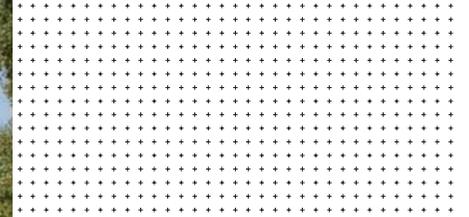


Curtilage Listing Report  
**Fairoak + The Beeches**  
8243 Rev A01 February 2021



## Document Control

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## 1.0 Introduction

This report is written expressly to consider the curtilage listing of the villas Fair oak + The Beeches at Locksway Road, Southsea, in relation to the Grade II Listed St James Hospital and Chapel.

The heritage 'value' being considered here will focus on any cultural association between the villas and the hospital to establish if a curtilage relationship existed or exists.

It is typical of hospital sites that curtilage listing is less straightforward as the buildings have had to evolve and adapt to changing need and buildings are often extended or added to on an ad-hoc basis; and St. James Hospital is no exception.

### Summary

The villas are not specifically mentioned in the detailed listing in 1998, indicating that these villas were not considered significant at the time of listing.

The villas are not situated in a Conservation Area and nor are any of the listed assets at St. James Hospital.

The cultural value of the buildings is negligible in their own right and this has been confirmed by Historic England in their response to a listing request submitted by a local resident in 2018 to get the villas listed in their own right which concluded that the buildings were not worthy in architectural or cultural terms of addition to the list.

In terms of contribution to historic setting, the villas are benign and in their current condition do not contribute or detract on the setting of the listed buildings St James Hospital and the Chapel. The villas are visually separated from the hospital by a mature belt of vegetation which creates a strong buffer and a pleasant setting to the listed building.

While the hospital and chapel make an important contribution to each other's significance, the Villas are located to the South-East and do not contribute to the significance of this relationship and their removal would therefore have nil impact.

The historic setting of the chapel is essentially the roadside and open lawns to the West and North and there is virtually no curtilage to the chapel.

Redevelopment of the former villas to the south would simply continue the character of changing buildings surrounding the key historic buildings (hospital and chapel). The villas are part of the character of expansion buildings surrounding these key historic buildings.

## 2.0 Site Location

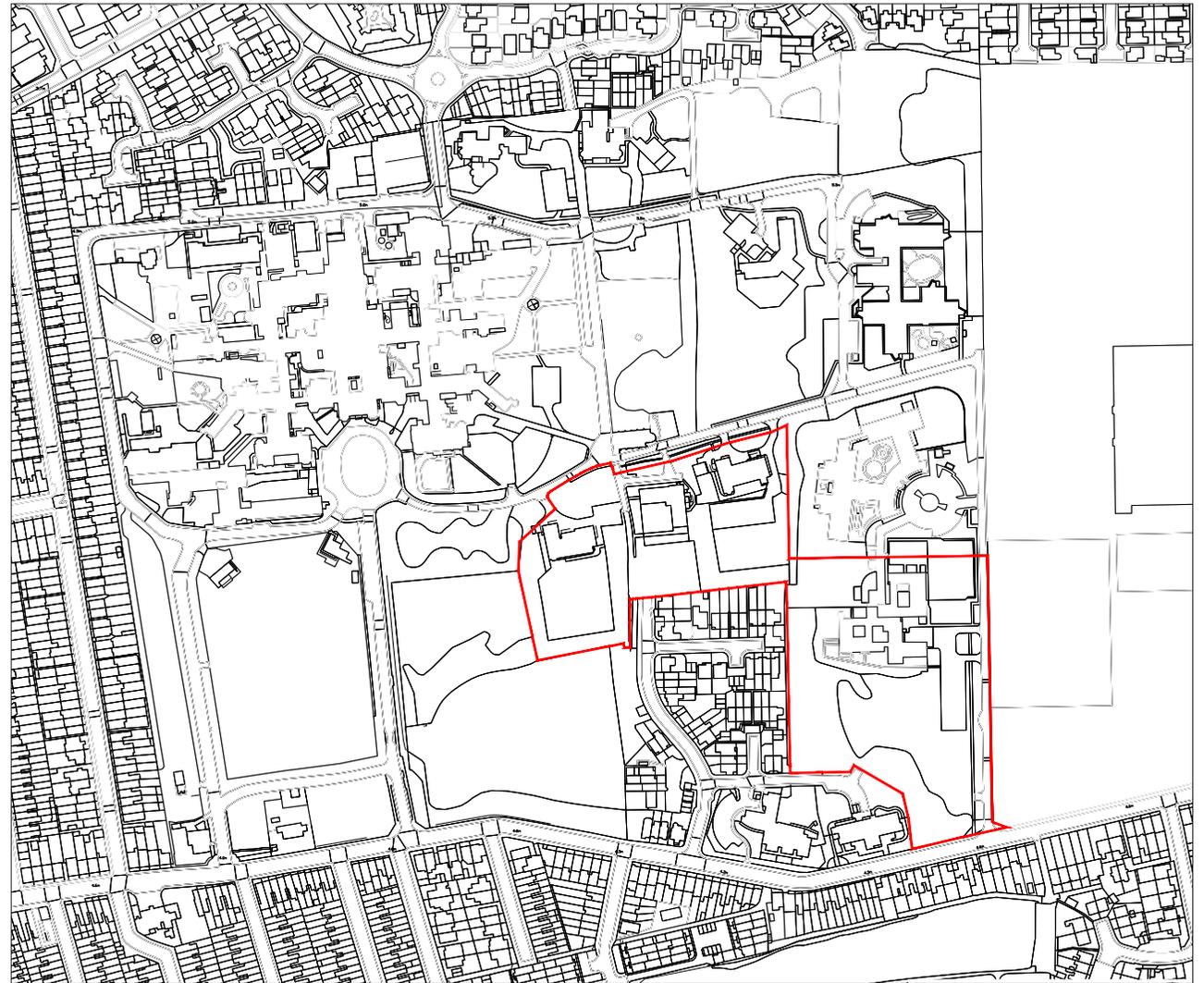
### Location

The site is located in the Milton area in South Eastern Portsmouth, North of Lockway Road and forms part of the St. James Hospital and Langstone Campus site.

