

Highlands Conservation Area Character Appraisal

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prepared by

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Historic environment policy and practice

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Highlands Conservation Area Character Appraisal

SUMMARY OF 2013 REVIEW

The Highlands Conservation Area character appraisal was originally adopted and published in 2006. It was reviewed during February and March 2013 by the Drury McPherson Partnership. The appraisal now contains updated and corrected text and new photographs taken in early 2013. The original maps have been amended. The appraisal should be read in conjunction with the revised Highlands Conservation Area Management Proposals (in part 2 of this document), which contain management recommendations that flow from the revised appraisal.

There has significant amount of new development at the heart of the area, where new blocks of flats have replaced the former NHS Health Centre. The new buildings have a neutral impact on the special character of the area. One substantial historic building remains vacant and boarded-up, it is understood, as a result of subsidence. Its future is uncertain. Apart from this, the area is understood not to contain any potential development sites.

Following the recommendations in the appraisal in 2006, the conservation area boundary was re-drawn in 2008, to exclude the site of the former South Lodge Hospital, which had been completely redeveloped. The present (reduced) boundary was reviewed and confirmed as part of this appraisal,

The tranquil and uncluttered character of the area has been reasonably well maintained since 2006. There are no major new issues. New development has added to the area of hard-surfaced car parks. Additional parking could put the green character of the area at risk. Consideration might be given to softening the parking areas with planting. The greatest risk to the area is that the cumulative affect of such individually minor works such as these (which are subject to planning control) will affect the special character of the area over time. There has been a slight increase in the amount of street furniture and other clutter; close-boarded fencing, (at odds with the open park-like character atmosphere) is creeping into the area and there are a number of poorly located satellite dishes on the blocks of flats. Therefore the principal objective of the management proposals is the effective and consistent use of existing planning powers and Council policies for the public realm.

1 INTRODUCTION

1.1 Conservation areas

- 1.1.1 Conservation areas are areas of ‘special architectural or historic interest, the character or appearance of which it is desirable to preserve or enhance’¹ and were introduced by the Civic Amenities Act 1967. Designation imposes a duty on the Council, in exercising its planning powers, to pay special attention to the desirability of preserving or enhancing the character or appearance of the area². In fulfilling this duty, the Council does not seek to stop all development, but to manage change in a sensitive way, to ensure that those qualities which warranted designation are sustained and reinforced rather than eroded.
- 1.1.2 Conservation area designation introduces a general control over the demolition of unlisted buildings and the lopping or felling of trees above a certain size. However, it does not control all forms of development. Some changes to family houses (known as “permitted development”) do not normally require planning permission. These include minor alterations such as the replacement of windows and doors, or the alteration of boundary walls. Where such changes would harm local amenity or the proper planning of the area (for example, by damaging the historic environment), the Council can introduce special controls, known as Article 4 directions, that withdraw particular permitted development rights³. The result is that planning permission is required for these changes.

1.2 The purpose of a conservation area appraisal

- 1.2.1 A conservation area character appraisal aims to define the qualities that make an area special. This involves understanding the history and development of the place and analysing its current appearance and character - including describing significant features in the landscape and identifying important buildings and spaces. It also involves recording, where appropriate, intangible qualities such as the sights, sounds and smells that contribute to making the area distinctive, as well as its historic associations with people and events.
- 1.2.2 An appraisal is not a complete audit of every building or feature, but rather aims to give an overall flavour of the area. It provides a benchmark of understanding against which the effects of proposals for change can be assessed, and the future of the area managed. It also identifies problems that detract from the character of the area and potential threats to this character.

¹ Planning (Listed Buildings and Conservation Areas Act) 1990 s.69

² *ibid*, Section 72

³ Replacement Appendix D to Department of Environment Circular 9/95 (November 2010), DCLG

1.2.3 This appraisal of the Highlands Conservation Area (hereafter referred to as the Conservation Area) supports Enfield Council's commitment in The Enfield Plan (Core Strategy adopted 2010), and its duty under section 71 of the Planning (Listed Buildings and Conservation Areas) Act 1990 to prepare proposals for the preservation and enhancement of conservation areas and to consult the public about the proposals. The assessment in the appraisal of the contribution made by unlisted buildings and other elements to the character of the Conservation Area is based on the criteria suggested in English Heritage's guidance *Understanding Place: Conservation Area Designation, Appraisal and Management* (2011), reproduced at the end of this document.

