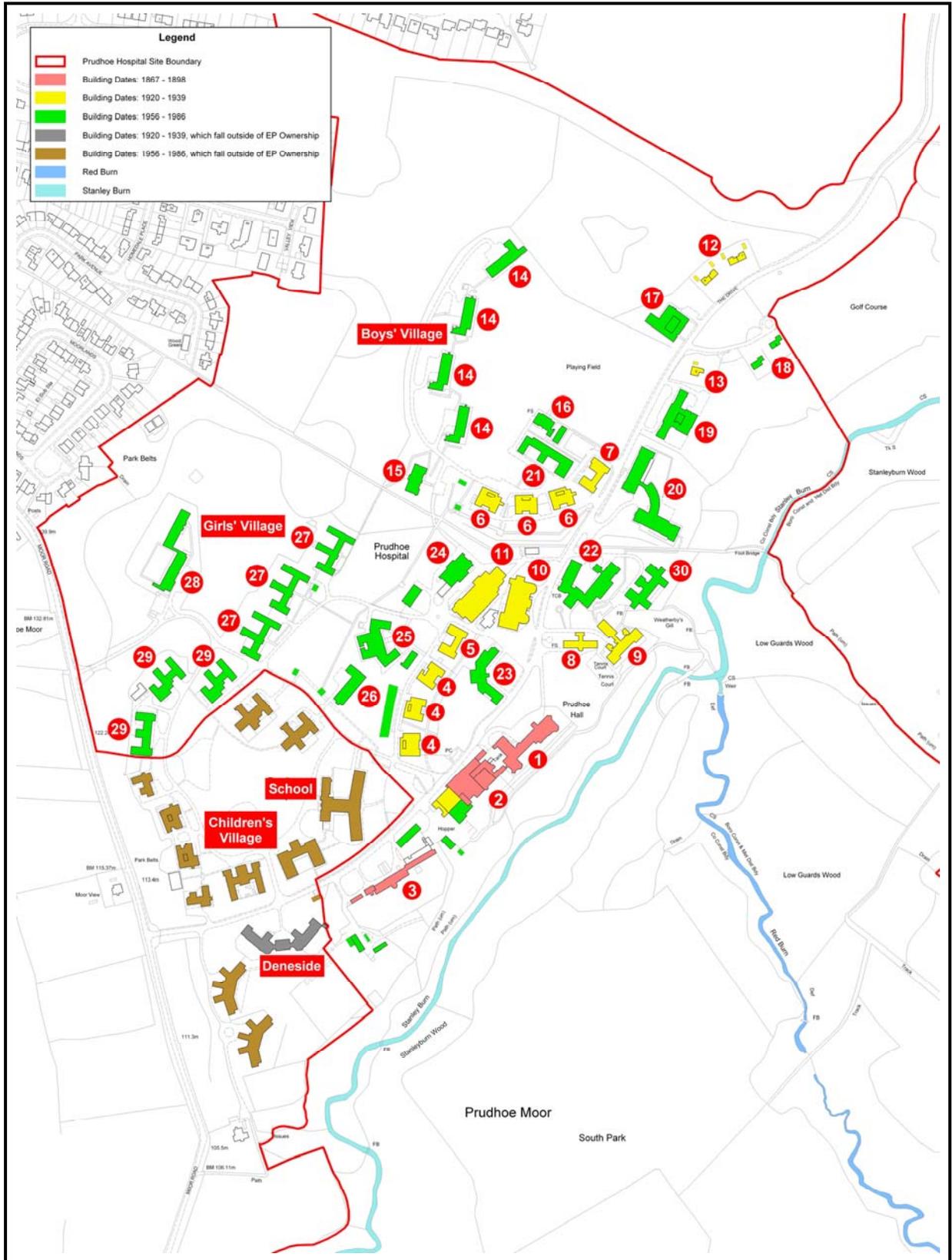


Figure 7 Building Dates - Prudhoe Hospital. Numbers refer to gazetteer in Appendix 1.

2.3 Historical sequence from historic Ordnance Survey maps

2.3.1 The site as shown on the 1862-4 map (Figure 8)

This map shows the situation prior to the construction of Prudhoe Hall in 1876. By this date the land to the N and W of the blocks of ancient woodland (see Figure 6), with the exception of Stanley Burn, had been subdivided since the 18th and early 19th century enclosure of Prudhoe Moor into rectilinear fields. Before this, for a period between the 16th and 18th centuries, the land on the present hospital site had been subdivided for occasional use as pasture or arable, farmed from Prudhoe. The fan-shaped arrangement of allotted fields is reflected in the pattern of enclosure visible on the 1862-4 map.

Not many of the features shown on the 1862-64 map greatly influence the present day character of the site, particularly on the north side. Minor fragments of the enclosure boundaries remain. The key features remaining from the use of the area as common are:

- the footpath which runs from Prudhoe via Park Avenue to Wetherby's Gill, then connecting with paths along and across Stanley Burn into the South Park area;
- an 18th century waggonway for transporting coal from workings on Prudhoe Moor and Mickley Common which extends across South Park.

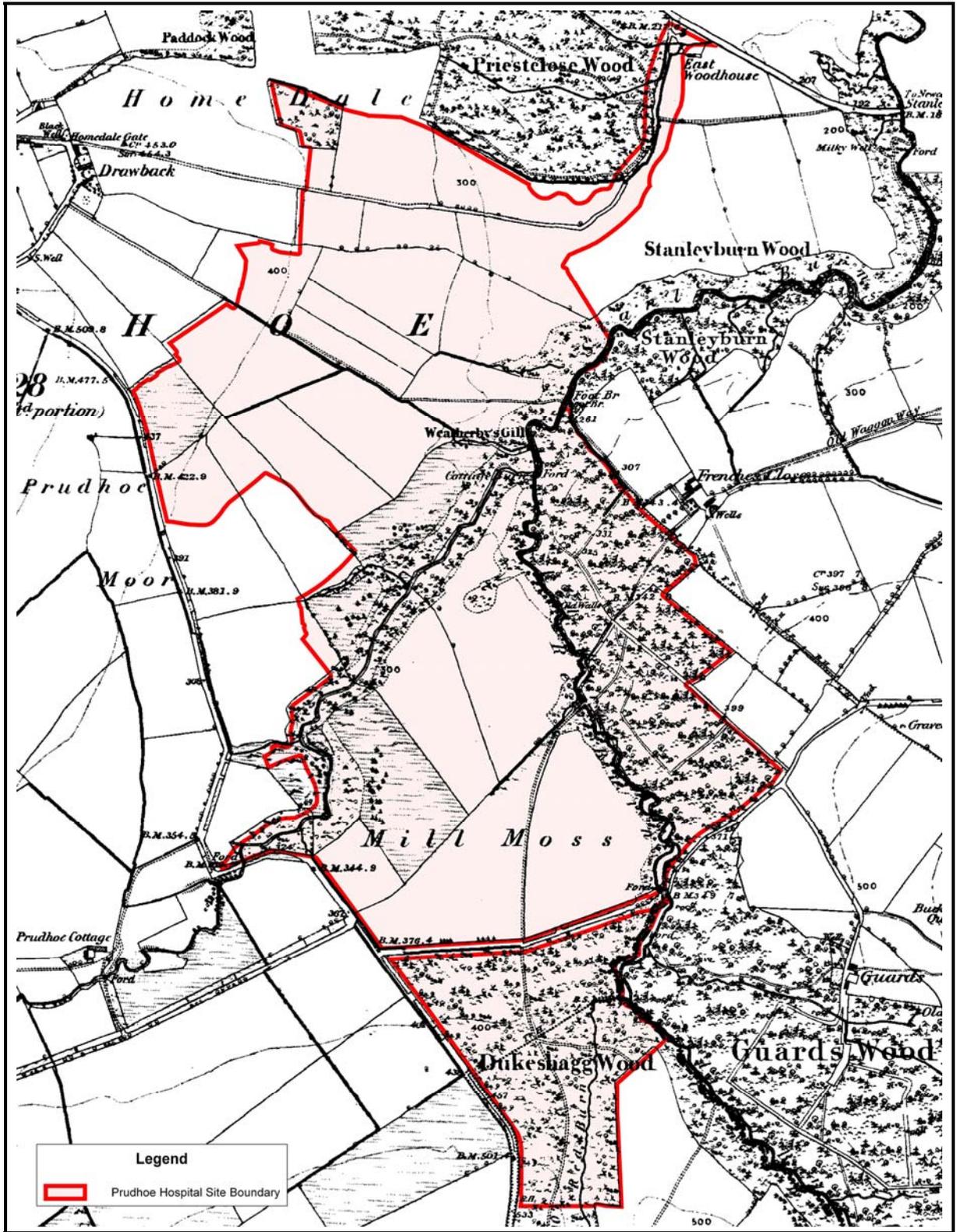


Figure 8 Historic Mapping 1862 - 1864

2.3.2 The site as shown on the 1921 map (Figure 9)

Between the 1878 and the 1921 maps, the Prudhoe Hall estate was both established and dismantled, being sold in 1913 for use as a mental hospital. Prudhoe Hall, as many houses in the NE, was built by an industrialist, in this case a coalmine owner called Matthew Liddell. During the Liddell family's brief occupation (1878 – 1904) they maintained a strong association with Prudhoe, helping to finance the provision of schools and churches, including moving their Roman Catholic chapel from the Hall to the town in 1891. Between 1904 and 1913 Prudhoe Hall was owned by Col. Henry Swan, the managing director of Mitchell, Armstrong, Whitworth and Co. in Newcastle. The 1921 map shows no major changes associated with the hospital, because the Hall and its associated buildings served to house the needs of patients and staff up to that point. Major development in the grounds did not commence until after the First World War.