### Site Overview

The site is currently occupied by 4 buildings, 3 of which previously provided various healthcare services, and a building, previously known as the Harbour School.

The site has a relationship with adjacent residential areas and remaining NHS buildings including St. James Hospital and chapel to the North of the site and more recent NHS buildings to the East. The villas face the Chapel across Lockway Road and there is mature tree planting across the site. The rear of the villas, providing car parking, services yard and bin storage, face the chapel, but their designed orientation faces South.



Site Location Plan



*View South-East from the Hospital Main Building*



*View of St James Hospital Chapel + enclosed setting*



*View South from road, towards Fair Oak*



*View North-West from Fair Oak towards St. James Hospital*



*View South-West from St.James Hospital Chapel towards Fair Oak*



*View North-West from The Beeches towards St.James Hospital Chapel*



*View South-East from St.James Hospital Chapel towards The Beeches*

### 3.0 Setting + Context

The following is a summary of the key elements of the site's historical development.

The town of Portsmouth was founded in the 12th century in the south-western corner of Portsea island.

Portsmouth increased in size and importance becoming one of England's major naval bases. The site of St James Hospital, on the far eastern side of the island, occupied land on the fringes of the village of Milton; an area of considerably different character to the burgeoning town and port to the west.

The town of Portsmouth expanded across Portsea Island over the course of the 19th and 20th Centuries enveloping the existing villages and consuming the island's farmland, becoming a city in 1926.

Significant development does not become apparent until the early years of the 20th Century when the land around Milton village is developed.

Historic mapping demonstrates that the area around the site remained farmland until St James Hospital was constructed between the First Edition Ordnance Survey (OS) mapping dated from the 1860s and 1870s and the Second Edition OS of 1910.

#### St James Hospital

St James Hospital was founded as the Portsmouth Borough Lunatic Asylum, built between 1875-79 to a design by a local architect, George Rake.

The wider area around the hospital was largely rural at the time it was built.

The gardens would have been used in order to help treat the patients (as well as helping with the self-sufficiency of the hospital).

According to an unpublished account by Purvis (held at the Portsmouth History Centre), the hospital was built on 'poor land' that had not been developed prior to the hospital construction.

The facility was designed to operate, as far as possible, on a self-sufficiency principle, and originally included a farm, dairy, laundry, brewery, show maker and tailor.

Following the construction of the facility, according to Purvis' account

*"...the land was 'left in the same rough state as when purchased, the result of a deliberate policy to have much of the grounds and gardens layed (sic) out by patients..."*

Over time, the facilities were extended, first through the construction of a sanatorium in 1893, later followed by that of additional patients' accommodation in the form of outlying 'villas' between 1907 and 1931.

In these blocks, patients were separated according to their financial and gender status.

Further additions included a short-lived isolation hospital in 1914. The hospital continued to operate as an NHS mental health and training facility throughout the 20th and into the 21st century, although as part of the governmental 'Care in the Community' strategy the site has been subject to gradual closure in favour of community-based facilities.



St James Hospital



*The Chapel*

Ordnance Survey mapping from 1910 and from the early 1930s shows the expansion of the hospital throughout the early 20th Century.

Additional facilities included a sanatorium built in 1893, a mortuary dating from the 1940s and a series of villas located to the North-East and East of the main hospital building, that were constructed over the course of the early 20th Century.

Modern series Ordnance Survey mapping (not shown) depicts change at the site throughout the mid-late 20th Century and it can be seen that other modern buildings were added around the hospital's periphery. The core hospital buildings and areas of open space however appear to remain relatively unchanged throughout the later 20th Century.

### **The Chapel**

The hospital chapel, Grade II Listed, was built separate to the hospital and in stone, perceived as preferable at the time in order to give inmates a semblance of 'normal' life.

It is essentially a simple single space with external decoration almost exclusively focused on the west front and the South-West porch, which would have been visible to the congregation as they approached from the hospital.

### **Fairoak + The Beeches**

The villas were originally called Brunel and Dickens respectively and were built as private patients' blocks. Documentary evidence suggests that they were commissioned in 1907 as part of "Four New Villa Blocks (two for Paupers and two for Private Patients) at the Lunatic Asylum, Milton, Portsmouth".

They were designed by local architect Albert E Cogswell, of the practice of Rake & Cogswell and there are two possible dates of construction.

There is documentary evidence of a contract of 1907.

The other possibility is that they were built after the years following the First World War. Indeed they are present on the OS 1932 map, but not on the OS 1910 map. Stylistically the buildings appear Edwardian but may not have been built until the inter-war period.

Cogswell, like Rake, was a prolific local architect and his work on the villas consisted of two distinct types, one pair for working chronic inmates North of the sanatorium and a second pair to the South East of the main building for private, fee paying patients.



*Fairoak Villa*

Each villa was identified by a name – the private villas after eminent Victorians with local connections, (Isambard Kingdom) Brunel and (Charles) Dickens, the working villas after local dignitaries associated with the asylum, (Sir William) King and (Mayor William) Pink.