1.3 Conservation in Enfield

1.3.1 Since the 1870s, Enfield has developed from a modest market town surrounded by open country and small villages to a pattern of suburbs on the edge of London. This transformation was triggered by the advent of suburban railways and took place in a piecemeal manner, with former villages being developed into local shopping centres and industries being developed along the Lea Valley. Conservation areas in Enfield reflect this pattern of development, including old town and village centres, rural areas centred on the remains of former country estates, examples of the best suburban estates and distinctive industrial sites. Some of the smaller designated areas are concentrated on particular groups of buildings of local importance.

1.3.2 The Highlands Conservation Area was designated in 1986 by the then Greater London Council using its reserve powers. It originally comprised the site of two late-19th century former isolation hospitals: Highlands, now converted into flats, and South Lodge, which has since been demolished and replaced by modern residential and retail development. The South Lodge site was deleted from the Conservation Area in 2008, since it was no longer considered to be of sufficient special architectural or historic interest.

1.4 Planning policy framework

1.4.1 The legal basis for conservation areas is the Planning (Listed Buildings and Conservation Areas) Act 1990. National policy guidance is provided by the National Planning Policy Framework (NPPF) published in March 2012, which *inter alia* requires local planning authorities to set out a positive strategy for the conservation and enjoyment of the historic environment. The Enfield Plan sets out a basic framework of conservation policies (Core Strategy: *Core Policy 31*, Draft Development Management DPD: *Draft DMD*

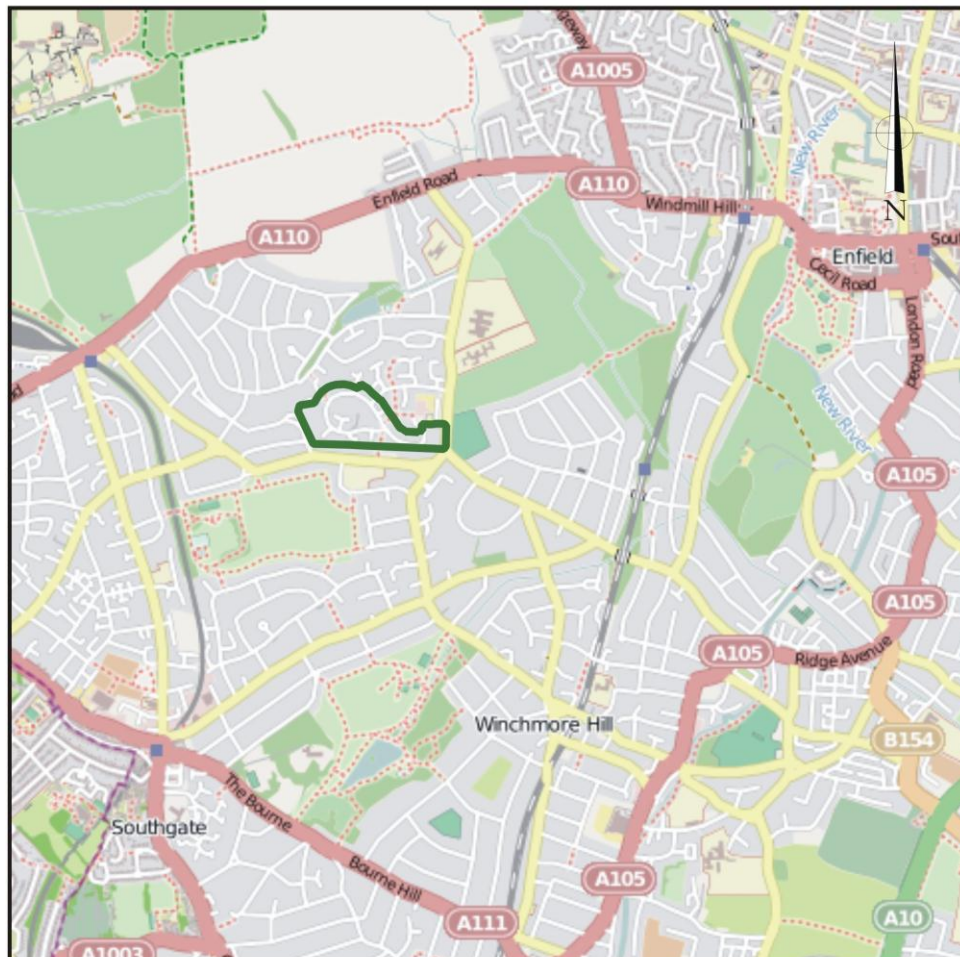
44) for all areas. This conservation area character appraisal will be used to support the conservation policies that form part of the Core Strategy.

2 APPRAISAL OF SPECIAL INTEREST

2.1 Location and setting

2.1.1 Highlands is situated in Winchmore Hill, approximately 1¼ miles (2km) to the south west of Enfield town centre. It is a relatively small site of flat ground on the crown of a hill. Despite its comparatively elevated position, the area is not significant in the surrounding landscape, due to the shallow rise of the hill.

