Claybury
A Special Character Appraisal
# Claybury - A Special Character Appraisal

## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief</td>
<td>2</td>
</tr>
<tr>
<td>Methodology</td>
<td>2</td>
</tr>
<tr>
<td>Location and Unitary Development Plan</td>
<td>2</td>
</tr>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Appraisal Boundary</td>
<td>3</td>
</tr>
<tr>
<td>Topography</td>
<td>7</td>
</tr>
<tr>
<td>The Setting of the Appraisal Area</td>
<td>7</td>
</tr>
<tr>
<td>Character Zone A: Claybury Hall, adjoining structures and Claybury Park</td>
<td>8</td>
</tr>
<tr>
<td>Archaeology</td>
<td>8</td>
</tr>
<tr>
<td>History</td>
<td>8</td>
</tr>
<tr>
<td>Building</td>
<td>13</td>
</tr>
<tr>
<td>Parkland</td>
<td>13</td>
</tr>
<tr>
<td>Character Zone B: Claybury Hospital and Repton Park</td>
<td>16</td>
</tr>
<tr>
<td>History</td>
<td>16</td>
</tr>
<tr>
<td>Setting</td>
<td>23</td>
</tr>
<tr>
<td>Buildings</td>
<td>23</td>
</tr>
<tr>
<td>Character Zone C: Brownfield Sites</td>
<td>26</td>
</tr>
<tr>
<td>Conclusion</td>
<td>27</td>
</tr>
<tr>
<td>Recommendation</td>
<td>29</td>
</tr>
<tr>
<td>Action</td>
<td>29</td>
</tr>
</tbody>
</table>
4.1 Brief
The aim of this appraisal is to determine whether the historic Claybury estate merits designation as a Conservation Area.

4.2 Methodology
- Literature search for relevant documents on the history and architecture of Claybury
- Site visit to the estate including photographic survey and visual analysis
- Consideration of potential boundaries
- Compilation and analysis of relevant information
- Preparation of Character Appraisal having regard to English Heritage guidance on Conservation Area Appraisals and PPG 15
- Assessment of special architectural or historic interest of the area
- Recommendation

4.3 Location and Unitary Development Plan context
Claybury is situated in the London Borough of Redbridge approximately 14 miles northeast of central London. The surrounding area is principally residential in character, with houses dating mainly to the Edwardian, and interwar periods. The nearest local centre is Woodford Bridge, which lies to the northwest of Claybury. Claybury is subject to numerous designations and classifications in the Unitary Development Plan.

These include:
- Greenbelt
- Major Development Site within the Greenbelt
- Heritage Land
- Green Corridor
- A strategic path for walkers, cyclists and horse riders
- Site of Metropolitan Importance for Nature Conservation
- Site of Importance for Nature Conservation Borough Grade I
- Tree preservation order
- Grade II listed buildings

These designations and classifications relate to a patchwork of adjoining and overlapping geographical sub-areas within the appraisal area. Each of the designations has one or more associated policies. Relevant policy codes are listed at the end of the appraisal. The implication of all these designations and classifications is that the scope for future development in the area is very limited. In particular the designation of the entire appraisal area as Metropolitan Open Land means that any proposed developments in this area will be subject to scrutiny and are unlikely to be approved. Of particular relevance for this appraisal is the location of three grade two listed structures within the appraisal boundary. These are Claybury Hall, Claybury stables and Claybury Hospital.
4.4 Introduction
Claybury is a distinguished area, located within the northern boundary of the London Borough of Redbridge. It is a large area with many layers of history and architecture. Some of these layers are manifest in the landscape; others may be gleaned from documents. For many years Claybury functioned as an estate house with extensive grounds. At the end of the nineteenth century, some of the estate grounds were developed as a mental asylum. In the late twentieth century Claybury hospital became obsolete and fell into disrepair. The extant buildings were redeveloped and converted into residential buildings between 1998 and 2004. The associated parkland is known as Claybury Park; ownership of the park will be officially transferred to the London Borough of Redbridge in 2006, this transfer formed part of the planning gain agreement for the site. An official opening of the park to the public has not yet taken place, although public access is permitted. This regeneration process, which enabled the conservation of decaying historic buildings and permitted some areas of new build, led to the creation of Repton Park, a predominantly residential area. The layers of history and architecture are linked to distinct and sometimes overlapping geographical areas of Claybury. The purpose of this report is to appraise the area and determine whether it should be designated a Conservation Area.

4.5 Appraisal Boundary
After consideration, a preliminary boundary was decided on for the purposes of the appraisal. The appraisal area is bounded to the North by the Borough boundary along Tomswood Road and Manor Road, to the East by Tomswood Hill, to the South by Ravensbourne Gardens, Fullwell Avenue, and Repton Grove, to the West by the Fairlop Ward boundary along Roding Lane North. This boundary is exactly delineated on the accompanying map. The entire appraisal area formed part of the historic Claybury estate. The boundaries also enclose the area delineated for regeneration. Some areas which would have formerly have been part of the historic estate have been excluded, these areas have since been developed and have been unconnected with the estate visually and functionally for many years. These include some houses on Manor Road, Tomswood Hill and some larger residential areas due south of Claybury in and around Fullwell Avenue, Ravensbourne Gardens and The Glade. An area of open space which historically formed part of the estate but was owned by the local authority and not the National Health Service is included within the boundary. The land has been amalgamated with areas of open space - which were in hospital ownership – to form Claybury Park. Different character zones are identified within this boundary.
4.6 Topography
Claybury is located on a prominent ridge. This ridge is the highest point in the Borough. This location means many buildings at Claybury enjoy panoramic views South, over East London, the docklands and Kent in the distance. Similarly spectacular views can also be enjoyed when walking through the parkland. A number of London’s architectural landmarks are discernible in the skyline on a clear day, such as the cluster of skyscrapers in the docklands, the Swiss Re Tower and the dome of St. Paul’s Cathedral. The location of buildings at Claybury on this ridge means that when one is looking northwards towards Claybury, some of the structures break the skyline and have become landmarks for this reason.