The exteriors of each type differed considerably, with much more decoration notable on the private villas in comparison with bare brick of those intended for paupers.

Fairoak + The Beeches were erected at the same time to provide extra facilities for the hospital, intended to provide open wards for patients who were considered suitable for such accommodation. Mobility was a governing factor and patients were neither expected or encouraged to remain in their beds during the day. Prior to this, all wards were locked as well as the main door of the hospital and its gates.



*The Beeches*

The two buildings were designed as large Edwardian style houses, in a very conservative style for the actual period as were the two surviving villas to the North.

Their institutional character is given away only slightly, by the flat-roofed sanitation blocks at the North-East corners and the sun verandas at the rear (South side: that on The Beeches has been removed).

Verandas go out into large gardens surrounding the villas for patients to sit out and enjoy the sunshine and are set in their own “grounds”, within the overall hospital gardens.

The buildings have been modernised inside with a number of external alterations. Fairoak has had a lean-to added to the front elevation, forming an entrance lobby, this addition post-dates 1970.

Double-glazed uPVC windows have been inserted on much of the ground floor facing North.

The Beeches has had a free-standing pavilion added near its north-east corner, connected by a curving path, also dating to post-1970.

The houses are very ordinary, old-fashioned designs, typical of large houses of the period 1890-1920 and decidedly conservative, even in the late 1920s. They exhibit no interesting aspects of design or material, and are of limited architectural significance.

The buildings have some historical significance as examples of purpose-built structures related to new ideas, in the late 1920s, of treating mentally-ill patients.

However, the buildings do not clearly express these ideas as they contain no design elements that overtly indicate this history. Consequently, they are of little historical significance.

Better examples of hospital architecture and design are documented by the Royal Commission on the Historical Monuments of England (RCHME) English Hospitals 1660 - 1948 which analyse the changing ideas and institutions that created them.

## 4.0 Significance



Fairoak, Yew House + The Beeches

Historic England were asked to assess the villas for listing and this application was rejected.

The significance of the villas is summed up in the conclusion of the Historic England listing assessment report (following) and is not considered further in this report.

### Quote below from Historic England 09.10.2018

“Judged against the criteria, and the considerations in our supplementary guidance, and from the information supplied, Fairoak + The Beeches are not recommended for listing for the following principal reasons:

#### Degree of Architectural Interest

They are well-constructed but plain and neither quite symmetrical nor boldly asymmetrical. Later external alterations include the loss of chimneystacks, the insertion of roof-lights, alterations to windows and the loss of a veranda.

#### Degree of Historic Interest

They are not innovative as buildings providing for mental health patients, as there are earlier examples of detached houses or villas used as asylums dating from the later C19.

#### Group Value

With the main St James Hospital building of 1875-1879 and chapel of 1879, both by George Rake, is acknowledged but does not outweigh the lack of architectural and historic interest in the national context.

#### Conclusion

Fairoak + The Beeches are not recommended for statutory listing. However they are clearly of some local architectural and historic interest.”

### Summary

In line with other documentary evidence, map regression shows the site of St James' Hospital to have been undeveloped agricultural land prior to its construction.

Land situated around the hospital ground periphery, furthermore, continued in this way until the mid-/late 20th Century, with the extant Light Villa being the first to be constructed (most likely along with the other northern villas in 1907, although this is not specifically mentioned in Purvis' account), followed by Gleave Villa (now demolished) in its western part in 1931.

The extant V-shaped stores and school follow between 1963-1970.

Map regression demonstrates that areas of currently open land (gardens and recreational ground) are unlikely to have experienced any noteworthy impact in the post-medieval and modern periods.

This is most likely due to the location of the site in marginal land, noted to have been of 'poor' quality in other documentary sources, probably as a result of the proximity of the estuary, and likelihood of flooding prior to formal reclamation.

## 5.0 Curtilage Consideration

This is largely a subjective process

Significance is defined in the NPPF glossary (in relation to heritage policy) as:

*“The value of a heritage asset to this and future generations because of its heritage interest. That interest may be archaeological, architectural, artistic or historic. Significance derives not only from a heritage assets physical presence but also from its setting.”*

(NPPF glossary p56)

Setting of a heritage asset is defined as:

*“The surroundings in which a heritage asset is experienced. Its extent is not fixed and may change as the asset and its surroundings evolve. Elements of a setting may make a positive or negative contribution to the significance of an asset, may affect the ability to appreciate that significance or may be neutral”*

(NPPF glossary p56)

### St.James Hospital

St James' Hospital Main Building in 1875 Portsmouth Town Council adopted the powers of the Lunatic Asylums Act of 1853, and after a period of sending locals to the Hampshire County Asylum at Knowle and Fisherton, they resolved to build an asylum on 75 acres of land between Eastney Lake and Velder Creek. (Hampshire Telegraph and Sussex Chronicle: Winchester: 1879). The hospital was designed to be fully

self-sufficient. When it was constructed it only consisted of the main building, surrounded by working gardens to the East and West and a cricket ground and pavilion was located to the South (1910 OS map). The wider area around the hospital was largely rural at the time, with Velder Creek located to the North and Eastney Lake to the South (1910 OS map).

The significance of this asset is largely derived from its historical, evidential and aesthetic value of its built fabric, which is not affected by the villas.

The gardens would have been used in order to help treat the patients (as well as helping with the self-sufficiency of the hospital), and the cricket ground would have also been used as an amenity/treatment for the patients.

The hospital's contextual relationship with the gardens and cricket ground therefore contribute to the historical value of the asset, and the views of these elements contribute to the aesthetic value, which relate to the experience of the asset. These key relationships and views are not dependant on the villas, which are physically further removed from the main hospital building.