The main legacy in present day character of the brief period from the mid 1870s to 1913 is:

- the main access road (The Avenue) through the site;
- the Hall itself and its associated service buildings and kitchen gardens;
- fragments of open parkland, with some surviving copses and trees, to the north of The Avenue;
- woodland around the NE end of The Avenue;
- scalloped edged woodland around the edge of the park, including around the perimeter of South Park.

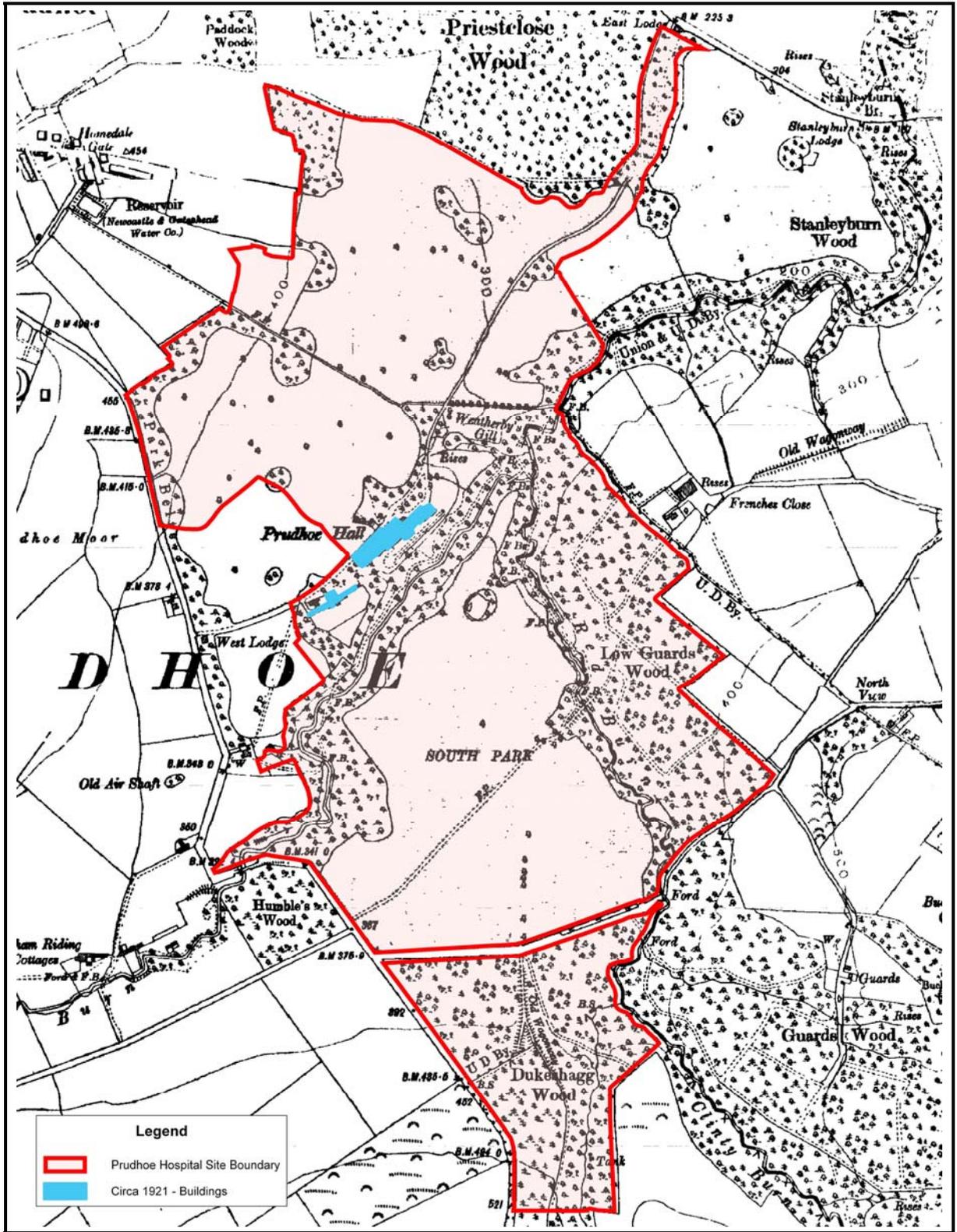


Figure 9 Historic Mapping 1921

2.3.3 The site as shown on the 1951 map (Figure 10)

This map shows the impact of the first phase of development of Prudhoe Hospital after 1921. It also illustrates Prudhoe's suburban expansion (in the form of the Homedale Estate) towards the hospital site. This period of the hospital's evolution is in some ways its most coherent, most of the buildings sharing a conservative neo-Georgian style in combination with innovative approaches to planning and layout.

The low density and dispersed pattern established in this period is of particular importance in determining the present site character and gives it much of its 'loose', open character. The hospital buildings followed a plan by architects J.G. Burrell and J. H. Morton & Son of South Shields, who were appointed by the Northern Counties Joint Poor-Law Committee in October 1914. The plans were published in *The Builder* in January 1930, and were based on providing three self-contained villages dispersed across the site: a Children's Village and open-air school to the north-west, and two separate 'Villages' for men and women closer to the hall (see front cover). Only six of the latter residential units for men and women were completed, together with two larger blocks, and none of the Children's Village.

Although never wholly implemented, this plan has significance because Prudhoe was one of a small group of innovative hospital plans that were built to the so-called 'colony system' and which were mostly developed after the passing in 1913 of the Mental Deficiency Act. In striking contrast to the compact and centralised planning of Victorian asylum architecture, hospitals of this type were intended to provide an informal and less institutional environment for the care and recovery of patients. The importance placed on the benefits of sun and light are particularly evident in the orientation and layout of key buildings, especially residential blocks, and the way in which they have been placed and designed in relationship to the open landscape and recreational areas. This displays the influence of the Continental Open Air Schools movement as well as recent acknowledgement of the therapeutic benefits of these factors in hospital design.

The 1920s-30s buildings are marked by a consistent treatment using reconstructed stone that echoes the stonework of the wider region and Westmorland slate roofs. There is a clear distinction between the Georgian and domestic styles of the villas and hospital complex, and the large scale of the recreation block which exhibits Continental influences in its architecture.

The main legacy in terms of present-day character are:

- two groups of patients' 'villas' built in curving lines to the north of The Avenue;
- staff housing to the E of The Avenue;
- a large recreation hall with cinema and stage which faces S into The Avenue, to the rear of which is a kitchen block;
- a hospital site with two buildings to the S of The Avenue and the E of Prudhoe Hall;
- the survival through re-use of the hall and its appendages including the garden;
- a high-dependency unit (Deneside), built to an innovative angled plan, beyond the EP site boundary to the west of the site.

Less discernible in terms of present-day character is the fact that the expansion also utilised Prudhoe Hall and its associated buildings; the Hall as offices, its kitchen gardens and buildings as workshops for patients and the stables, coach

house and clock tower as a laundry. This was extended westward in 1920 with the addition of a boiler house and power station. Covered conduits took electricity, water and telephone services from the power station to the buildings around the site.