4.7 The Setting of the Appraisal Area
The curtilage of Claybury Hall and Claybury Hospital clearly encloses Claybury Park visually and historically. The character of the wider area outside the appraisal boundaries is very different to that of Claybury. Because most of the structures at Claybury are surrounded and enclosed by such extensive parkland, the area seems physically quite removed from the surrounding area. When Claybury Hall was first built, vast tracts of agricultural land and significant forested areas surrounded it and the locally important settlement of Woodford Bridge lay to the northwest of it. A considerable amount of woodland to the North and East was felled between 1777 and 1863. More forested areas were cleared between 1863 and 1919. Changes to the built environment between 1777 and 1919 are less notable. During this period, Woodford Bridge expanded to include some detached, semi-detached and terraced houses. Some terraced housing was also built on Tom'swood Hill between these dates. However, in 1919 the setting of Claybury was still very rural with wooded tracts and extensive agricultural areas. These rural areas were all subsequently developed as residential areas. The character of the surrounding area is predominantly suburban; most of the houses date to the inter-war or post-war periods. While the area around Claybury was subject to dramatic change during the twentieth century, Claybury itself changed but a little. Some institutional buildings were constructed in and around the hospital but overall the area remained much the same during the twentieth century. Thus Claybury’s wider setting has a very different character to Claybury itself in terms of architecture, morphology, layout and historical associations.
4.8 Character Zone A: Claybury Park, Claybury Hall and adjoining structures

4.8.1 Archaeology
A stretch of a Roman road - from London to Dunmow and then onto Colchester - is located within the appraisal area. The road ran north, roughly along with the line of the present Roding Lane. The section within the appraisal area is located about 150 feet inside the Roding Lane boundary; the West Essex Archaeological Group excavated it in 1969. The road was between 25 and 30 feet wide and 15 inches in depth and consisted of water-worn pebbles. They estimated that it had been in use for at least 800 years.

4.8.2 History
Although Claybury Park and Claybury Hall are now physically separated and will be owned and managed by different bodies, a strong historical and visual link exists between the two. Thus they should be considered jointly. The first documentary reference to Claybury is contained in a survey dating to 1270, when Claybury was a free tenement measuring c. 176 acres, held by the local abbey at Barking. The name Claybury is thought to derive from the nature of its soil, which consist of clay interspersed with gravel. In subsequent centuries, its owners and its occupiers changed on numerous occasions. The extent of the estate was more or less constant until the early nineteenth century, when it increased considerably to 440 acres to include Tomswood Farm, woodlands to the North and East and a property called Tilekiln located to the South of Claybury.

Notable owners of Claybury include Sir Thomas White - founder of St. John’s College Oxford who occupied the estate around 1560 - and Oliver Cromwell, uncle of The Protector. Also of interest was the visit of Elizabeth I to Claybury in 1597. A map of Barking town and Dagenham village, dating to 1652, shows a large gabled structure within the grounds of Claybury. Historical records from the period show that at this time the property was held by Alderman Fowke, this was probably John Fowke, Lord Mayor of London. In 1786, James Hatch, a malt distiller from Bromley-by-Bow, bought the estate. By 1791 the estate house had been demolished by Hatch and a new Georgian mansion built in its place with stables to the rear. Jesse Gibson designed the mansion, known as Claybury Hall. Gibson, of Hackney Middlesex, was the District Surveyor of the eastern division of the City of London from 1774 until his death in 1828. He also worked as a Surveyor to the Saddlers’ Company, the Drapers’ Company and the Vintners’ Company. Other properties designed by Gibson include a house at West Hill, Wandsworth for J. A. Rucker and the Vintners’ Almshouse on Mile End Road. He also rebuilt the church of St. Peter-le-Poer on Old Broad Street, London, which has since been demolished. Gibson is considered to be a designer of moderate ability.
An account by watercolour painter, Samuel Prout, dating to 1804, refers to the extensive panoramas visible from Claybury Hall.

*It commands extensive and diversified prospects. To the South on a clear day, the vessels on the Thames are distinctly seen, bounded by the Kent hills. On the West side, scattered houses of Woodford gradually fall into the distance which is terminated by the dome of St. Paul's.*

Jacobi C.W.N (1841) *On the Construction and Management of Hospitals for the Insane*

A map by John Chapman and Peter Andre dating to 1777 shows a formally landscaped garden south of the estate house. By 1791 this garden had been substantially changed. In 1791 the landscape architect, Humphrey Repton (1752-1818), was hired to advise on the gardens. Repton embarked on a career as landscape gardener at the age of 36 and came to be regarded as the foremost exponent of English landscape gardening. Generally speaking, Repton’s designs followed Lancelot Brown’s principles. However, his schemes were more natural and at the same time more picturesque than Brown’s. He also used a wider variety of trees.

Repton considered architecture to be “an inseparable and indispensable auxiliary” to landscape gardening. When devising scheme for estate gardens, he had regard to the architecture of the estate house. Although he was not trained as an architect, in the early part of his career he advised on alterations to and the remodelling of a number of buildings. Repton also worked with a number of architects on particular schemes, including John Nash; he would plan the gardens and the architect would design or propose alterations to buildings.

For his more important commissions Repton prepared leather-bound volumes for his clients setting out the site-specific improvements of the area. Repton was skilled as an artist and these volumes were illustrated with “before” and “after” perspectives views in watercolour. He prepared such illustrations for Claybury. Repton was based in Romford and was active in preparing prepared a number of designs for estates in Essex. He advised on two schemes within the Borough: Woodford Hall and Wanstead House.