The rural location of the hospital would have been one of the reasons for originally siting the hospital here, in order to enable the hospital to be self-sufficient. Its rural setting is no longer intact, as it was developed throughout the 20th Century. The rural location of the asset is therefore only understood through documentary and cartographic sources, rather than its current setting.

The wider area surrounding the hospital has been heavily modified throughout the 20th Century. A large part of Eastney Lake was in-filled with domestic and dockyard waste as was Milton Lake, the former inlet to the North of the site, including Velder Creek. These areas now form Milton Common and Velder Avenue.

Urban development had extended to the South and West of the hospital by the mid- 20th Century, urbanising the original rural setting of the hospital. The gardens to the East and West of the hospital and the cricket ground to the South remain today, preserving the immediate setting of the hospital. The villas are located to the South-East of the hospitals immediate setting and would not affect this.

The church was completed later in 1879. The land to the East was developed as part of the hospital during the early 20th Century, and the land to North was developed as part of Portsmouth's expansion from the mid to late 20th Century. The villas do not affect the surviving visual and contextual relationships from the original late 19th Century hospital, which contribute to its historical value. The hospital and chapel make an important contribution to each other's significance, as they form an important historical group. The villas do not affect this contextual relationship.

### St James' Hospital Chapel

The chapel was built in 1879, designed by George Rake as part of St James's Hospital. The significance of this asset is partially derived from its evidential, historical and aesthetic value of its built fabric, not with any association with the villas.

The church was designed as a place of worship for the patients at St James' Hospital. The relationship of the church with its surrounding community (the patients of St James' Hospital), its communal value, makes an important contribution to significance of the church.

The Lunacy Acts of the 1840s made the provision of asylums for pauper lunatics compulsory and instituted a body of Commissioners in Lunacy. Commissioners insisted on the provision of a chapel and in 1887 they recommended that chapels should be detached. At the time that the chapel was built, St James' Hospital was contained within the main building, and the chapel was orientated to face the hospital. The villas do not affect the important relationship between the chapel and the hospital main building.

The area to the South of the chapel was originally largely undeveloped. Fair oak and The Beeches villas were constructed within this open space between 1910 (as they are not identified on the 1910 OS mapping) and 1932 (most probably after 1928) and Yew House, directly opposite the chapel, was constructed considerably later in the 20th Century (post 1972).

Further alteration to the previously open landscape to the south of the chapel will not harm the current setting.

It is clear from historical mapping and photographs that the two villas were originally separated from both the main hospital building and the chapel by established planting including a number of mature trees.

This created a physical barrier between the listed buildings and the villas, which largely survives to this day. This intervening vegetation means that there is little inter-visibility between the area of Phase 1 Land and the hospital's main building. The proposed development will not alter any of the important elements of this asset's setting, and will not harm those heritage values which contribute to its significance.

As discussed above the evidence suggests that the chapel was largely surrounded by planted landscaping, including a number of mature trees, so that by the time the villas were constructed to its south a significant physical and visual barrier existed. The mature vegetation located in-front of the Grade II Listed chapel acts as a visual buffer between the church and the villas and loss of the villas will not affect the setting of the chapel.

#### **Layout**

It is typical of hospital sites that buildings are extended, added and removed on an ad-hoc basis in response to evolving need and operational function. This makes interpreting curtilage listing with regards to layout complex.

There is nothing explicit in the original built platform of the St James site as illustrated on the 1898 map to suggest that later additions of the villas were located or set out in response to a masterplan or originally designed response to the surrounding landscape. Indeed, it is indicated in Purvis that the surrounding land has been *"left in the same rough state as when purchased, the result of a deliberate policy to have much*

*of the grounds and gardens layed (sic) out by patients..."*

The villas are placed within their own grounds with the main elevations orientated south and do not express any direct relationship to either the Hospital or Chapel. They are interpreted independently within the wider landscape and screened via mature planting reducing intervisibility.

The historic value of the site of the villas is unexceptional. It does have some heritage value as part of the setting of adjacent and nearby listed buildings, but this is limited and is visual.

Several NHS Trusts have at various times been responsible providing services within the wider St James estate, and as of 1998 the 'main' St James Hospital, The Beeches and Fair oak were providing services under different Trusts and operating independently.

Fair oak and Beeches were operated as independent units by Southern Health and Portsmouth City Primary Care Trust. Fair oak provided low security mental health long term beds and The Beeches provided Community Mental Health. At the time of listing, the two villas would have been operating as independent and self sufficient units, albeit from the main hospital site, providing different care needs.

Within the NHS, Trusts manage their own property portfolios which are run independently for operational purposes.

## 6.0 Response to MNPF

The full text of the Milton Neighbourhood Planning Forum statement in support of curtilage listing is quoted below in italics. Our response (highlighted in red) challenges assumptions within this statement.

*“The Milton Neighbourhood Planning Forum believes that the Edwardian Villas associated with the care and treatment of mentally ill patients within the estate of the Grade II Listed Victorian Asylum, St James’ Hospital, should be considered as curtilage listed. This is contrary to the advice presented to Portsmouth City Council by an appointed QC.*

*There are three key factors considered when determining curtilage listing: ownership, physical layout, and function. This paper focuses on the latter two as there is no contention over the ownership status of the villas either now or in the past.”*

Although all of the buildings within the Estate are under the umbrella of the NHS they have at various times been operated by separate trusts within the NHS, and these trusts are responsible for different aspects of healthcare and operate with a degree of interdependence. St James Hospital was founded as the Portsmouth Borough Lunatic Asylum. The hospital continued to operate as an NHS mental health and training facility throughout the 20th and into the 21st Century, although as part of the governmental ‘Care in the Community’ strategy the site has been subject to gradual closure in favour of community-based facilities.