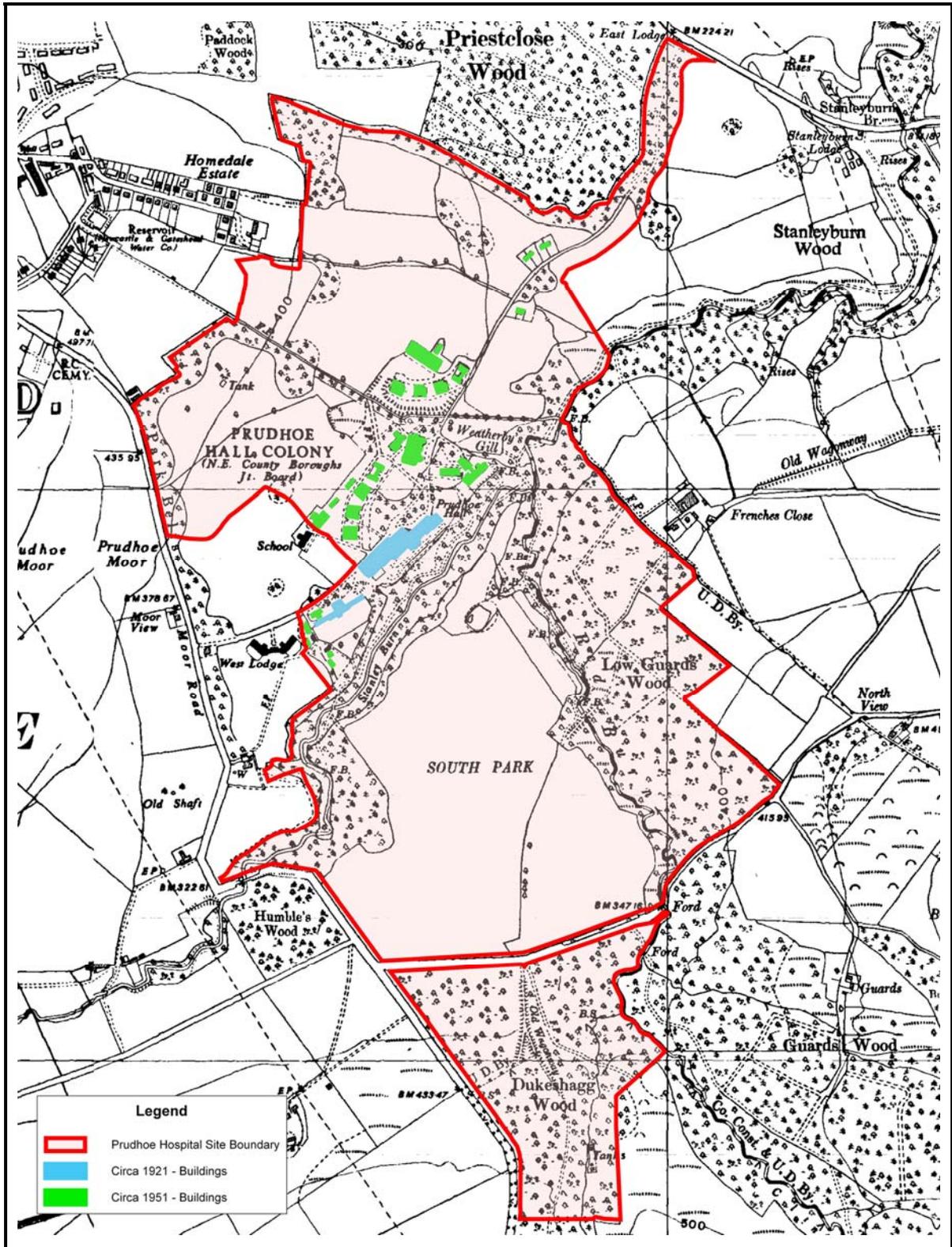


Figure 10 Historic Mapping 1951

2.3.4 The site as shown on the 1981 map (Figure 11)

The 1981 map shows the impact on the site of its identification in 1955 for major expansion in the new NHS. In the same period, Prudhoe's suburban expansion continued towards the hospital site.

The earlier post-war development retained the concept of low density dispersed planning inherited from the 1920s-30s and has resulted in the provision of:

- a Children's Village and school for children under 16 and babies;
- a Girls' Village and a Boys' Village for over-16s;
- a hospital, clinic and outpatient department;
- an employment block and workshops for use by patients;
- the 'Western Village', now wholly outside the EP' boundary, for highly-dependant patients that required continual care;
- teaching and research buildings which enabled the site to remain in the forefront of national and international research.

Almost all of the post-war expansion is concentrated in the period between 1956 and 1963. The 1950s-60s buildings were based on designs by Milburn and Partners of Sunderland and the Regional Health Authority Architect P. H. Knighton. They worked to an overall concept inherited from the 1920s and set out in a handbook by Dr George McCoull, the energetic and charismatic leader of the hospital between 1935 and 1965.

The creation of level areas for buildings and recreational areas – the steep terracing surrounding the playing field being particularly notable – is a strong characteristic of this period. Tree planting has also sought to enhance the inherited character of the 1870s parkland and the new patterns of vehicular and pedestrian routes introduced in this period.

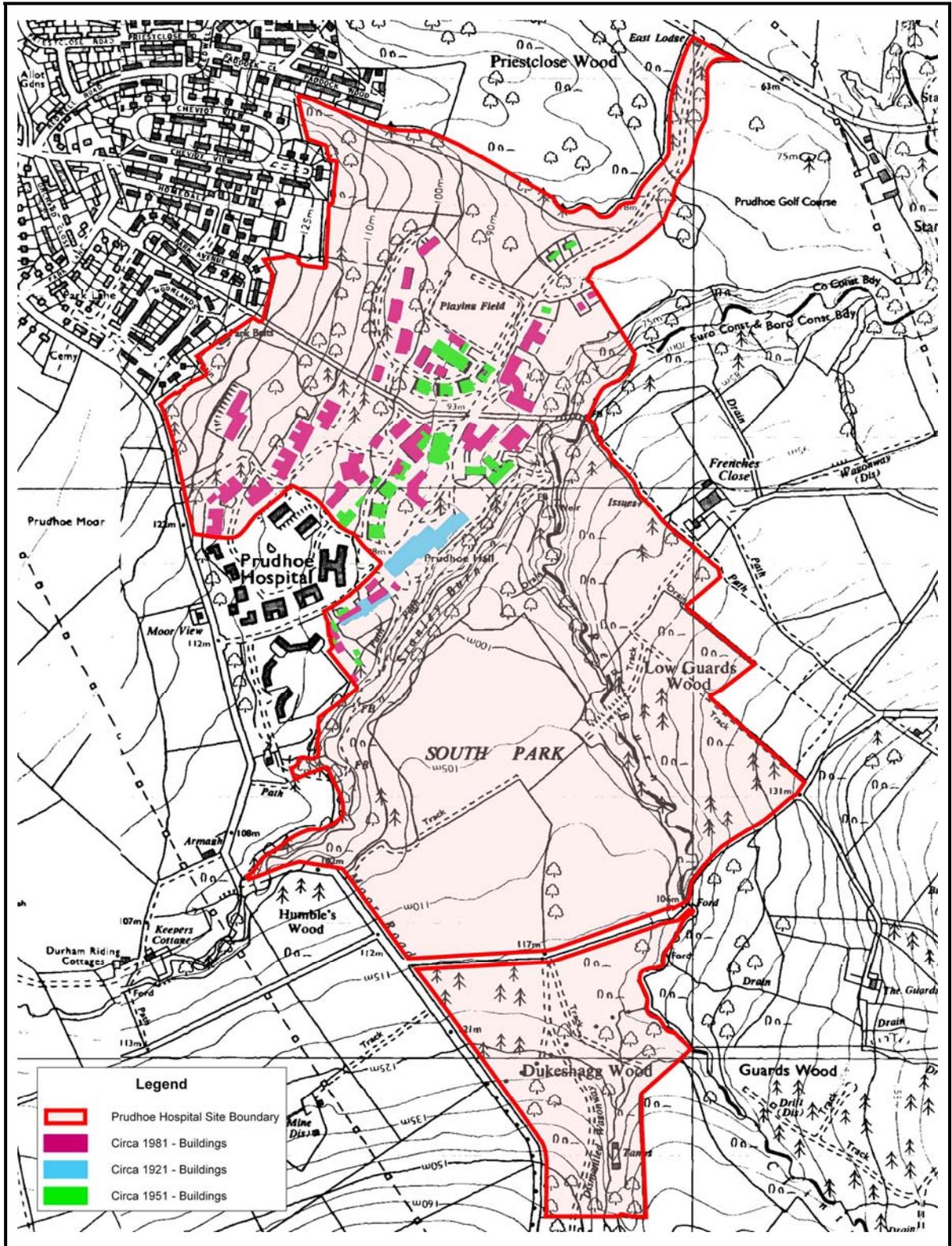


Figure 11 Historic mapping 1981

3. Historic Character Areas

The EP site has been divided into six character areas based on their distinct characteristics (Figure 12):

- 1 South Park
- 2 Prudhoe Hall
- 3 Central Hospital Area
- 4 'Villages' Hospital Area
- 5 Northern Open Area
- 6 Main Entrance Avenue of Trees

Numbers in brackets refer to numbers shown on the Site Plan (Figure 7).