2.1.2 The surrounding area consists predominantly of low-density suburban housing built during the mid-20th century. Two parks - Oakwood and Worlds End - and the southern fringe of the green belt are close at hand, but there is little visual linkage with these open spaces.



Highlands Conservation Area Character Appraisal: location map

 *Conservation Area boundary*

Figure 1: Location map

2.2 Historical development

- 2.2.1 Highlands and South Lodge were built to house patients convalescing from contagious diseases, such as typhoid, scarlet fever and diphtheria. During the later 19th century, numerous purpose-built convalescent hospitals were constructed, reflecting public concern about the high number of cases of contagious diseases. In London, most were built by the Metropolitan Asylums Board, and housed patients from all over the capital.
- 2.2.2 The ideal location for such hospitals was in the countryside, where the air was clean – an important factor when recovering from respiratory conditions - and where the low density of population reduced the chance of patients passing on infections. At the same time, it was necessary to be close enough to London, and to a railway station, for patients to be transported easily. Chaseville Park, an area of farmland formerly part of the royal deer park of Enfield Chase, fitted these criteria perfectly and 31 acres of open land were purchased by the Metropolitan Asylums Board in 1884⁴.
- 2.2.3 Highlands Hospital, originally named the Northern Hospital, was opened in 1887 and provided 512 beds housed in 17 pavilions⁵. Demand for isolation hospitals increased in 1889, when new legislation made the hospitalisation of patients with infectious diseases compulsory. Consequently, a second hospital, catering solely for the local population and originally called the Enfield Isolation Hospital, was built, opening in 1899. It subsequently also housed post-encephalitic patients suffering from the long term effect of the Spanish Flu epidemic during the First World War.

⁴ Pam, D. Vol. II *A History of Enfield II*. (Enfield Preservation Society 1992) p.214

⁵ *ibid*

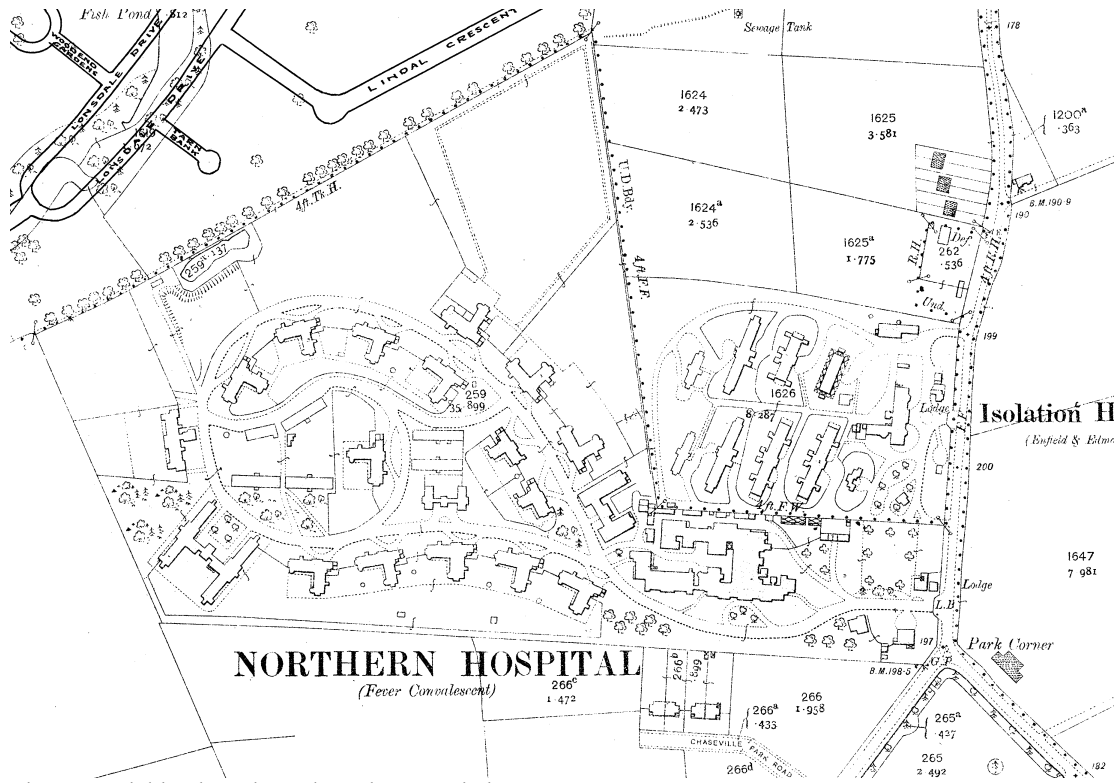


Figure 2: Highlands and South Lodge Hospitals on 1913 OS map

2.2.4 Enfield Isolation Hospital was extended to provide 200 extra beds in 1938⁶. Both became general hospitals shortly after the Second World War and were nationalised in 1948, when their names were changed to Highlands and South Lodge⁷. Between 1936 and 1947, the open land around the hospitals was developed, replacing the original rural setting with a sea of suburban housing⁸.