*“Arthur Edward Cogswell ‘hospital architect’, prolific over five decades in Portsmouth and Hampshire, worked with George Rake, in 1879, on building the main hospital, and was then responsible for most of the extensions, and was still flourishing with the construction of the mortuary in 1932.*

*They were built in 1907 as opposed to the later villas of 1927 and 1930 which were built as directed by the 1913 Mental Deficiency Act.”*

There is conflicting evidence for the precise date of construction, as evidence only gives a date of commissioning. Plan regression shows that development expanded eastwards and southwards as the evolving accommodation demand increased and the requirement moved more towards open ward treatment in more homely and less institutional buildings.

### “Physical Layout

*Physically the villas are part of a suite of ancillary buildings that included sanatorium, isolation ward and chapel and were within 30 metres of the male airing courts that were integral to the original hospital design. The site is a palimpsest with the under-lying field system contributing to the creation of the designed landscape. The villas are placed within that landscape.”*

According to an unpublished account by Purvis (held at the Portsmouth History Centre), the hospital was built on ‘poor land’ that had not been developed prior to the hospital construction. Following the construction of the facility, according to Purvis’ account “(...) the land was ‘left in the same rough state as when purchased, the

*result of a deliberate policy to have much of the grounds and gardens layed (sic) out by patients”. There would not seem to be evidence to support the assumption that the villas were located in response to a planned landscape design or laying out of facilities in relation to the original buildings.*

*“Feilden and Mawson states that “Significant landscaping including mature trees” this suggests landscaping other than trees – there was not. It should also be borne in mind that the land at the SE corner of the hospital was until the mid-1950s occupied by one of the male airing courts, and that trees and bushes encountered here are later introductions. In keeping with the country house idiom tree planting was used extensively to recreate a series of sylvan avenues with the express intention of connecting not separating elements within the hospital estate.”*

Again there is lack of evidence to support this assumption. The facility was designed to operate, as far as possible, on a self-sufficiency principle, and originally included a farm, dairy, laundry, brewery, show maker and tailor.

Over time, the facilities were extended on an ad hoc basis, first through the construction of a sanatorium in 1893, later followed by that of additional patients’ accommodation in the form of outlying ‘villas’ between 1907 and 1931. Further additions included a short-lived isolation hospital in 1914. The original operation of the hospital locked patients into their accommodation or wards and open access was a later development. It is unlikely therefore that the original landscape design or

planting schemes would have intentionally or explicitly reflected the concept of connectivity to areas within or outside of the grounds. There would seem to be little evidence to support this assertion.

#### *"Function*

*The villas function was to provide extra capacity in this instance for 152 patients. Meals were to be supplied by the main kitchen and transported to the villas in special food wagons. Oversubscription had been an ongoing issue from the hospital's opening. The failure of both Southampton borough and the County to build a third asylum in Hampshire meant that pauper lunatics, particularly from Southampton, were housed in Portsmouth. As the two ports cities grew exponentially in the late 19th century the problem became acute. Additions made in 1882, 1892 and 1896 before the villas, and a further two villas, were proposed immediately after the 1907 build. Oversubscription ceased to be an issue when the 2nd County Asylum opened at Park Prewitt Basingstoke in 1921."*

Extra capacity could equally be considered as alternative accommodation. . In these blocks, patients were separated according to their financial and gender status. They were not confined to live within the walled enclosure but were free to come and go.

It is worth noting that there is no citation on the supply of meals etc. and it is apparent that kitchens and catering facilities are present in the buildings so that if the arrangement existed at all, it no longer does.

*"The highest tender of £22,025 was accepted for the villas and they were built to a high standard and with a moral purpose that was predicated on recovery and continuing the Asylum's preference for quality over cost. The county's leading asylum's architect, George T Hine, had advocated for villas as providing the best chance of recovery. London County Council by some degree the largest single operator of asylums felt defectives were too difficult to be accommodated in villas and Hine's suggestions were ignored. Remarkably then in Portsmouth it would appear that the architect's argument for villas proved sufficiently convincing".*

The HE assessment report refers to earlier and better examples of this type of building. There is nothing in the architecture that expresses the use explicitly.

*"It is important to again visit the Heritage Impact Statement at pg. 17 Revisions to the 2nd edition OS are based on surveys made in 1907 and would not have captured the building of the villas. The publication dates of OS maps are not to be relied upon when accurately ascribing building dates and consultation of Historic England's archive would have been useful in this regard. Compounding this lacuna with the story of Dr. Thomas Beaton's benign local innovations is charming but naïve. The 1913 Mental Deficiency Act enacted the recommendations of the 1908 Royal Commission on the Care and Control of the Feeble-Minded, that sought to improve the nation by placing some 65,000 feeble-minded in mental deficiency colonies. These later imitative villas are a response, albeit, much delayed by WW1 and the consequential labour shortage. Others notably have commented.*

*2012 RSKA Archaeology for Portsmouth Hospitals Teaching Trust in advance of the Crayfern development stated that Light Villa was directly representative of the mental health care regime at St James Hospital at the time of its inception, and contextually related to the Listed buildings."*

We are not dealing with Light Villa, but in any case this is a loose description. However, Light Villa was demolished as part of a scheme for new dwellings on the site. Planning records confirm that the villa was not considered to be curtilage listed and no application submitted or determined for listed building consent. An application for Prior Approval ref 12/00293/DEM was submitted and approved.