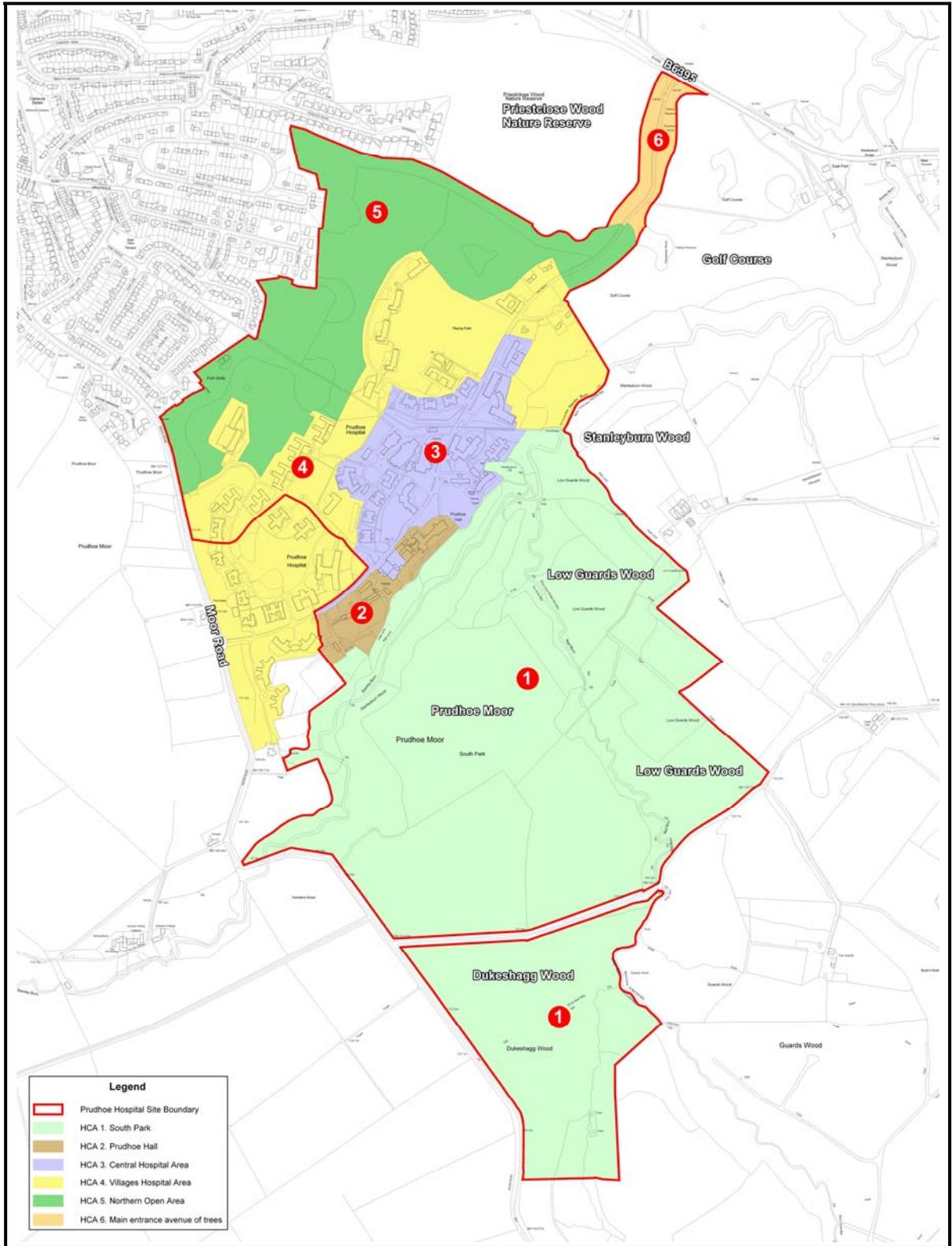


Figure 12 Historic Character Areas

3.1 HCA 1: South Park (Figure 13)

This area is sharply divided from the hospital site to the north by the deeply-incised Stanley Burn. It mostly comprises rough grazing. Virtually no trace remains of the field boundaries associated with the late 18th century enclosure of Prudhoe Moor but ancient woodland (see Figure 6) lies to the E and S. The scalloped curves to the outer edge of the woodland were planted in the late 19th century, as part of the emparkment of Prudhoe Hall.

A distinctive feature in this area is an embanked waggonway, built probably in the 17th or 18th century for the transport of coal from pits across Prudhoe and Mickley Moors to the Tyne. There is evidence for coal mining from the 17th century and earlier across these landscapes, but there are no other identified remains in this particular area.

This area is currently within Green Belt (see Figure 4).

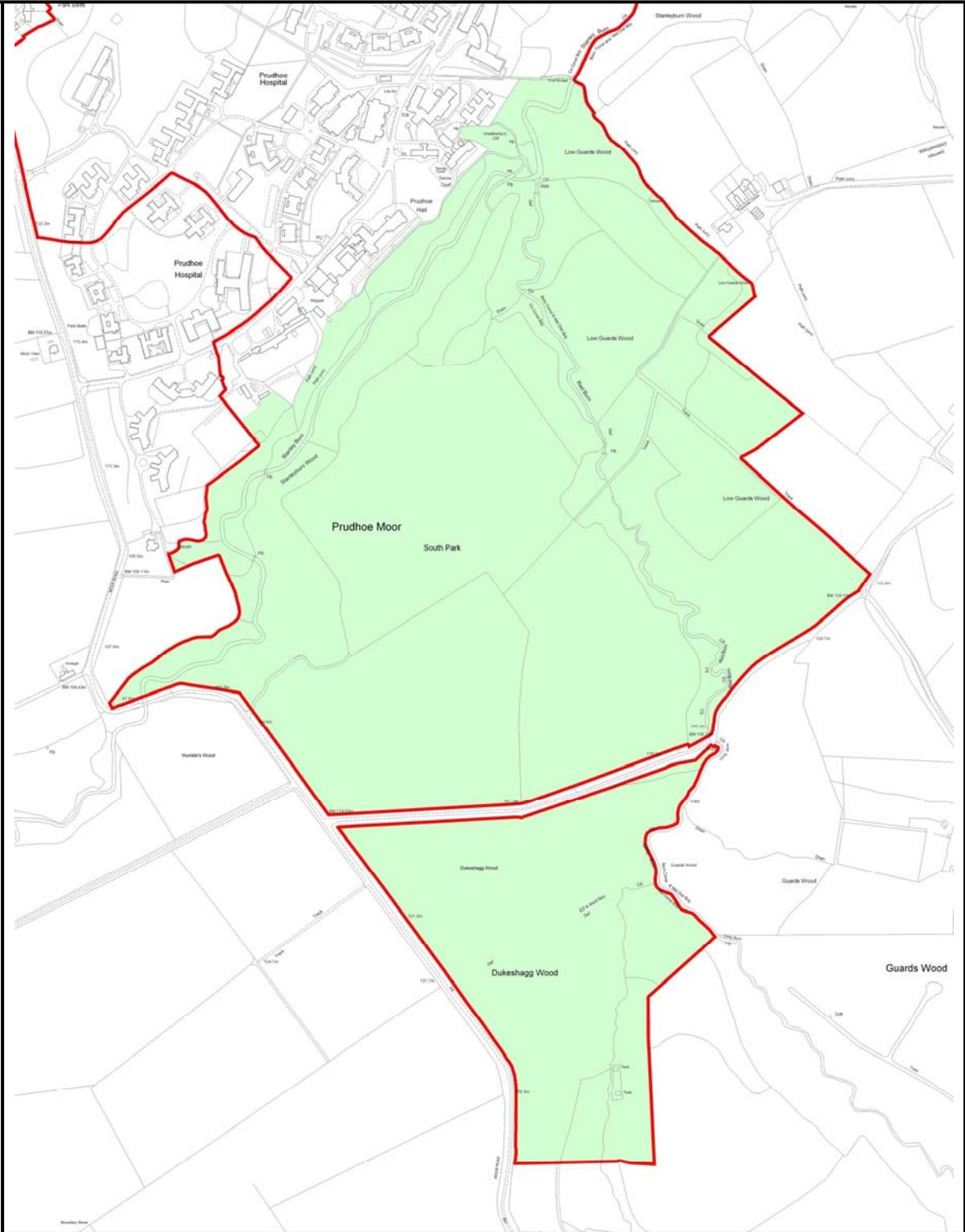


Figure 13 HCA 1 - South Park

3.2 HCA 2: Prudhoe Hall (Figure 14)

This area comprises Prudhoe Hall and its curtilage buildings, access areas and gardens. It has a strongly defined character as the core of the Late Victorian country estate, sharply contrasting with the rest of the site.

Prudhoe Hall presents an eclectic mix of styles applied to an overall design and form influenced by French Renaissance and Scottish Baronial styles. These styles were in vogue across the North East in the High Victorian period, examples range from Newcastle office blocks to country estates. The exterior, the garden front in particular, is notable for some fine naturalistic stone carving and the interior has some richly decorated rooms, a Jacobean-style staircase and stained glass windows.

Planted areas comprising a mix of deciduous, conifer and exotic species adjoin The Avenue, leading down to Stanley Burn, and provide the overall context for both Prudhoe Hall with its terrace and lawned gardens and the kitchen gardens and associated buildings.

The driveway and circulation spaces that connect the main north-west entrance to the hall to the main driveway still retain some of the wrought-iron railings that separated them from areas which were densely planted with ornamental trees and shrubs. Between the Hall and The Avenue is also the site of the Roman Catholic chapel, which in 1891 was moved to a new site in Prudhoe (1).

The principal access to the south-east garden front (1) is around the north-east end of the Hall. The narrow garden is a terraced and lawned area with a fountain at its south-west end. There is access down to footpaths along the Stanley Burn. The original form of the garden (whether lawn or planted parterres) is not known.

The stables and carriage houses (2), grouped around a yard to the south-west, were transformed and extended into their present form in 1920-1 and then connected to a network of covered conduits that heated the buildings around the hospital. This area is therefore included in HCA3.

The walled kitchen gardens (3) containing a range of hot-houses and a gardener's cottage were retained for use by the patients of Prudhoe Hospital.