Figure 3: South Lodge Hospital c1913

⁶ Pam, D. *A History of Enfield III*. (Enfield Preservation Society 1994) p.252

⁷ Baker, T. (ed) *Victoria County History of Middlesex V*. (OUP 1976) p.180

⁸ 25" OS map, 1936 & 1947 editions

- 2.2.5 The Enfield health authority announced its intention to close the hospitals in 1986 and medical services were run down in the 1990s. Most of the Highlands buildings were then converted into flats. South Lodge was demolished and replaced by a housing and retail development, the first phase of which was completed in 1994⁹. Apart from the main building (pictured above), summarily demolished after a fire, South Lodge had mostly consisted of single storey ward blocks.
- 2.2.6 The open area to the north of Pennington Drive, and the site of the South Lodge Hospital, were over built with blocks of flats and culs-de-sac during the major re-development and conversion of the site in the early- to mid-1990s. While many of the blocks sought to imitate the layout and detailing of the original blocks, albeit in a stripped-down version, their poor proportions and monotonous façades have resulted in a very bland townscape that is now recognised to lack the special interest that warrants retention within the conservation area. The boundary was consequently re-drawn in 2008 to exclude these areas.
- 2.2.7 Until c2005 the NHS retained a health centre and ambulance station in the centre of the oval formed by Pennington Drive. This was a single storey, flat-roofed building dating from the 1970s. While this was out of character with the historic buildings, it had relatively little impact on the surrounding area. It has been replaced with a series of blocks of flats in a loose pastiche of the historic hospital blocks.

2.3 Archaeology

- 2.3.1 As the area formed part of the Chase during the medieval and early modern periods, historic activity, and therefore the area's archaeological potential, is limited. A small-scale excavation, carried out in advance of the redevelopment of the South Lodge site in 1994, revealed no features of archaeological interest¹⁰.

2.4 Identification of character areas

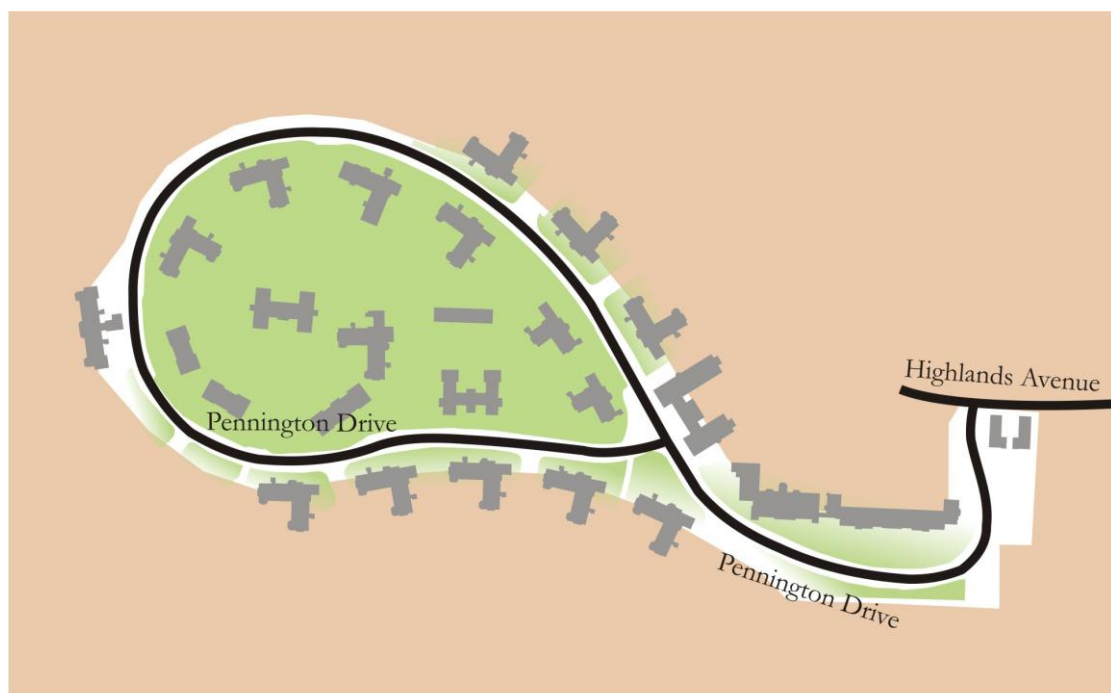
- 2.4.1 As designated in 1986, the Conservation Area divided into two distinct parts. The first consisted of the former Highlands Hospital, the layout of which survives largely intact. The second, Highlands Village, was the site of the former South Lodge Hospital. By the beginning of the 21st century, however, all traces of the latter had disappeared and it had been entirely replaced by modern residential and retail development. This character area was de-designated in 2008.