Repton remarked on the “profusely beautiful situation” of the Claybury Estate in his Red Book. He also quoted a Mr. Langford’s description of the area:

*There is a rich home view of the Counties of Essex, Middlesex, Surrey, Kent and Hertfordshire; the distant view is open and unbounded, and the scene is so varied that whilst every different object charms, every different view delights. The rich enamelled meads, the irriguous streams, the lowing oxen and the battening sheep, all form a scene that is truly picturesque.*

Much of the landscaping was completed when Repton was commissioned to advise of the grounds of Claybury Hall; he made only a number of suggestions. He recommended the repositioning of the front entrance from the south-facing elevation to its present position at the rear of the structure, which is north-facing. Another suggestion intended to improve the view from the mansion.
Repton’s Plan for Claybury (Courtesy of the Essex Record Office)
involved the planting of irregularly placed plantations and the retention of some hedges. Repton also advised Hatch to plant the path leading to Hospital Hill Wood with flowers and shrubs but on entering the forest, to limit intervention to the maintenance of grassy paths through sheep grazing and the maintenance of gravel paths using worn gravel. He also describes ways to disguise acute angle between fences. Repton’s suggestions relate to only part of the estate grounds in and around Claybury Hall and in Hospital Hill Wood. Only a selection of Repton’s suggestions for Claybury were implemented. In 1996, the Historic Parks and Gardens section of English Heritage assessed the landscape to determine whether it merited addition to their Register. They concluded that despite the Repton connection, the area was not of sufficient historic interest to merit inclusion on the Register of Historic Parks and Gardens.

Claybury Hall and its ancillary stables appear on the 1863 OS map. A number of buildings along Woodford Bridge Road, which make up Claybury Farm, also appear on the 1863 map. There is an area of formal landscaping to the east of the farm. The farm also appears on the 1896 and 1919 OS maps. Claybury Farm is not to be confused with the asylum farm on Tomswood Hill which was ancillary to the mental hospital built later. Numerous walkways through Hospital Hill Wood are delineated on the 1863 map; these correspond to the 1791 plan for the area contained in Repton’s redbook. Some the paths correspond to present-day paths through the forest. The footprint of the wooded area within Claybury in the 1777 map is much the same as the forest’s present-day footprint. This area has been continuously wooded since 1600 and can therefore be termed as ancient woodland. Claybury Wood is ancient woodland, containing mainly mature oaks and hornbeam pollard.

When the estate was sold and developed as a hospital, Claybury Hall was retained as an annex for private patients. An extension was added to the northeast, this extension is delineated in the 1896 OS map and subsequent maps. The extension covers a similar footprint as a large glass conservatory constructed for James Hatch. The mansion was added to the statutory list as a grade two building in 1953 and the ancillary stables were added, also as a grade two building in 1974. By 1964, Claybury Hall had fallen into poor condition. By 1998, when it was first proposed that the area be redeveloped, the mansion had fallen into extensive disrepair, it was becoming increasingly vulnerable to decay and the architectural quality of the building was being eroded. Between 2000 and 2003 the area was redeveloped. The gable-hipped roof of the mansion, which was in poor condition, was replaced with a mansard roof, which housed a third storey. The building was repaired and converted into flats. The extension adjoining the mansion to the northeast was demolished and a new building was constructed on this footprint in a neo-Georgian style, with a curved portico to the West of the front elevation (south elevation). The derelict stables were largely demolished; the remaining element was repaired and is now used as a car bay. A new
curved colonnaded portico was reconstructed to the rear of the mansion from photo evidence. This is now used to screen cars. A new colonnaded porch, also designed using photo evidence, was added to the north elevation.

The parkland to the front of Claybury Hall and the former agricultural land to the east of the site will be transferred to the London Borough of Redbridge as part of the planning gain agreement in 2006. Local residents have used the parkland for many years but an official opening of the parkland to the public is scheduled for the summer of 2006. The parkland was separated from the private residential development through the construction of a ha ha and the erection black metal railings. The railings are finely constructed which means that the visual link between the mansion and the parkland setting is maintained; the physical division being visible at close quarters only. The historic architectural quality of Claybury Hall can be enjoyed from the park.

4.8.3 Buildings
The mansion is sited in a commanding position near the crest of the ridge. The siting of the hall draws the attention to it and means that it dominates the northern skyline in some areas of the park. The hall is also visually prominent from parts of Roding Lane. The siting of the house also means the inhabitants of the house enjoy panoramic views southwards, as noted in the history section. Claybury Hall is a centrally planned villa. A small number of large rooms, each with a different view, are laid out around a top-lit large central stairwell. The plan is thus quite compact. The hall is a six-bay, two-storey structure of gault brick with a stone cornice. The main elevational detail to the south is a central two-storey bow with a ground floor colonnade. As indicated above architectural elements of the mansion were repaired or replaced according to photographic evidence. The vehicular and pedestrian entrance to Claybury Hall is from Manor Road.

4.8.4 Parkland
The new park, Claybury Park, measures 71.5 hectares. As part of the planning gain agreement for the regeneration of the area, a landscape management plan was devised for Claybury Park. The plan sought to achieve a balance between public access, habitat value and historical landscape value. The plan will be revised before ownership of the park is transferred in the summer of 2006. Claybury Park is thought to be the largest new public park created in London for over a century.