*"2016 CBRE Heritage Assessment the site 'The Beeches falls within the curtilage of St James Hospital when seeking consent to erect fencing."*

A number of physical alterations have been made to the buildings themselves, including the loss of chimneystacks, the insertion of roof-lights, alterations to windows and the loss of a veranda. There appears to be no record that any of these works required Listed Building Consent.

*"2016 NHS Property services 'West Lodge falls within the grounds of the Grade II Listed St James Hospital, and as such is curtilage listed"*

This was constructed at the same time as the hospital as is evident in the 1910 map. It also formed the entry lodge to the site, whereas the latter additional villas in question do not have this relationship.

"Finally, it is hard to escape the view of the Council's own Conservation Officer that the wall "demarcates the historic curtilage of the hospital" before concluding that "it is perfectly reasonable to consider the wall listed"

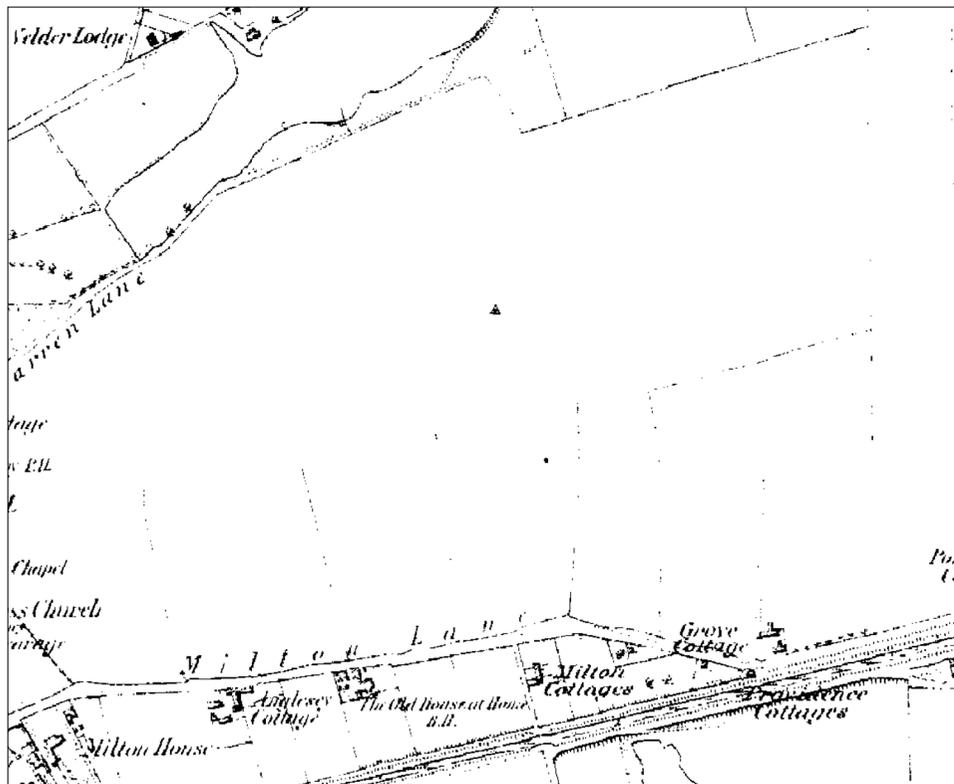
The wall was probably there when the hospital was built and it might have indicated the site boundary and 'may be' considered as curtilage but is not conclusive evidence.

The opinion of the Council Heritage Officer at the time was more nuanced and this is a rather crude interpretation. Not everything within the wall is to be considered curtilage listed. The historic fabric was of the time period associated with the hospital and not the date of the villas. Conversely, the Council's Conservation Officer was fully aware of the intention to demolish the villas in question and did not assert that the structures were curtilage listed or would require Listed Building Consent.

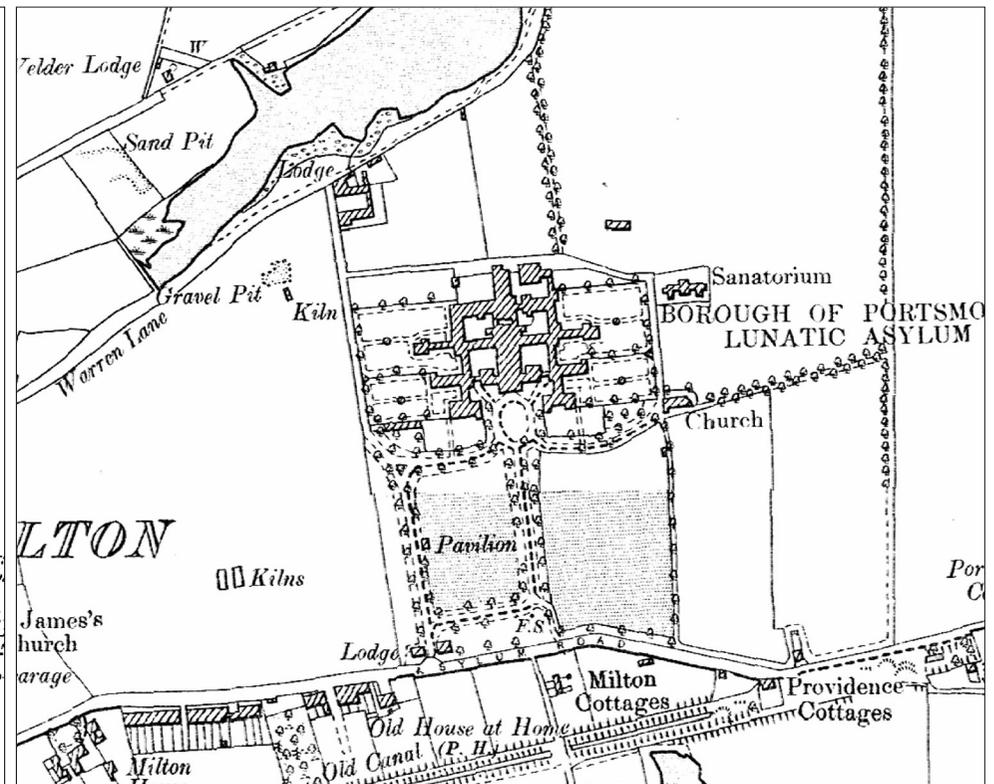
"Summary

The Edwardian date 1908 for the Villas is proven."