⁹ Dalling, G. *Enfield Past* (Historical Publications 1999) p.103

¹⁰ Greater London SMR No: 082697/00/00 - LO60611

2.5 Spatial analysis

- 2.5.1 One of the most striking aspects of the area is the sense of surprise generated by coming upon a group of historic buildings in the midst of a modern housing estate. Tall, recently built flats on World's End Lane block the original hospital entrance drive and screen the older buildings from the main road. The original hospital buildings are hidden along Pennington Drive, which bends sharply to the right, blocking inward views.
- 2.5.2 Once the corner of Pennington Drive has been turned, there is a marked change in character. The area then has a much more spacious feel, with the modern flats being replaced by widely-spaced, two-storey pavilions in an open park-like setting, grouped around the oval loop formed by Pennington Drive. Recent infill development around the fringes of this oval, much of which backs onto, or presents a side elevation to, the older buildings, creates a sense of enclosure and separation.
- 2.5.3 This sense of separation is reinforced by the way that the surrounding houses face away from the hospital buildings, blocking views into or out of the Conservation Area. Internal vistas are restricted to oblique views of individual buildings along Pennington Drive.



Highlands Conservation Area Character Appraisal: spatial analysis

	<i>'Pavilion' type building</i>		<i>Green space</i>
	<i>Modern development</i>		<i>Major through route</i>