The large area of dense woodland, formerly known as Hospital Hill Wood and now known as Claybury Wood, is located to the northeast of the park and measures 18 hectares. Hospital Hill Wood is known as such, not because of any association with the asylum, but because of an earlier association with the Ilford Hospital of St. Mary and St. Thomas of Canterbury, founded by Adelicia, Abbess of Barking c1145. This woodland was named Ancient Woodland by English Nature, which means it was in existence prior to 1600. The woodland does not however reflect the full expectation of ground floor
Claybury - A Special Character Appraisal

diversity associated with ancient woodland, but this could be due to a lack of management in the past. Claybury Wood contains mainly mature oaks and hornbeam pollard, which is an unusual woodland habitat. Other species contained in the wood include birch, hazel and sweet chestnut; as well as some invasive species such as sycamore, closer to the periphery of the wood. It forms a strong visual boundary between the Claybury Hall and Claybury Hospital. Intervention in ecologically sensitive areas of the park, such as the acid grasslands, has been kept to a minimum. The water tower at Claybury Hospital is the only landmark hospital building visible from the Repton landscape. The parkland contains a number of historic landscape features such as the Egg Clump, containing oak, ash and hawthorn; the Ash Plantation, composed of dense elm shrub with occasional oak and some mature grey poplars; and the Cocked Hat Plantation, which is a linear woodland area containing blackthorn, elm, oak, birch and hornbeam. These features appear on a number of the historic maps of Claybury. As discussed above, large numbers of ancient trees lie within the grounds of Claybury. When the regeneration of the area was first mooted in 1996, a Tree Preservation Order (TPO) was made to afford protection to all trees in Claybury. The TPO means that planning permission must be sought for any works to trees in the area.

The park can be now accessed from a number of points along Tomswood Hill, Roding Lane North, Ravenbourne Gardens, Repton Grove, and The Grove and from the regenerated areas contained within the appraisal areas. The access points are designed to permit entrance to pedestrians, cyclists, and horses but not motorcycles. The park has been designed for daytime use only but is not currently locked at night. New pathways have been laid through the park, benches, litterbins and signposts have been put in place and some new tree planting has been carried out. Thus the parkland has become accessible, user-friendly and permeable.

As part of the planning gain agreement some historical landscape features have been conserved through woodland and shrub clearance. For example a woodland path though the northern tip of Cockered Hat Plantation has been restored and dead elm in and around the Egg Clump has also been cleared to restore the shape of this feature. The former agricultural land to the east of the site has also been re-landscaped to create an area of parkland of open grassland and scattered trees. Intervention in ecologically sensitive areas of the park such as the acid grasslands to the have been minimal. The area of land to the south of the site owned by the London Borough of Redbridge has been amalgamated with the parkland and was also subject to some landscape maintenance work. This area consists of secondary woodland, scrub and open rides.

A number of phases are discernible in the management of Claybury's open space. The first phase involves its management before it became an estate house. Hospital Hill Wood is believed to be in existence since 1225. Little else is known about the vegetation and management of Claybury's land during this period, though it is likely that much of the area was farmed. The second phase involves the management of the parkland when it functioned as an estate. A map dating from 1777 shows Hospital
Hill Wood, open land and a formally landscaped garden adjacent to the site of Claybury Hall. A number of historic landscape features, such as the Cocked Hat Plantation pre-date Repton's involvement. By 1791 Repton had made various changes to the landscaping of the grounds such as the clearing of paths through Hospital Hill Wood and the planting of an ash plantation. During the area's lifetime as an estate, the parkland contained a managed landscape garden; ancient woodland managed through pollarding and farmed land to the southwest of the mansion. The third management phase began when the area came under hospital management. Some conifers and deciduous trees were planted along the new driveway from Manor Road, formal gardens with trees were laid out in the airing courts, and formal lawns were also laid adjacent to the hospital buildings. Within the period of the hospital, the woodland was relatively unmanaged; a number of glades and rides were created within it. An area to the southeast of the hospital was farmed and other open areas of the parkland would have been grazed. A number of parkland areas, which fell inside the southern boundary of the historic estate, but did not come under hospital ownership were developed as residential areas during the early twentieth century. The fourth phase of management occurred in the second half of the twentieth century. During this period many areas of parkland were not managed; neglect of the parkland resulted in the widespread encroachment of scrub. Planting during this period occurred only in the immediate grounds of the hospital and consisted of ornamental trees and shrubs. In the late twentieth century Hospital Hill Wood (now Claybury Wood) was partly monitored and managed by the London Wildlife Trust. The fifth and final phase of management began in 1998 when the regeneration of Claybury began and is ongoing. This phase of management, discussed above, involved significant clearance and thinning works to restore some historic landscape features and counter many years of neglect. Formal gardens were reinstated in the four squares contained within the hospital's echelon structure and formal lawns adjacent to the hospital building have also been reinstated.

A revised management plan, which is targeted for the summer of 2006, will contain more details of the works undertaken and the long-term management plans for Claybury Park. It is clear that Claybury's open space and parkland has been subject to many different uses and management regimes. In the future its open space will be used for recreation; some spaces will be private, others semi-private but most will be in Council ownership and as such will be open to all. In terms of future management regimes, it is hoped that in addition to taking greater cognisance of the ecological value of these open areas, respect for its historical landscape features will continue.

4.9 Character Zone B

---

**Former agricultural land**

**Re-landscaped airing court**

**Seeded lawns adjacent to former hospital buildings**
Claybury Hospital and Repton Park

4.9.1 History

Throughout the nineteenth century the number and size of asylums built in the United Kingdom increased substantially. Previously little attention had been directed towards the care of the mentally ill by the state. People suffering from mental illness were cared for privately, if they were affluent and accommodated in workhouses or correctional facilities, if they were poor. King George III was subject to three episodes of mental illness between 1788 and 1820. In 1811, the Prince of Wales became Regent and George III was confined at Windsor until his death in 1820. George III was a popular king and it is likely that his illness focused the attention of the general public on mental illness and sparked the enactment of related legislation. In the first half of the nineteenth century a number of Acts were passed and Commissions set up, which sought to improve the quantity and quality of care given to the mentally ill. For example, the 1808 County Asylum Act permitted local authorities to levy rates to fund asylum construction and under the 1845 County Asylum Act, each Borough and County was compelled to offer asylum treatment for the mentally ill in their functional area. As a result, significant asylum construction programmes were undertaken. During this period the condition of care and protection given to patients in asylums was increasingly monitored and regulated by government. It improved to varying degrees.