There is conflicting evidence, as noted in the HE assessment report and assertion cannot be made definitively.



1879 Ordnance Survey Map of the Site



1898 Ordnance Survey Map of the Site

*“The functional and physical relationship of “Fairoak House” and “The Beeches” to the hospital is unequivocal and remained so at Listing in 1998.”*

The functional relationship by the time of 1988 listing would have been very much reduced (and it is unclear if such a relationship ever existed). The villas were operated independently by trusts separate to that of the main hospital with different care objectives and services. This is not the case. In terms of uses at those times, the villas operated independently.

*“Both the Hospital and the Villas were in the ownership of the NHS at the date of listing.”*

NHS is operated by trusts with separate operational objectives. Several NHS Trusts have at various times been responsible providing services within the wider St James estate, and as of 1998 the ‘main’ St James Hospital, The Beeches and Fairoak were providing services under different Trusts and operating independently.

*“The only reasonable conclusion must be that these buildings are “Curtilage Listed”.*

The cultural relationship of Fairoak + The Beeches to the Hospital has been severed over time. Their original purpose to provide alternative form of mental health care was overtaken by events.

Although under NHS ownership when listed, their use was not dependent on the hospital.

Unlike the chapel and its direct relationship with the hospital, the historic association of the villas with mental health care at St.James' Hospital has evolved and does not suggest that these buildings are curtilage listed.

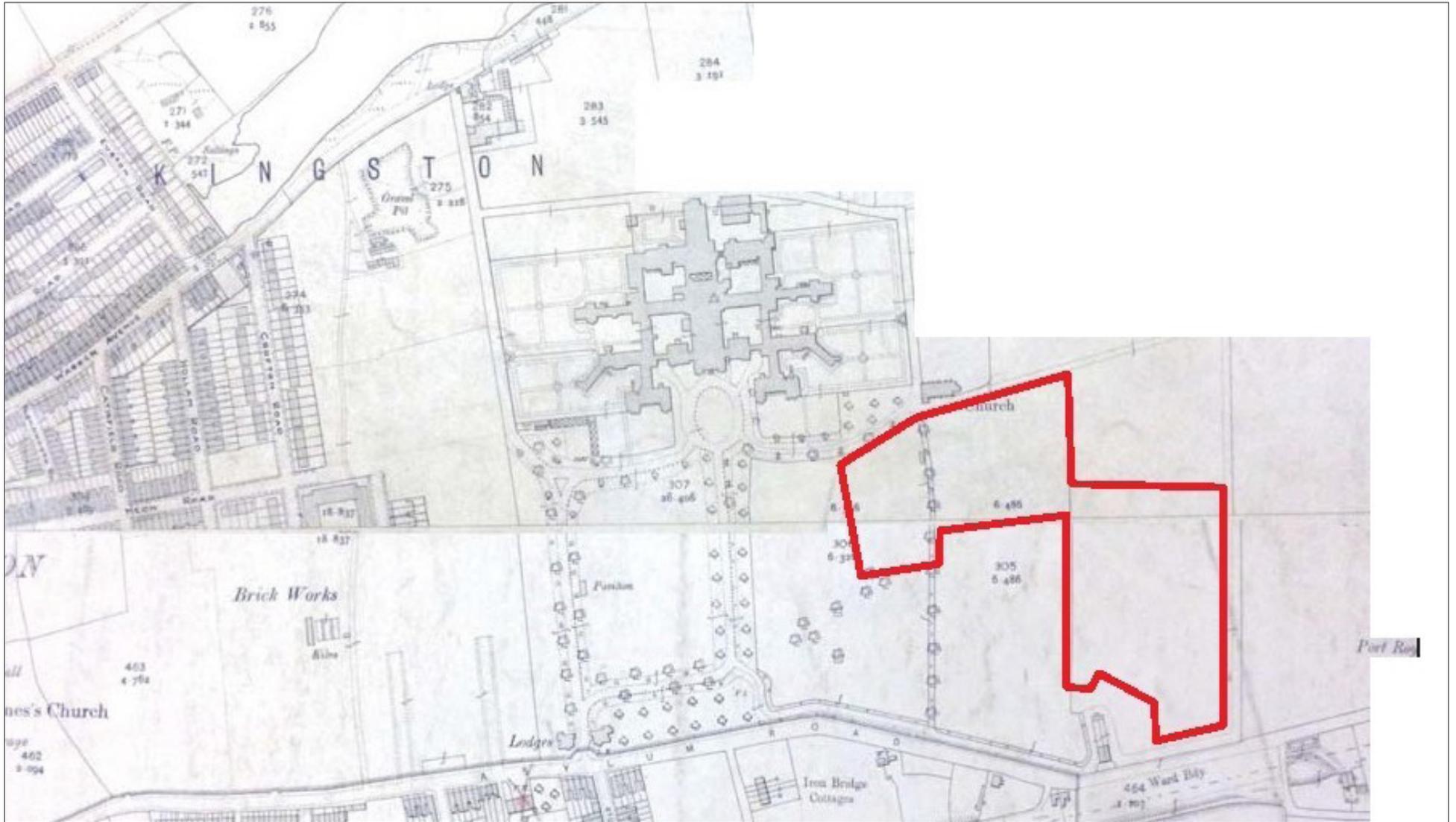
## Conclusion

These buildings were not part of the original historic planform but were much later additions to provide for a change in medical practice.