Figure 4: Spatial analysis

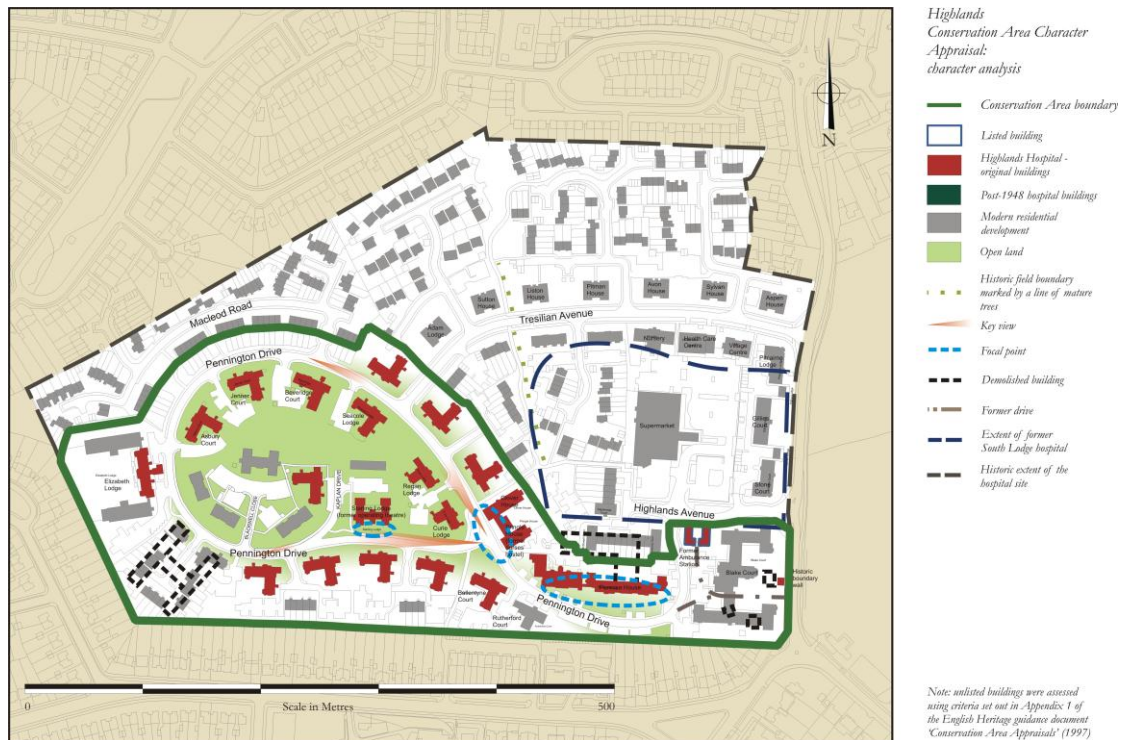


Figure 5: Character analysis

2.6 Character analysis

2.6.1 Highlands Hospital was designed (by the architects Pennington and Brigden) to meet two objectives. First, it was to provide an efficient medical facility, handling a large number of patients in a way that optimised conditions for recovery and minimised the risk of transmitting infections. Secondly, it was to afford a pleasant, homely environment for convalescent patients, many of whom would be staying for several months. The result is a complex that has a strong institutional character, a clear hierarchy of building types, a distinctive and uniform architectural style and an orderly, spacious layout, designed to separate groups of patients. The impact of this highly functional design was softened by domestic design details and the parkland setting.

2.6.2 The original complex comprised near identical, two-storey L-shaped pavilions, generously spaced (at approximately 40 metre intervals) along both sides of Pennington Drive, of which 14 survive. (One block, Beveridge Court is a disappointing modern replacement on the earlier footprint). The pavilions provided self-contained accommodation for groups of up to 30 patients, ensuring that contact with other inmates, and therefore the chance of passing on infections, was kept to a minimum. The Queen Anne revival style adopted gives them the appearance of large houses, with informal façades of yellow brick with red brick dressings, modulated by irregularly arranged bays, chimneybreasts rising from ground level and narrow, small-paned sash windows. Steeply pitched slate roofs

above coved eaves cornices respond to the faceted elevations with a complex roofline of multiple projecting hips, punctuated by irregularly spaced chimneystacks. The domestic style disguises the considerable bulk of these buildings, which only becomes apparent when comparing them with the neighbouring modern flats.



Figure 6: Ballentyne Court- typical pavilion block design



Figure 7: Ballentyne Court, west end

2.6.3 Two larger blocks (now Starling Lodge and Elizabeth Lodge, a care home) are placed amid the standard pavilions on Pennington Drive. These are of similar scale, materials and detailing to the pavilion buildings, but have a larger footprint and a more regular appearance. Facades remain heavily modulated, but are symmetrical. Starling Lodge, which housed the operating theatres, has been given an extra decorative flourish, with semi-circular arched windows and a modillion cornice.



Figure 8: Starling Lodge



Figure 9: Elizabeth Lodge

Elizabeth Lodge

2.6.4 At the east end of the complex are Penrose House, formerly the principal administration block, and Clover and Pringle Houses, formerly the nurses' home. These would have provided the public face of the hospital and the first port of call for most visitors. They follow the 'house style' of the rest of the complex, but are grander and more formal, standing three storeys high, with symmetrical facades. Dormer windows break up the bulk of the roofs and greater emphasis is given to entrances, which are surrounded by a stone arched doorcase, surmounted by a balustrade.



Figure 10: Pringle House



Figure 11: Penrose House

2.6.5 Together, these buildings form the most striking element of the area, their consistent style, common palette of materials and regular spacing giving them a distinctive appearance and a strong sense of visual unity. Their charm is enhanced by the high standard of architectural detailing. Particular emphasis is given to window and door openings, which are generally set under segmental gauged brick arches with scrollwork keystones. As befits the principal building, Penrose House is the most ornate. Here, the façade is articulated with pilasters topped with terracotta ionic capitals and windows are enriched with decorative brick aprons. Until 1983, it had a clock tower.



Figure 12: Penrose House, details

- 2.6.6 The complex is remarkably complete. The pavilions largely remain in their original condition externally despite conversion to flats, though some have lost their chimneys, giving the roofs a truncated appearance, and satellite dishes have begun to be fitted to several of the blocks, giving them a cluttered appearance. The only major buildings that have been lost are a H-plan block that stood on the site of Moynihan Drive and the rear part of Penrose House. This has been replaced with two modern blocks facing Pennington Drive, in a pastiche of the original architecture, and a number small houses, employing the same palette of materials, to the rear.
- 2.6.7 An original pavilion building in the centre of the complex, Curie Lodge, is derelict and boarded up. It is understood that the building has suffered from subsidence. Its condition and future are uncertain.



Figure 13: Pennington Drive, landscaping

2.6.8 While the sights and sounds associated with a working hospital - uniformed staff, ambulances, and patients - have disappeared with the conversion of the site to residential use, something of the institutional atmosphere remains. The area is very quiet, with little traffic and few pedestrians. This tranquil ambience is probably close to that of the original convalescent hospital and is reinforced by a lack of commercial activity.