During the nineteenth century, there were two main trends in ethos discernible in the care of the mentally ill. 1830 to 1860 is characterised by therapeutic optimism. Large numbers of purpose-built asylums were constructed. Purposeful activity and occupation replaced custody and incarceration as the main aim of such institutions. Previously one of the principle reasons behind the construction of asylums was the protection of society. During the nineteenth century curative measures were employed in an effort to treat rather than confine mentally ill patients. Asylums were increasingly managed by doctors rather than wardens and there was also a new endeavour to study mental illneses. However the erection of asylums behind high walls or in remote rural settings away from mainstream society reinforced the social stigma associated with mental illness.

The benefits of useful activity, fresh air and exercise to mentally ill patients was first mooted by Benjamin Rushe (1745 – 1813), who is often credited as being the father of American psychiatry. For the managers of the asylum, types of useful activity included domestic, kitchen, laundry, and farm work under supervision. Many asylums were supported by or dependent on patient labour. Previously asylums were utilitarian structures. However in the nineteenth century, a prevailing philosophy emerged which espoused the view that attractive asylum environments would improve the health of patients. As a result attention was focused on the location of asylums in naturally attractive areas and the design of visually pleasing buildings. However this was often forgotten because of budgetary
concerns.

The establishment should be situated, then, under a mild sky, in an agreeable, fertile, and sufficiently dry part of the country, where the surrounding scenery, diversified with mountains, valleys, and plains, is calculated to enliven the spirits of the beholder, and invite him to wander and explore its beauties.

Jacobi C.W.N (1841) On the Construction and Management of Hospitals for the Insane

The late nineteenth century became a period of therapeutic pessimism. Medical theory became increasingly influenced by social darwinist beliefs that mental illness was the product of an incurable degenerative disease. This undermined the strongly held belief that the mentally ill could be cured of their illness. Asylums continued to be built and operated in a similar fashion, however, the issue largely faded from the public arena.

All the major authorities agreed that asylums should be small to encourage a spirit of community and familiarity. The Commissioners of Lunacy, established in 1845, recommended that each asylum should have a maximum capacity of 300. Such asylums were constructed but proved to be expensive to run. The number of patient referrals to asylums, throughout the country was grossly underestimated at the planning stage. The total number of patients in asylums in England and Wales rose from 7,140 in 1850 to 74,000 in 1900. The increase in demand for patient places in the second half of the nineteenth century led to the creation of larger asylums and the extension of existing ones.

Asylums were designed to accommodate 2000 patients or more.

The Middlesex Justices were responsible for the provision of treatment for the mentally ill in parts of London north of the Thames. In 1887, William J. Rous sold the Claybury Estate to the County of Middlesex. On their first visit to the Claybury Estate, the area was deemed to be “a most favourable site for a large asylum”. Claybury was intended to be the crowning glory of their asylum service. It was the fourth asylum built by the Justices of Middlesex. Claybury Estate, which measured 250 acres, was bought for £36,000. Some additional plots were purchased to improve the boundary so that the site of the asylum measured 269 acres. A competition was held to select an architect for Claybury Hospital. Seven architects were invited to submit designs. Among the entrants was G.T Hine of Victoria Street, Nottingham. Hine won the contract. Hine was an accomplished and successful asylum designer. Other asylums designed by Hine include Mapperley, Horton, Long Grove, Dorset, Rauceby, Isle of Wight, Gateshead and Park Prewett. Asylums were built to a number of typical plan forms in the nineteenth century; these include radial, corridor, pavilion and echelon. The development of echelon-plan hospitals coincided with the Local Government Act 1888, which transferred the obligation to provide public asylums from the justices of the peace to the newly-formed county and borough councils. In 1889, during the construction of Claybury hospital, ownership was therefore transferred to London County Council.

The echelon plan suddenly rose in popularity and

Decorative window

Collar and cap composition

Water tower silhouette
largely superseded the pavilion plan in most Asylums Boards in the late nineteenth century. The echelon plan allowed for the housing of large numbers of patients economically. It also afforded views of the surrounding countryside, ventilation and natural light. In addition, wards, offices and services were arranged within easy reach of each other by a network of interconnecting corridors. Echelon plan asylums were typically triangular, trapezium or semi-circular in format. Within the echelon plan, there were three sub-categories: broad arrow, compact arrow and colony. Claybury Hospital is built to a compact arrow echelon plan, trapezium in format. The compact arrow type consists of detached pavilion blocks, which hug a main corridor network. The ward blocks were stepped along the main corridor network often creating a zigzag appearance. Claybury was greatly praised for the practicality of its design and became a model for asylum design. Other Echelon asylums, based on Claybury, include Bexley, Kent; Hellingly, West Sussex; and Barnsley Hall, Worcestershire. Other architects Vickers-Edwards, and Giles, Gough and Trollope began to use this plan form in their designs for asylums.

E. Cabutt was the builder responsible for the asylum’s construction. A spur was added to the railway line near Snakes Lane Station to allow for the transport of bulky building material to the area. A tramline was also added during the construction period from the gates of Claybury on Manor Road to the construction site. Claybury Hospital was completed in 1893. It was the first mental hospital to be completed by London County Council.

Increased funding meant that numerous asylums were built in subsequent years; most adopted an echelon plan.