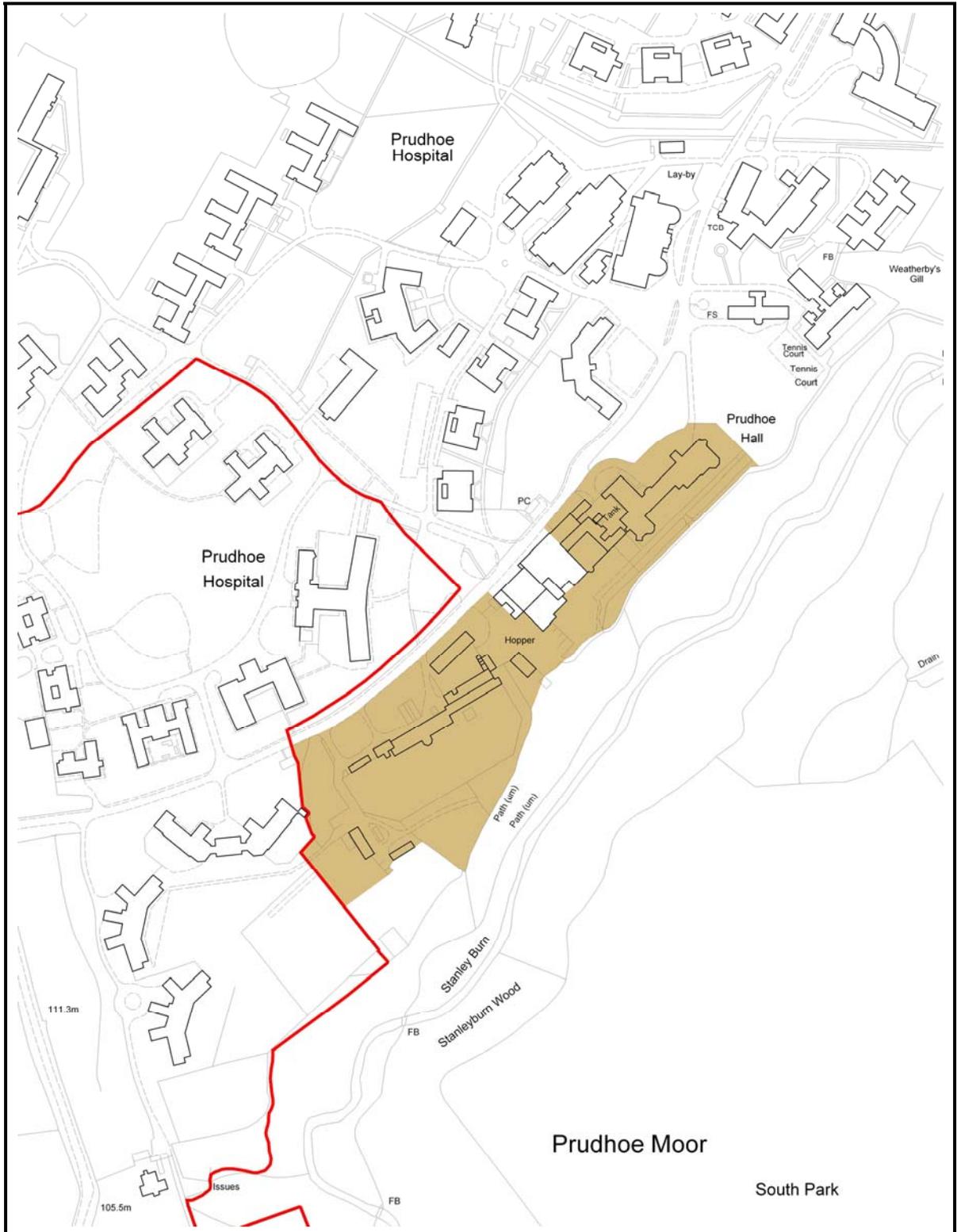


Figure 14 HCA 2 – Prudhoe Hall



Figure 15.1 Prudhoe Hall from the north east (NMR BB93/20238)



Figure 15.2 Prudhoe Hall, the south east garden front



Figure 15.3 The archway to the stables



Figure 15.4 The kitchen gardens

3.3 HCA 3: Central Hospital Area (Figure 16)

The Central Area has the greatest density of buildings on the site. The design principle of this core area, which influenced later development of the hospital in HCA 4, is based upon arranging the 1920s villas in curved arrays, linked to open space and the major vehicular and pedestrian routes along The Avenue and the footpath from Prudhoe. This continues to influence its present zoning into residential, hospital and recreational/service areas:

- 1 The siting of the 1920s villas (4 and 6, plus the additions of 5 and 7) is particularly significant. They constrained and inspired the shape of later development. They are widely separated from each other in two curved arrays either side of the footpath from Prudhoe to Wetherby's Gill. They reflect the earlier stages of the site's development in the way that its buildings look towards but are quite independent of the Hall and in the influence of regional styles in their architectural scale and treatment.
- 2 Between the 1920s villas lie communal service buildings (the dining room and recreation hall, Buildings 10 and 11) of more modern style and larger mass.
- 3 To the SW lies the later addition of the Nurses Training School of 1959 (23) which faces an open area around the junction of the footpath and The Avenue.
- 4 The fourth group comprises the hospital and clinic complex to the E (8, 9, 22 and 30).
- 5 To the NE a fifth zone was added in the post-war period of large buildings including the angled-plan physiotherapy unit (Midway, 1961, Building 20) which faces a triangle of land between The Avenue and the footpath, and the Boys' Adolescent Block of 1974 (19) which faces the playing fields.

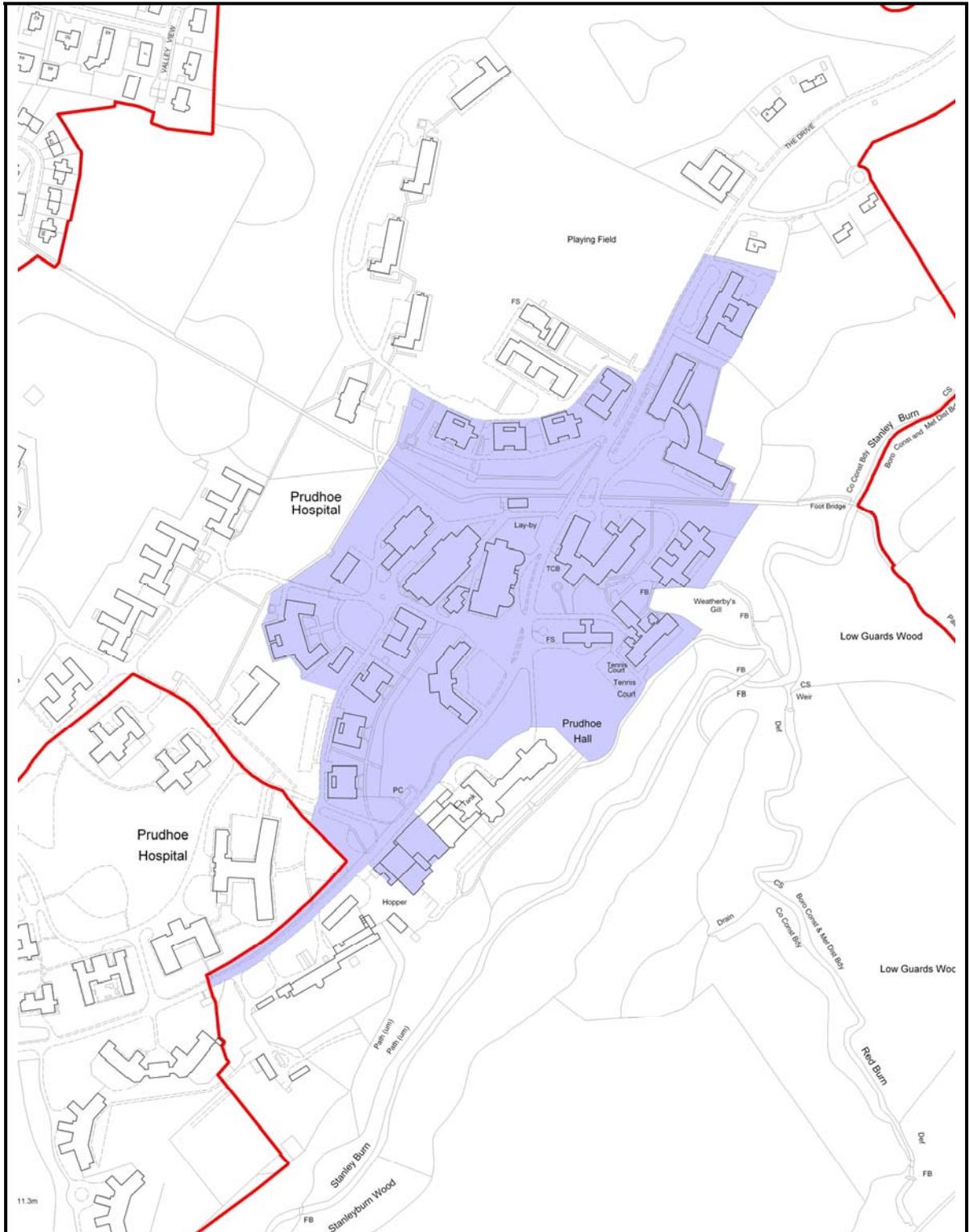


Figure 16 HCA 3 – Central Hospital Area



Figure 17.1 Aerial view looking west showing the Central Area identified in the main text (adapted from NMR 12255/71)



Figure 17.2 The boiler house of 1920-2.



Figure 17.3 View of the male patient's villas (6-7 on Figure 7) looking south-east, showing the heating ducts in the foreground.



Figure 17.4 Each of the male and female villages has 2-storey blocks built to H-shaped plans, there being 3 of the early 1920s and a larger end-block of 1935 (NMR BB93/344).