Figure 14: Worlds End Lane, boundary wall



Figure 15: Former Ambulance Station

- 2.6.9 The distinctive character of the former hospital complex dissipates at the entrance. Here, the original drive has been overbuilt by flats (Blake Court) and a new access route via Highlands Avenue constructed. Sadly, the few surviving hospital buildings in this area are now divorced from their original context. The drive of the former ambulance station (statutorily listed in 1994 as the first known purpose-built example of its kind) has been replaced with an overly fussy front garden and boundary wall, severing the building from the road and making it difficult to appreciate its original purpose. The surviving part of the entrance lodge, now in the front garden of Blake Court, takes on the appearance of an oversized garden shed. The original boundary wall, executed in a mix of red terra cotta and yellow brick to match the buildings, with inset railings, provides a fine setting to Blake Court, but its relationship with the hospital has been lost.
- 2.6.10 The character of the area is also compromised by the newly built housing on the outer edge of Pennington Drive, surrounding the historic hospital buildings. In general, this consists of nondescript terraces typical of those found in many modern developments. Their only saving grace is that reasonably careful siting, away from the pavilions in short cul-de-sacs on lower lying ground, has minimised their impact on the historic core of the area. The high wall at the rear of houses facing Macleod Road to the north is more damaging, creating a hard urban-style boundary that conflicts with the park-like setting of the older buildings, although its impact is mitigated by vegetation.

2.6.11 The modern flats interposed with the original pavilions along the south side of Pennington Drive have been designed with some effort to complement the original buildings, by using similar materials and replicating the coved eaves, the overall result is unimaginative, poorly proportioned and badly detailed. Particularly insensitive is the way in which these flats squeeze three equal storeys into a structure with the same massing as the two-storey classically proportioned hospital buildings; breaking up the uniform pattern of fenestration established by the older buildings. Similarly bland are the new blocks at the centre of the loop. Barnard Court, north of Starling Lodge is of substantially poorer quality than the other new buildings, with uPVC windows and a close boarded boundary fence, which is out of keeping with the area. It is understood that the design was allowed at appeal. Satellite dishes have been fixed to the front elevations of several of the new blocks; they are generally located more discreetly to the rear of the older buildings.



Figure 16: Modern flats on Pennington Drive



Figure 17: Flats on the site of the 1970s Health Centre



Figure 18: Tresilian Avenue



Figure 19: Worlds End Lane, flats

2.7 The public realm

- 2.7.1 Formal landscaping reinforces the institutional character of the area. Closely mown lawns and mature trees, mainly oaks, planted when this area formed part of The Chase, soften the impact of the layout, but the uniformity of the planting, with variation restricted to groups of bushes and shrubs around entrances, emphasises the ordered nature of the area. The lack of signage and limitation of street furniture to plain lighting standards, with a simple floorscape of tarmac paths and carriageways with concrete kerbs, reinforces the general feeling of neatness and order.
- 2.7.2 In some places, however, this neatness is being lost, as various 'landscaped' areas left unattended are becoming increasingly scruffy. Additionally, the intensification of residential uses on the former hospital site has resulted in large areas of new hard-surfaced car parking, particularly at the centre of the "loop" enclosed by Pennington Drive. The recently installed bus shelters and associated signage, waste bins etc. are very prominent because there is little pre-existing urban "clutter".

3 SUMMARY OF SPECIAL INTEREST OF THE CONSERVATION AREA

3.1.1 The historic core of the former Highlands hospital retains much of its highly individual and distinctive character, the key aspects of which are:

- *The institutional nature of the area* – The former use of the area as an isolation hospital is still clearly discernible in the regulated plan, the uniformity of buildings and their hierarchical treatment, with a greater level of ornamentation and more formal elevations being used to identify the more important accommodation and administrative blocks.
- *The high quality of the hospital buildings* – All the early buildings are substantial, handsomely proportioned, well-detailed and built of high quality materials. The stylistic unity of the group heightens their visual impact and gives the area a highly distinctive character.
- *The historic integrity of the area* – Most of the original hospital buildings survive and retain much of their original external appearance. Restoration and additions have generally been carried out sympathetically.
- *The park-like setting of the hospital buildings* - Spacious grounds allow the individual buildings to be appreciated and complement the domestic style of the pavilions. The setting is further enhanced by mature trees, which provide a link with the area's earlier use as a deer park.
- *The disciplined plan form* – The regular spacing between the original hospital buildings makes a key contribution to the character of the area, giving a strong rhythm to the streetscape that reinforces the impression of order given by the repeated use of near identical blocks. The generous intervals between blocks are vital to the creation of a sense of spaciousness that pervades the Conservation Area.
- *The tranquil nature of the area* – The peace and quiet formerly associated with the convalescent hospital remains, due to low levels of traffic, infrequent pedestrians and an absence of commercial activity.
- *An uncomplicated street scene* – The simplicity of surface treatments, particularly the lack of signage and road markings, complements the neat and ordered the atmosphere of the area.