As stated above, a strong emphasis was placed on the creation of pleasant asylum environments. At Claybury Hospital, a finely decorated hall and chapel were constructed as part of this scheme, in keeping with the prevailing such as philosophy. The Jacobean-style recreational hall was capable of seating 1,200 patients. It was side-lit with a balcony and stage; with panelled walls of polished oak and an elliptical barrel-vaulted ceiling ornamented with plasterwork.

The interior of Claybury Asylum is almost palatial in its finishings, its pitch-pine joinery, marble and tile chimney-pieces and glazed brick dados, so much so that some of the visitors rather flippantly expressed a desire to become inmates.


On completion, London County Council (LCC) criticised the hospital as “too sumptuous”. The asylum was designed to accommodate 800 men and 1,200 women. It was unusual in that it was lit by electric lights. It was heated by a system of warm air ducts and steam pipes. The asylum was self-sufficient with a farm, large kitchens, laundry, stores, a bakery, boiler house and three water towers. Areas such as the farm and kitchens would have provided purposeful activity for patients and would have
supported the operation of the asylum.

The approach to the hospital was designed to impress or to intimidate the visitor. The approach lead the visitor towards the hospital’s higher order buildings which are among the most striking and ornate buildings within the appraisal area. These structures, sometimes known as the collegiate buildings, include the entrance block, the medical superintendent’s house, the chapel, the water tower and the recreation hall referred to above. These buildings are described in more detail in the buildings sub-section. The spatial organisation of different functional elements of the hospital on the site is indicative of the belief that those suffering from serious mental illness should be secluded. Sick and infirm patients and recently admitted patients were housed in ward blocks close to the collegiate buildings where visitors to the hospital would have passed by. Patients suffering from acute or chronic mental illness were housed in wards to the rear of the hospital far away from any areas that visitors would pass.

The asylum was separated by gender. Female patients were accommodated in the eastern half and male patients in the western half. The 1896 OS map shows a number of small circular structures around the perimeter of the hospital and in the internal courtyards. These are the airing kiosks or shelters. These structures were located at the centre of airing courts. Airing courts are areas of open space surrounded by railings. Weather permitting, patients were accompanied to these areas, locked in and encouraged to exercises, each morning between ten and twelve and each afternoon between two and four. The kiosks were built to give shelter to patients when they were taking fresh air. The airing shelters were of quadripartite made of timber with green slate roofs. Flower gardens were arranged around these shelters. Each block had a related airing court. Airing courts became a standard feature of asylums. The original railings and flowerbeds were removed during the operational lifetime of the hospital. Some of the original airing kiosks survive, these were repaired as part of the regeneration process and are now located in and around the ward blocks.

The setting, design and layout of Claybury accords with best practice in asylum design at the time of construction. The hospital is located in an area of natural beauty with extensive scenery, close to a small local settlement. The buildings are laid out to maximise natural light and ventilation and airing courts are included in the design.

Within the first eight months, 2000 patients were admitted. Within three years 2500 patients were accommodated in the hospital, some in quarters originally intended for other purposes. When admitted many of the patients were in a poor state of physical health. Some were suffering from malnutrition. Other common illnesses included pulmonary tuberculosis, typhoid and dysentery. Until The Mental Treatment Act 1930, all asylum patients were legally detained. Most of the patients’ families did not have the resources to support them so if they did not recover sufficiently to enter the labour market, they became long-stay patients. Given the rural setting of many asylums, their staffs were usually accommodated on site. This was also
the case in Claybury, 500 people were employed as members of staff. Accommodation included: sleeping quarters, mess rooms and day rooms.

In 1948 the hospital was transferred to the North East Metropolitan Hospital Board. By 1982 many older hospitals had been closed, however few asylums had. Declining patient numbers and the introduction of the Care in the Community Programme during the 1980s meant that Claybury Hospital became obsolete. Claybury Hospital was added to the statutory list of buildings of historic or architectural interest as a grade II building in 1990. In 1992 the North East Regional Health Authority (NERHA) proposed to close two of its six large mental asylums. Although not identified at the time, Claybury was one of the hospitals which the NERHA planned to close. It closed in 1996. The NHS called for the extensive demolition of Claybury and its replacement with maximum new build. English Heritage and the London Borough of Redbridge were of the view that the main structural elements should be conserved and redeveloped in accordance with the Green Belt allocation in the UDP. The Borough considered advocating various uses for the site such as housing, leisure, community services, offices, and hotel. However most of these uses would have involved the division of the site. The Borough believed that the conservation of the most important structural elements would be best achieved if the site were disposed of as a whole. The Borough proposed the use of the area as a university campus or sports academy, both of these uses would have had the potential to utilise and manage the site as a whole. However these ideas did not receive any financial backing. A public inquiry was held in 1997, it examined the development potential of the site. The inquiry concluded the Borough and English Heritage views on the future development of the area were appropriate and reasonable.

Following this decision by the Secretary of State, the Borough entered into discussions, and subsequently negotiations with Crest Nicholson PLC. By this time the hospital and hall had fallen into extensive disrepair through neglect and vandalism. A development team - made up of planning officers, a landscape officer, a conservation officer, a highway officer, English Heritage representatives and Crest Nicholson employees - prepared a Master Plan for the area. The plan proposed the following at Claybury Hospital: the retention and conversion of the echelon buildings into residential units; the clearance of the inner core of service buildings and in their place, the creation of a boulevard with mature trees, open spaces and the construction of three and four-storey apartment blocks and town houses, the restoration and conversion of the chapel and recreation hall into a swimming pool and gym. Seeded squares were created at mezzanine level to screen sunken parking areas. At Claybury Hall, it was proposed that the mansion be conserved and converted into apartments. An adjoining extension was demolished and replaced with new build. Clusters of new build were also proposed on brownfield sites in the former grounds. A substantial parkland area is to be transferred to the London Borough of Redbridge and £700,000 was transferred for its maintenance. A detailed
Sketch by Mr G.T. Hine - Architect
Claybury - A Special Character Appraisal

planning gain agreement formed part of the Master Plan. The redevelopment is mostly residential in character. In all 770 residential units were created. The new residential area was named Repton Park presumably to distance the development from associations with the mental asylum and capitalise on the association of Claybury Hall gardens with Humphrey Repton.