Figure 17.5 The recreation hall presents a strong façade onto The Avenue, with semi-circular projecting rooms to either end (NMR BB93/20249).



Figure 17.6 The Close is a ward block built in 1930 which faces south towards the terraced lawns of Prudhoe Hall (NMR BB93/20240).



Figure 17.7 The McCoull Clinic of 1959 is orientated along the centre-line of the footpath to Prudhoe and a line of trees planted around the path in the same period. The fountain from the Hall gardens was resited to its west side.

3.4 HCA 4: 'Villages' Hospital Area (Figure 18)

The hospital was expanded into this area in the late 1950s/early 1960s with the creation of three clusters of buildings known as 'Villages' for Boys, Girls and Children (as opposed to the earlier men's and women's villas in the Central Area). The planning for this area adopted a different, even more open, dispersed and sparse layout. Buildings were still laid out in curving lines and face predominantly towards the south and east, down-slope to the centre of the hospital. All relate to predominant styles adopted for 1950s-60s public housing in Britain, which is especially marked and dominant for the boys' blocks (14 and 15).

There are in this area design cues in the spacing and layout of buildings, and the scale of the provision of open space, to take forward in the masterplanning (see section 4). The clusters were widely separated, reserving the extensive areas of open land that are a particular feature of HCA4. The hillside was heavily terraced to accommodate these buildings, giving a strong new character to the site's topography and thus enabling the long views to the east and south that characterise this HCA. Focal points in terms of open space are the large Recreation Field to the east of the site, relating to the Boys' Village and adolescent block (19), and the playground in the Children's Village which lies outside the EP boundary to the west.

In the NE part of the site are 1920s-30s houses with walled gardens which extend off the main driveway; they comprise a Medical Superintendent's House (12) and staff houses (13) in the Domestic Revival style of the period. In the 1960s a cul-de-sac with staff housing (18) was built off the NW side of The Avenue.

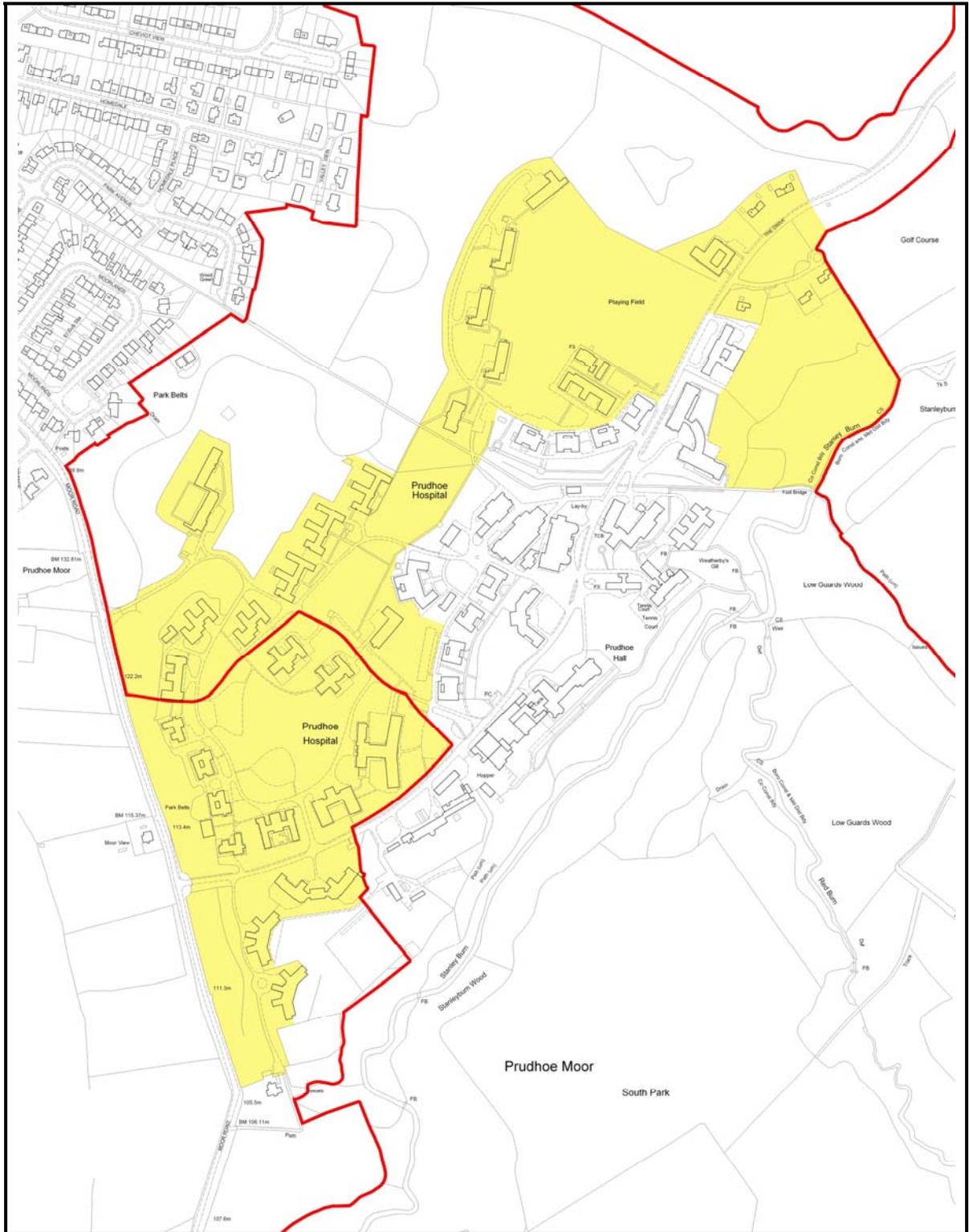


Figure 18 HCA 4 – 'Villages' Hospital Area



Figure 19.1 The buildings of the Boys' Village (1958) to the north are set in an arc overlooking the playing field of 1949, the site of which is associated with the most prominent area of terracing. The style of the buildings – including Tredgold Hall built for occupational classes to the west – is loosely classical and domestic, with sash windows and Westmorland slate roofs.



Figure 19.2 The view west from the Boys' Village buildings.



Figure 19.3 The single-storey Girls' Village buildings are more expansive in their planning (1962) and less symmetrical in their design, some having pitched Westmorland slate roofs. The Children's Village buildings form part of a group that extends out of the EPs' boundary and which relates to a large play area and school, the latter with access to The Avenue. This view looks south.

3.5 HCA 5: Northern Open Area (Figure 20)

This comprises extensive areas of open space. It is rough pasture, contrasting sharply with the manicured landscape of the hospital site, with clumps of trees from the 1878 parkland. Also at that time the woodland around the northern and western boundary of this area was extended and planted in sinuous curves. Only one of the late 18th/19th century enclosure boundaries survives, although on the boundary adjacent to Priestclose Wood is a bank, one of a series of field remains that indicate the boundary of a large area of common arable land that before the 16th century extended across the present Priestclose Wood.

Particularly important in this area are viewpoints towards the east and south.