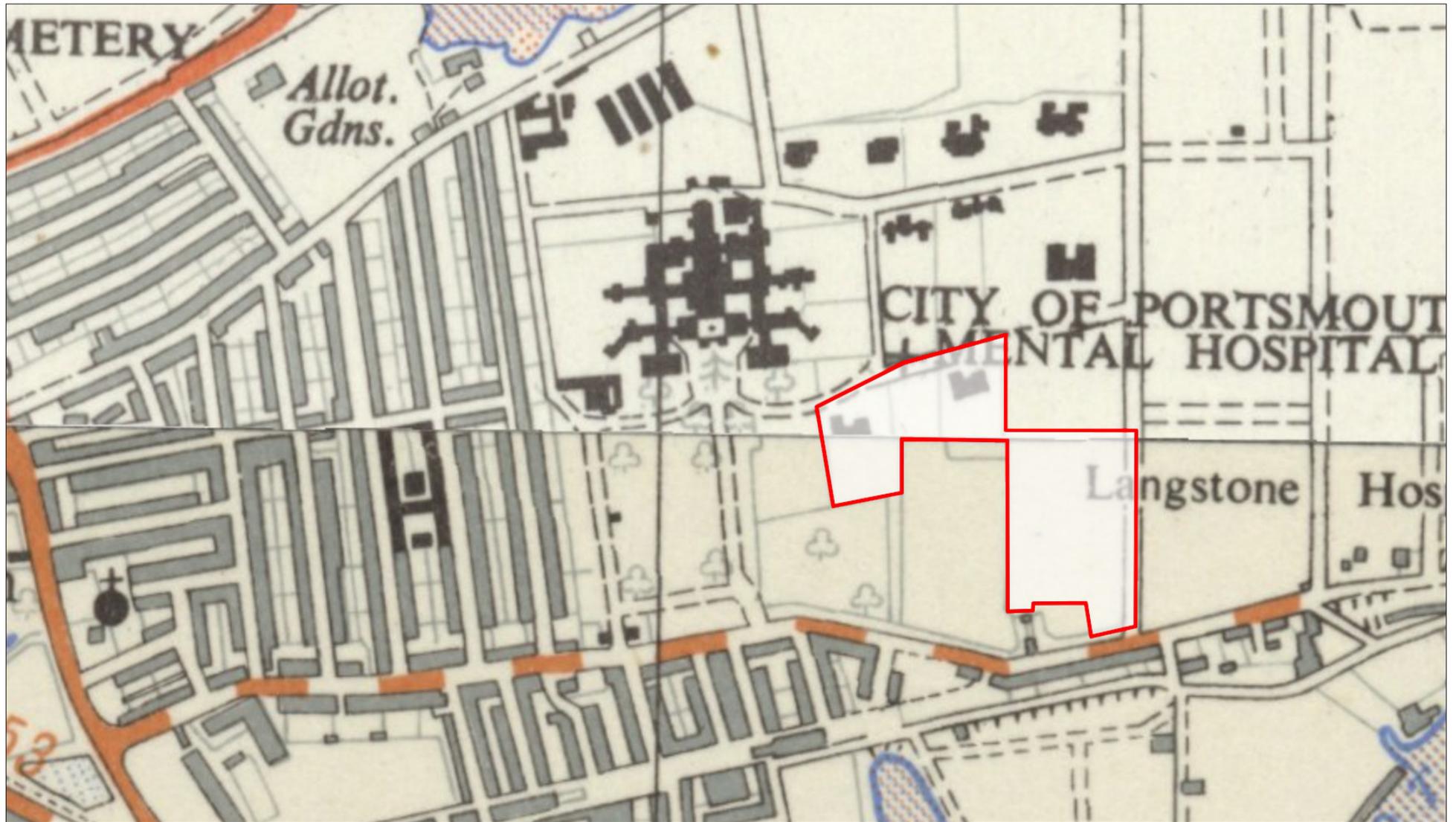
They have been considered for independent listing and rejected and were not included in the description of the historical when it was listed.

They are undesignated assets of limited significance, neither architecturally distinguished or historically important as innovative buildings of their type.

Potential association with designated heritage assets St. James Hospital and the Chapel has been assessed, the two Villas do not affect the setting or significance of either asset.



1910 Ordnance Survey Map of the Site



1932/33 Ordnance Survey Map of the Site

## Authorship

This report has been prepared by Sarah Morrison RIBA Conservation Architect at Feilden+Mawson LLP.

### **National Heritage List for England (English Heritage)**

- Listed Buildings
- Scheduled Monuments.

### **Portsmouth History Centre**

- Historic maps and plans of Portsmouth
- Published and unpublished documentary sources.

### **Online Sources**

- Including the British Geological Survey (BGS) Geology of Britain Viewer and local planning policy information.

### **Documentary Sources**

- The Archaeological Desk-Based Assessment written by Cotswold Archaeology
- Archaeology on St James's Hospital (Cotswold Archaeology 2014).
- English Hospitals 1660 - 1948 RCHME