Precedents such as the regeneration of the Royal Holloway Sanatorium for the Insane in Virginia Water influenced the regeneration of Claybury. Although the regeneration of Claybury was not the first of its kind and notwithstanding the loss of some historic structures, the regeneration of Claybury is generally regarded as a success. Repton Park was awarded the silver award in the National Green Apple Civic Pride Awards. The development was also awarded a National Homebuilder Design Award in 2003 in the category Best Landscaping of a Development.

4.9.2 Setting

The natural topography of the hospital area was quite varied. The asylum was located on a flattened summit of a ridge to the northeast of Claybury Hall. During the construction process, the knoll of the hill was removed and the hospital site flattened so that the different blocks are located on a single level. The surrounding undeveloped landscape rises to and falls away from the hospital buildings. The hospital area retains a strong institutional feel from the outside. The summit location and the size and massing of the blocks add to the imposing feel of the building. The red colour of the brickwork is warm and rich. Its setting in a relatively natural landscape is striking. Due to the size of the site, the siting of the hospital away from the public realm and the wooded area south of the hospital, the former hospital complex is very private. In most cases only the roof profiles of the hospital blocks are visible from the public realm.

4.9.3 Buildings

As stated already the hospital is of compact arrow, echelon plan and trapezium in format. The ward blocks are located to either side of the recreational hall, chapel and central water tower. The blocks along the perimeter of the hospital are stepped in plan and thus appear to fan out to either side of the chapel. This layout makes the most of the south facing aspect. The blocks and corridor network enclosed four open space areas. The system of interlinking corridors was removed during the regeneration process for reasons of practicality. Two of the four open space areas now contain car-parking areas, which are at a half-basement level. Green squares at a half level cover and screen these car-parking areas. There are also areas of on-street car parking within the echelon plan. The asylum structures are of two and three-storey structures of redbrick in Victorian Gothic style with thick green slate roofs. The mass of the bulky blocks is broken up through the use of projecting wings with hipped or gable roofs, projecting towers with vaulted roofs, and large canted bay windows. Elevational features include brick and stone string courses, some with dentil blocks of varying sizes, dentil blocks set into...
roof soffits, brick segmental window arches with stone keystones, a single line of blue brick near the base of the blocks, and terracotta ventilation blocks. The blocks are lit by new double-glazed timber sliding sash windows with a glazing pattern of two over two. The windows of the hospital originally had a variety of glazing patterns. In wards where there was a danger that patients might try to commit suicide by throwing themselves out of a window, windows were strengthened with additional glazing bars. The doors are of wood and glass and have been treated with clear varnish. There are a number of entrances along each block, affording active frontages. Cream concrete slabs supported by redbrick provide a small landscaped area to the front of the doors. Skyline features include brick stacks with tall chimney pots, crested red ridge tiles, centrally-placed decorative ventilation cowls and small pinnacles mounted on the spire-style roofs.

There are a substantial number of infill buildings in and around the hospital blocks. Two squares within the hospital footprint are bounded on each side by terraced housing. Each terrace terminates strongly at either end with a projecting wing. The roofs of the wings are at a 90-degree angle to the roof of each terrace and also have a steeper pitch than the terrace. The housing is of redbrick with fibre-cement slates, PVC sash-style windows and dressed with stone. The form and layout of this area is simple but strong and works well. A vista from the centre of the squares is centred on the distinctive water tower and enhances the quality of this area.

A central boulevard provides the area with a central spine. New three-storey redbrick structures bound either side of the boulevard. The structures have elevation features such as stone quoins, stone stringcourses at second floor window level, and double canted bay windows with balcony sited on top. Top-hung uPVC windows are in imitation sliding sash style with two over two glazing pattern. Rusticated base of plaster with the garage built into structure. The form of these new structures mimics the form of the historic buildings to an extent. The materials used are modern but sympathetic to the historic structures. Two rows of trees border a pedestrian footpath, which runs down the centre of the boulevard reinforcing the linearity of the boulevard and softening the overall feel of the area. The rows of trees also create a sense of enclosure for the pedestrian and draw the eye down the vista thus created. A tall, slim, Victorian water tower is located to one end of the boulevard. Brickwork dressed with ornamental stonework (with narrow, cusped inset window openings, four corner pinnacles, and four circular traceried windows) wraps around the top of the tower and is capped with a vaulted roof. This striking “collar and cap” combination draws the eye up towards the top of the tower. The new boulevard is centred on the ward blocks rather than the water tower although the latter is more important visually. Overall the boulevard is a successful and sympathetic composition.