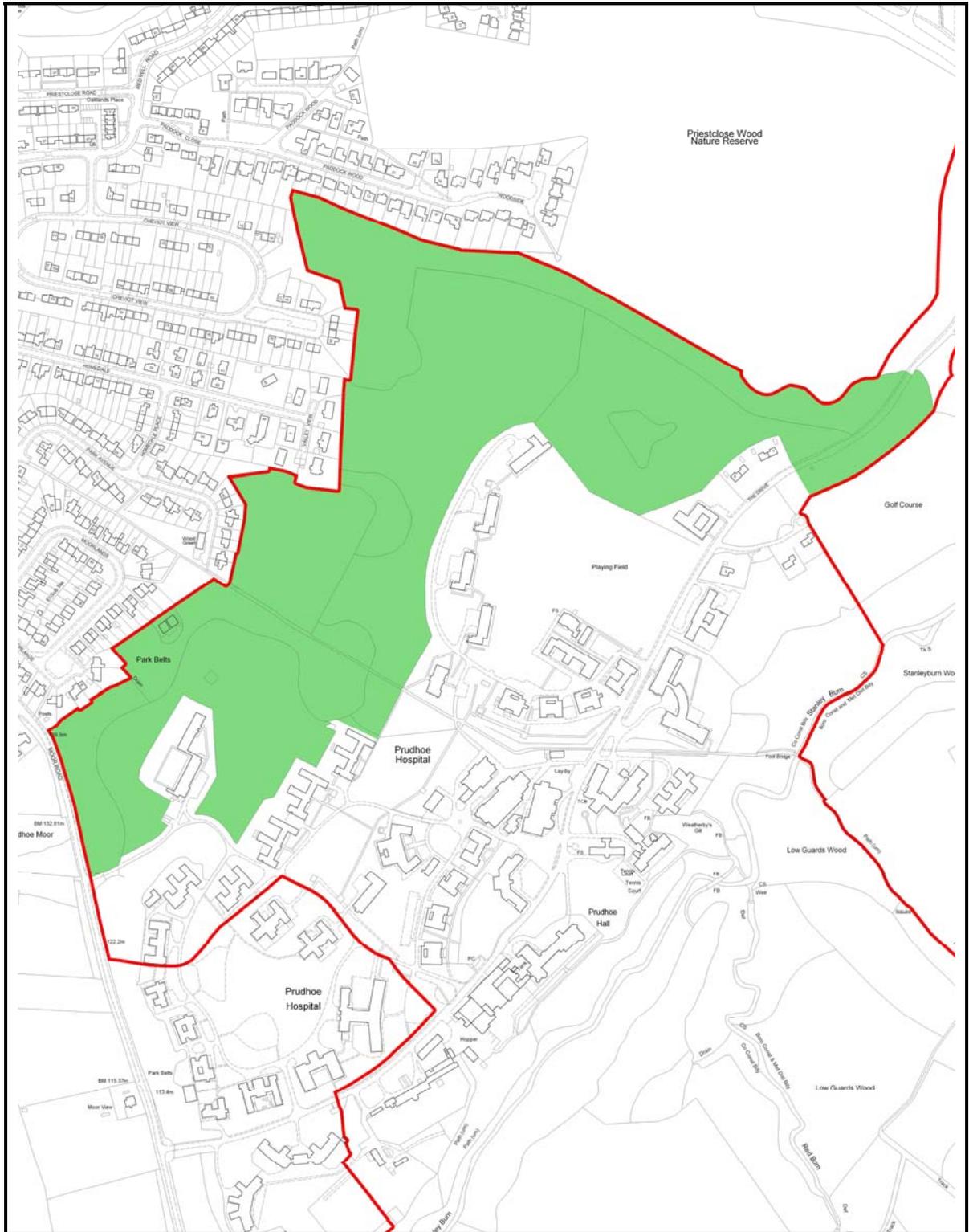


Figure 20 HCA 5 – Northern Open Area



Figure 21.1 View looking north from the eastern end of The Avenue. Note the late Victorian planting and the rough ground contrasting with the manicured lawns in the foreground.



Figure 21.2 The view south from close to the nurses' home (28). The late 19th century park and the 20th century hospital have exploited the topography in order to maximise views out of the site.

3.6 HCA 6: Main Entrance Avenue of Trees (Figure 22)

This avenue of trees was probably planted when the Hall was a private house. The Avenue provides a grandly formal access to the site, inherited from the late Victorian estate. It is comprised of Scots pine and other ornamental varieties of trees planted along the driveway from the (demolished) East Lodge. This area borders Priestclose Wood and an area of open land, now a golf-course, both of which in the medieval period were strip fields.

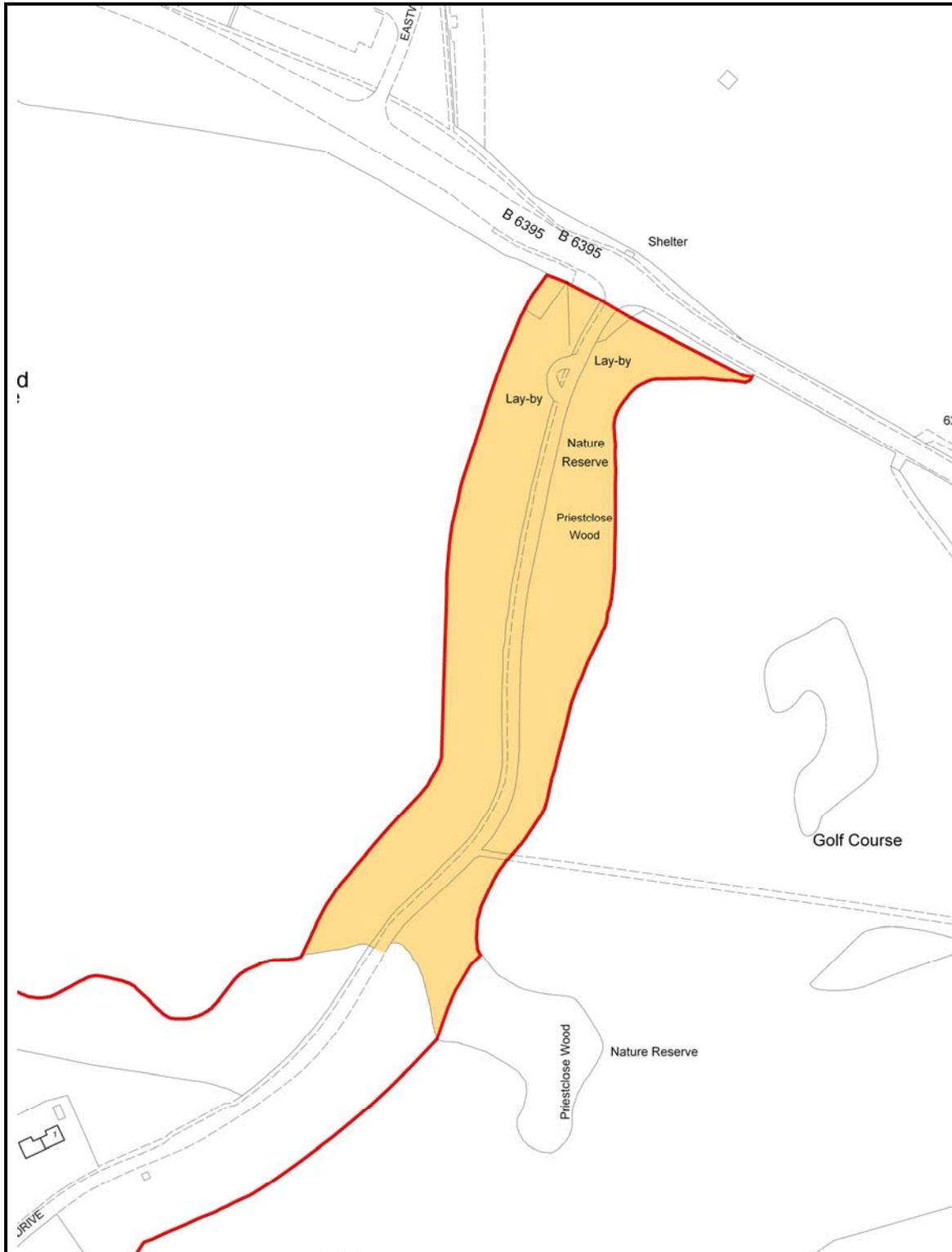


Figure 22 HCA 6 – Main Entrance, Avenue of Trees



Figure 23 Avenue of Trees

4. Masterplanning Suggestions

This section offers suggestions for how the overall inherited character of the Prudhoe Hospital site, as identified during this study, might be used to influence the masterplan for the site's redevelopment. The EP site does not contain the full extent of the hospital site, and the larger part (South Park) of the Hall's estate is excluded from redevelopment by its Green Belt status. To avoid short-termism, however, masterplanning of this site might be carried out in a way that facilitates future redevelopment after any eventual release of these other parts of the site.

4.1 Access and Connections

Maintain 'The Avenue' spine road and the avenue of trees at the main entrance

The Avenue is the spine road for the entire site providing a linear connection between all the buildings on site and a diagonal link between the main entrance from the B6395 and the Moor Road entrance. From the earliest stages of the site's development The Avenue has provided an important element of the site's infrastructure. New buildings and public spaces should relate to The Avenue where possible to retain its importance.

The avenue of trees at the main entrance provides a visually striking approach to the site and creates a sense of arrival. The trees were probably planted when Prudhoe Hall was a private residence, as mature specimens they have considerable presence and should be retained.

Maintain and strengthen the footpath connection from Prudhoe to Wetherby's Gill

Analysis of historic maps has shown that the footpath from Prudhoe to Wetherby's Gill is one of the few elements to survive from the pre-1870s period. It provides an important historical link to the early use of the site as common land and fields farmed from Prudhoe. It also provides a vital physical link between the former hospital and Prudhoe town, and for these reasons the footpath should be maintained and where possible strengthened when the site is redeveloped.

4.2 Terracing, Views and Orientation

Terrace the landscape to maximise views

An important characteristic of the site is the way in which the landscape has been terraced in places to provide development platforms for buildings and maximise views. This approach sets a precedent that could easily be adopted in future development to make the most of views out from the site.

Maximise views to the South and East from new buildings

The dominant views from the hospital buildings are towards the south and east rather than towards Prudhoe to the north-west. These views are a product of both the site's topography and historical patterns of development. The south and east views are a distinctive part of the site's character and similar views should be maximised by positioning new building appropriately in future development.

Orient new buildings to capture sun and light

The hospital's residential blocks have historically been sited to maximise the capture of sun and light because of the recognised physical and mental health benefits. This precedent of orienting buildings for maximum solar gain should be adopted in future development where possible. It not only enhances the quality of environment in new

buildings but contributes towards the overall environmental sustainability of new development.

Relate new development to open and recreational space

The design concept for the Boy's Village and the Children's Village was for the buildings to overlook a central open space that was used for recreation. This principle of the built form being focused on an open space is a design precedent that could be adopted in new development.

4.3 Tree Planting and Landscape

Reinforce the scalloped woodland edge to the site with new planting

The framing of the site by scalloped strips of woodland is an important part of the site's history and character, contributing to a sense of enclosure and integrity. There is potential to reinforce this character with new tree planting of appropriate woodland species.