4 SUMMARY OF ISSUES

4.1.1 Recent redevelopment of the site has, to an extent, damaged the character of the area, but further erosion now seems unlikely. Apart settlement problems afflicting Curie Lodge, all the historic buildings and their settings are in a good condition. However, there are some issues likely to face the area in the future:

- *The need to resolve the problems affecting Curie Lodge* - ideally it would be repaired. Although unlisted it may be regarded as "heritage at risk". If this is not possible on a commercial basis, sources of grant might be investigated. If the building cannot be saved, extreme care should be taken with the design of any replacement.
- *The need to maintain the uniform appearance of buildings* – Already satellite dishes are beginning to appear on buildings, giving a cluttered appearance. As the present development matures, pressure to alter design details, especially fenestration, on both historic buildings and the more prominent modern flats may increase. These issues can be controlled through current planning powers, and it is vital that these powers are used rigorously.
- *The need to maintain the uniform appearance of the landscaping and streetscape* – The simple, park-like setting of the historic buildings makes an important contribution to the character of the area. The greatest threat to this aspect of the area's character is the increase in hard-surfaced car parking associated with recent developments. Careful landscaping could ameliorate the detrimental effect of existing parking and if new parking areas are essential consideration should be given to softening their landscaping with planting and alternative surfaces such as cellular grass paving ("grasscrete"). New street furniture and signage should be strictly controlled; items associated with bus stops and signage for commercial activities such as the care homes has a disproportionately great visual impact here, because there was so little street clutter before.
- *The need to ensure that future development is in keeping* - this is only likely to be relevant in the short term if it becomes necessary to replace Curie House. However, the poor quality of the pastiche evident in Tresilian Avenir ? was one reason for the de-designation of that area and it should not be repeated within the remaining designated area. Some aspects of the latest buildings within the conservation area, such as uPVC windows, set an unsatisfactory precedent,

5 BIBLIOGRAPHY AND CONTACT DETAILS

5.1 Bibliography

The following reference works were used in the preparation of this appraisal:

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Dalling, G. *Enfield Past* (Historical Publications 1999)

Pam, D. *A History of Enfield II*. (Enfield Preservation Society 1992)

Pam, D. *A History of Enfield III*. (Enfield Preservation Society 1994)

Pevsner N & Cherry B *The Buildings of England, London 4: North*, (Penguin, London 1998)

Reference is also made to the following legislation and national and local policy guidance:

Planning (Listed Building and Conservation Areas) Act 1990

National Planning Policy Framework (2012)

Replacement Appendix D to Department of Environment Circular 9/95 (November 2010)

English Heritage PPS 5 Practice Guide (2010)

English Heritage *Understanding Place: Conservation Area Designation Appraisal and Management* (2011)

The Enfield Plan: Core Strategy (adopted 2010)

The Enfield Plan: Draft Development Management Document (2012)

The Enfield Plan (Evidence Base): *Areas of Archaeological Importance Review*, English Heritage/GLAAS, 2012

Enfield Unitary Development Plan (1994) (saved policies) until DMD adopted.

5.2 Contact details:

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6 APPENDICES

6.1 Listed buildings

Former Ambulance Station, Highlands Hospital, Worlds End Lane, II

6.2 Criteria for assessing unlisted elements

(From English Heritage's guidance *Understanding Place: Conservation Area Designation, Appraisal and Management* (2011))

'Check-list to identify elements in a conservation area which may contribute to the special interest.

A positive response to one or more of the following may indicate that a particular element within a conservation area makes a positive contribution provided that its historic form and values have not been eroded.

- Is it the work of a particular architect or designer of regional or local note?
- Does it have landmark quality?
- Does it reflect a substantial number of other elements in the conservation area in age, style, materials, form or other characteristics?
- Does it relate to adjacent designated heritage assets in age, materials or in any other historically significant way?
- Does it contribute positively to the setting of adjacent designated heritage assets?
- Does it contribute to the quality of recognisable spaces including exteriors or open spaces with a complex of public buildings?
- Is it associated with a designed landscape eg a significant wall, terracing or a garden building?
- Does it individually, or as part of a group, illustrate the development of the settlement in which it stands?
- Does it have significant historic association with features such as the historic road layout, burgage plots, a town park or a landscape feature?
- Does it have historic associations with local people or past events?
- Does it reflect the traditional functional character or former uses in the area?
- Does its use contribute to the character or appearance of the area?

Appraisal review undertaken by Michael Copeman; maps prepared by Richard Peats