As stated in the history section, higher order buildings such as the recreational hall, the chapel, the water tower, the entrance block and the
superintendent’s house were referred to as collegiate buildings in the planning process. The collegiate buildings are higher status buildings architecturally and were also higher status buildings functionally. The recreation hall is a very large redbrick structure of rectangular plan with a steep gable pitch and consisted of a single volume space. Decorative dentil brickwork extends around the building below the roofline and several brick buttresses capped with stone are located along the two long sides of the hall. The hall is lit by vertically orientated round-headed windows with leaded lights, located along the two long sides of the hall. The redbrick chapel dressed in stone is located perpendicular to the hall. It is of traditional plan with a nave and transept, aisles, a chancel and apse. Lancet windows and gothic windows with stone tracery light the church. Elevational features include brick buttresses capped in stone and a stone course, with ornate cusping, around the apse. A slim, redbrick tower with a decorative spire of stone with quatrefoil cusping is a distinctive feature of the chapel. Like the hall, the chapel has buttresses of brick capped with stone. Two redbrick buildings dressed in stone are located to either side of the chapel chancel; one is the entrance block for the hospital and the other, the medical superintendent’s house. These buildings are of deep plan, with steep gable pitched roofs, tall chimneys and imposing front elevations with vertical emphases. The buildings are lit by a variety of window openings, some are plain dressed in stone, others are mullioned and transomed, and a small number are trancered. The buildings are similar to the ward blocks in style but their decorative features, their size, and location indicate that these are higher order buildings. The ward blocks located immediately to either side on the collegiate buildings are slightly more decorative than the other hospital ward blocks. This was presumably intended to impress the visitor. These ward blocks have decorative brick stringcourses with curvilinear ornamentation and other elevational features. There are a number of other areas of new build in and around the hospital blocks. These consist mostly of large detached two-storey houses. The area is now essentially a gated estate. Security offices are located in the gatehouses of the hospital. Staff monitor the vehicular entrance into the former hospital, Claybury Hall and the apartment development referred to as development site 6. The active supervision of the area by security staff, the maintenance works performed by management company staff and the low traffic levels give the whole area a very regulated, tidy and private feel.

4.10 Character Zone C
Brownfield Sites
Clusters of new build are built on the site of previous buildings but are unrelated to extant historical fabric. A three-storey apartment block lies within Claybury Wood is to the east of Claybury Hall. The woodland screens the block to an extent; the roof profile is still visible from the parkland to the south of Claybury Hall. The block named Forest House, was referred to as Development Site 6 in the planning process and is accessed from Manor Road. Development Site 2 is located to the north of Claybury Hall and consists of large two-storey houses. The other two major new build are along Tomwood Hill. These were referred to in the planning process as Development Sites 4 and 5. These developments consist of houses and are accessed directly from Tomwood Hill. Development Site 4 consists of two-storey terraced houses and large detached houses built in a historicist style. There is one vehicular entrance onto the site and a pedestrian entrance between the hospital complex and the estate. The estate opens directly onto Claybury Park. The estate generally is finely grained and the buildings and street furniture are human in scale. Development Site 5 consists of an institutional building and a residential housing estate. These houses are two-storey of red or yellow brick with fibre-cement slates. The houses vary considerably in size, but are built in the same historicist style with small variations in architectural elements. The estate is quite permeable with a number of vehicular and pedestrian access points along Tomwood Hill and into Claybury Park. Each house has private open space to the front, so that the houses do not lie directly on the street line. The houses are arranged around small pocket parks and open spaces. The estate has a combination of on and off-street parking. The estate generally also has a fine grain and the layout and streetlights are human in scale. The planting and hard landscaping of the gardens is quite uniform in style.

4.11 Conclusion
Despite the fact that Claybury is to be managed by different bodies and access to its different areas varies, the spatial and visual links between its component parts means that the integrity of the area is retained. The three character zones, identified in the appraisal, form a coherent whole that is clearly distinct from surrounding areas.

When considered independently or against the baseline of other conservation areas within the borough, the case for the designation of Claybury as a Conservation Area is strong as it combines historic and architectural interest of a high order. It was associated with the local abbey in medieval times; a fine Georgian estate house and Victorian hospital survive from post-medieval times; and it was the site of an ambitious redevelopment process in modern times. The strong associations with different historical periods, the finely executed Georgian mansion, the architecturally innovative hospital and the association with Humphrey Repton make this a high profile area historically and architecturally. In its early history Claybury shares some points of comparison with Wanstead Park Conservation Area and Valentine’s Park Conservation Area in that all three areas comprised of an estate house with extensive parkland. In its later history, it shares some points of comparison with Barnardo’s Village Conservation Area; both areas had an institutional-residential use and are important in terms of social history.

Given the plethora of designations within the area and the resultant limited scope for further development, the impetus for designation is not the threat of development. The main historical structures are listed buildings. This means that minor changes to these structures will be subject to scrutiny and regulation. In addition the area is also designated as greenbelt which means that the extension of any of the buildings’ footprint is unlikely to be permitted. In addition, the redevelopment of the area was subject to a section 299 planning gain agreement which revoked the permitted development rights of residents.

Claybury is one of the most architecturally and historically interesting areas of the Borough. Claybury should also be designated because it fits the legal definition of Conservation Area contained in Section 69(1) of the Planning (Listed Buildings and Conservation Areas) Act 1990 and it accords with the designation criteria set down in English Heritage guidance notes and Planning Policy Guidance 15: Planning and the Historic Environment. While the designation would add little to the level of control over the area, it would provide a conceptual framework for the planning, management and interpretation of the various elements of the estate.
Development Sites 1-6

Reproduced from the Ordnance Survey material with permission of HMSO. LB Redbridge 100017755.
(c) Crown Copyright. Unauthorised reproduction infringes Crown Copyright & may lead to prosecution or civil proceedings.
4.12 Recommendation

That Claybury be designated a Conservation Area.

4.13 Action

Following consultation with residents, local council members and the Conservation Advisory Panel, the Chief Planning Officer took the decision to designate Claybury a Conservation Area on 8th December 2005, in consultation with the Cabinet Member for Planning Policy and Regulation.

Claybury is the fifteenth area to be designated a Conservation Area in Redbridge. Applications to undertake development at Claybury will now be considered by the planning department with due regard to Conservation Area policies contained in the Unitary Development Plan (SC 1 - SC 7) and the Core Strategy Policy 3 and Borough-Wide Primary Policy B5 once adopted.