Strengthen the open, 'countryside' character of the site with informal tree planting

From the Victorian period tree planting has been used to create variety and interest to the areas of open space in the formerly open site. With the exception of the avenue of trees at the main entrance, tree planting has been informal in character i.e. irregular clumps of trees and trees dotted along routeways and clustered around the path from Prudhoe. New tree planting could follow this precedent and strengthen the open 'countryside' character of the site.

4.4 Architecture

New building designs should be inspired by contemporary architectural ideas rather than drawing from historic styles

The historic characterisation process has clearly demonstrated that this site is exceptionally unconstrained by previous architectural styles and offers an excellent opportunity to design new buildings for the future in contemporary materials. Prudhoe Hall and Hospital buildings from the 19th to the 20th centuries are all constructed in the fashionable form and fabric of their time and are eloquent of the eclectic diversity of their regional and international stylistic sources of inspiration. In addition to traditional local building materials such as the stone-built 19th century Hall and stables, there are the imitative reconstituted stone structures of the 1920s as well as a variety of prefabricated 1950s constructions. This unusual multiplicity of materials and surprisingly open stylistic repertoire is an architectural asset for the master planner to build on and in turn be inspired by.

Explore the potential to retain other buildings

Although Prudhoe Hall and its linked buildings and garden walls have been listed, there are other opportunities to capitalise on the distinctive architectural character of the site through reuse of other buildings. The 1920s – 1930's villas, for example, make an important contribution to the character of the site and offer potential for conversion to alternative uses. A thorough assessment has not been carried out as part of this study but it is recommended that the potential to retain buildings that contribute to the site's character be investigated.

4.5 Density

The highest density development should be at the centre of the site becoming less dense toward the edges. An important characteristic of the site is one of openness

and informality with no clear hierarchy of buildings and generous open spaces between buildings. However analysis of HCA 3 the Central Hospital Area and HCA 4 'Villages' Hospital Area illustrates that the most densely developed part of the site is the Central Area, where the open spaces are smallest and the buildings are closest together. As development moves away from the Central Area the density reduces. To draw from this historical pattern of development new development should be most dense in the Central Area with a lower density in the 'Villages' Area.

4.6 Power Generation

Explore the potential for on-site power generation

The concept of on-site power generation was established at Prudhoe Hospital in 1920 with the building of a boiler house, a power station and a network of covered conduits supplying power to all the hospital buildings. This precedent should be explored for future development as there may be potential for a CHP plant on site and the network of conduits may be capable of adaption.

Appendix 1 Gazetteer of Buildings

See Figure 7 in order to relate the building numbers below to a site plan.

Prudhoe Hall and associated buildings (see 2.3.2)

1. Prudhoe Hall. 1878-9, after 1919 turned into main offices for the hospital. Sandstone block, finished as plain tooled ashlar, with Westmorland slate roof. High Victorian style in overall L-shaped plan. Small entrance lobby, with large staircase hall and most richly-decorated rooms to the north-east. The exterior, the garden front in particular, is notable for some fine naturalistic stone carving. The interior has some richly decorated rooms, a Jacobean-style staircase and stained glass windows to the stairhall by Edward Cook and David Cottier, best known for his association with William Morris and as a prominent member of the Scottish Aesthetic Movement. Listed grade II.
2. Stables and coach house. 1878-9. Sandstone block, same finish as Prudhoe Hall, with Westmorland slate roof. Built to courtyard plan with service yard entered via a round-arched gateway under a pediment. Converted to laundry in 1920. Power station added to north-west in 1920-21 and boiler house in 1965. Listed grade II as part of Prudhoe Hall.
3. Kitchen gardens. 1867, remodelled and extended 1898 (statutory list description). Sandstone block and brick with Westmorland slate roof. Brick garden walls with stone copings and stepped gables to gateways. 3-bay gardener's house (Burn House) to north-west flanked by potting sheds. To the east of the gardener's house is a lean-to conservatory with flanking hot houses by Richardson of Darlington, and with ridge ventilators to glazed roof. Potting sheds to north-west rebuilt c.1960s-70s. Listed grade II.

The 1920s-30s Hospital Buildings (see 2.3.3)

Unless otherwise specified, the main construction used for the 1920s-30s buildings is reconstructed stone with ashlar facing to cavity walls with Westmorland slate roofs.

4. Female patients' villas (Willow, Beech and Lime). 1922. H-shaped 2-storey blocks with front balconies between projecting outer wings and single-storey rear wings. Each originally with first-floor dormitories, with attendants' rooms to centre, and ground-floor dining room, kitchen and day room. Sash windows.
5. Patients' villa (Holly), possibly originally designed for children. 1935. H-shaped 2-storey blocks with longer linking range and placed on slightly different alignment than earlier blocks. Each originally with first-floor dormitories, with patients' bathroom/toilets and staff rooms to rear wings, and ground-floor dining room, kitchen and central day room. Sash windows.
6. Male patients' two-storey villas (Wear, Tees and Tyne). 1923. H-shaped plan with front balconies between projecting outer wings and single-storey rear wings. Each originally with first-floor dormitories, with attendants' rooms to centre, and ground-floor dining room, kitchen and day room. Sash windows.
7. Patients' villa (Skerne), possibly originally designed for children. 1935. H-shaped plan with longer linking range and placed on slightly different alignment than earlier blocks. Each originally with first-floor dormitories, with patients' bathroom/toilets and staff rooms to rear wings, and ground-floor dining room, kitchen and central day room. Sash windows.
8. Ward block (The Close). 1930. Single-storey rectangular building with hipped roof and duty room flanked by wards. South-facing towards terraced lawns and Prudhoe Hall with verandah and glazed folding partitions. Sash windows.
9. Hospital. 1935. Two-storey south-east facing block with hipped roofs, including first-floor nurses' and attendants' accommodation, flanked by single-storey wards with rear operating block. Sash windows.

10. Recreation hall. 1939. Large two-storey building with the 7-bay hall, lit from tall north-facing windows, flanked by stage/dressing room and chapel/projection room. Projecting semi-circular rooms to each end on south-east front. The annual pantomimes held in the recreation hall drew audiences of between 3 and 4, 000 per production.
11. Kitchen and dining room. 1934. Large block, much enlarged in 1961 with flat-roofed dining room and other areas placed around the original L-shaped plan.
12. Staff cottages, comprising two semi-detached pairs in Domestic Revival style. 1 and 2 The Drive 1922-3: two storeys with hipped roof, each with a bracketed hood over the door and flanking windows. Nos 3 and 4 The Drive 1935: one storey with dormers set in mansard roof and canted bay windows.
13. Medical Superintendent's House (No 5 The Drive). 1935. Two-storey house with hipped roof in Domestic Revival Style. Oriel and full-height bay window to front elevation.

1950s and later Hospital Buildings (see 2.3.4)

14. Boys' Village accommodation blocks. 1958. Two-storey brick cavity-wall construction with render to first floor. Westmorland slate roofs. Flat-roofed annexes. Blocks face south-east, with doors and sash windows to main elevation.
15. Tredgold Hall. 1956, served to house Occupational Classes for Boys Village. Similar construction and windows to Boys Village accommodation blocks. Main 2-storey south-east facing elevation, with central door and outer gabled wings.
16. Pavilion, c. 1960, facing Playing Field of 1947.
17. Special Care Unit. 1986. Cavity brick to concrete tile roof. Purpose-built for disturbed residents under assessment.
18. Senior staff houses of 1960s (6 and 7 The Drive). All 2-storey in brick with slate roofs, typical suburban houses of their period.
19. Boys' adolescent accommodation unit, 1974, of 2 storeys facing Playing Field.
20. Midway. Hospital building for treatment of cerebral palsy and for patients requiring physiotherapy. 1961. Single-storey building with brick cavity walling to gabled Westmorland slate roof. Basement hydrotherapy pool with lift to central link.
21. Occupational and vocational patients' classrooms for light crafts etc. 1970s incorporating elements of 1930s buildings.
22. McCoull Clinic. 1959. Two-storey clinic, with laboratories and pharmacy. Brick cavity walling to flat asphalt roof. Two-storey block terraced down the east-facing slope, the front elevation to the drive having decorative tilework to main entrance. Named after Dr George McCoull, who either side of a remarkable wartime career led and drove the planning and expansion of the hospital between the 1930s and 1960s.
23. Nurses' Training School. 1959. Single-storey north-east facing block of cavity brick to flat asphalt roof. Prudhoe Hospital was an approved Training School for male and female nurses, 3-year courses leading to State Registration. This building also provided facilities for mental handicap training throughout the North East region.
24. Stores. 1957. Large block. Brick cavity walls to gabled slate roof with patent glazing across north face.
25. Patients' shopping centre. 1962. Brick cavity walls to flat reinforced concrete roof. Oriented north-east towards recreation hall and dining room.
26. Hospital building. 1958-62. Two-storey block with pitched slate roof.
27. Girl's village accommodation. 1958-62. Single-storey H-plan accommodation blocks. Brick cavity walls to pitched felted roofs on steel trusses.
28. Nurses' Accommodation. 1958-62. 2-storey blocks facing south, of similar construction and style to 14-15.
29. Children's village accommodation. 1958-62. Single-storey H-plan accommodation blocks. Brick cavity walls to pitched felted roofs on steel trusses.
30. Sick hospital. 1958-62. 2-storey block.

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