

Wiltshire Council Planning Consultation Response

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Application No: PL/2026/05256
Demolition of Buildings 16, 17 and 22 and the partial demolition of Building 15 (to include elements of the southern rear section of the building) at Salisbury District Hospital, and associated works to provide replacement car parking, together with the siting of a new bus stop and shelter.
Salisbury District Hospital, Odstock Road, Salisbury, SP2 8BJ

Please find following comments in respect of the above application(s).

Recommendations:

☐	No comment
☐	Support in principle subject to amendments to the scheme (as set out below)
☐	Support subject to conditions (as set out below)
☐	Object (for reasons set out below)
☒	No objections

Scope of comments: the following comments relate to the built historic environment.

National Policy and guidance: From the point of view of the historic environment the main statutory tests are set out within the Planning (Listed Building and Conservation Areas) Act 1990. However, this application considers the demolition or partial demolition of non-designated heritage assets.

National Planning Practice Guidance provides guidance on interpreting the NPPF.

Historic England's Conservation Principles, Policies and Guidance (2008) provides policy and guidance for the "sustainable management of the historic environment". Additional relevant guidance on the application of policies set out in the NPPF is contained within their publications:

- Historic Environment Good Practice Planning Advice Note 2 – Managing Significance in Decision-Taking in the Historic Environment (2015)
- Historic Environment Good Practice Planning Advice Note 3 – The Setting of Heritage Assets 2nd edition (2017)
- Historic England Advice Note 2 – Making changes to Heritage Assets (2025)

"The Setting of Heritage Assets: Historic Environment Good Practice Advice in Planning 3" (HE GPA3) which notes that "The importance [of setting] lies in what the setting contributes to the significance of the heritage asset or to the ability to appreciate that significance."

Local Policy: The Council's Core Strategy Policy CP58 'Ensuring the conservation of the historic environment' requires that "designated heritage assets and their settings will be conserved, and where appropriate enhanced, in a manner appropriate to their significance." It is also required that distinctive elements of Wiltshire's historic environment, including non-designated heritage assets, which contribute to a sense of local character and identity will be conserved, and where possible enhanced.

The Council's Core Strategy CP 57: Ensuring high-quality design requires a high quality of design in all new developments. Proposals are required to "demonstrate how the proposal will make a positive contribution to the character of Wiltshire through (amongst other things) "enhancing local distinctiveness by responding to the value of the natural and historic environment, relating positively to its landscape setting and the existing pattern of development" and "responding positively to the existing townscape and landscape features in terms of building layouts, built form, height, mass, scale, building line, plot size, elevational design, materials, streetscape and rooflines to effectively integrate the building into its setting."

Proposal: The application is for the demolition of Buildings 16, 17 and 22 and the partial demolition of Building 15 (to include elements of the southern rear section of the building) at Salisbury District Hospital, and associated works to provide replacement car parking, together with the siting of a new bus stop and shelter.

Relevant planning history: NA

Issues: impact on the significance of the non-designated heritage assets (NDHAs).

Information considered/provided: Policy HE5 of the NPPF requires applicants to assess the significance of any heritage assets affected by a proposal, including the contribution made by their setting, and to identify the likely effects of the development on that significance. Sufficient information should be provided to enable a clear understanding of the significance of the heritage asset and its setting, and the impact of the proposal upon it.

Decision-makers must be satisfied that assessments accurately reflect the effects on heritage assets caused by development proposals and in this case the applications are accompanied by a Heritage Statement.

Policy HE7 considers the decisions on non-designated heritage assets, which requires an assessment to be undertaken for any harm, and if found, this harm should be considered against any benefits of the proposed scheme (HE7.2 & 7.3).

Significance of assets and contribution of setting: The NPPF defines significance as the "value of a heritage asset to this and future generations because of its heritage interest. The interest may be **archaeological, architectural, artistic or historic**. Significance derives not only from a heritage asset's physical presence, but also from its setting." Historic England assesses significance in a similar manner, referring to evidential, historic, aesthetic and communal values of a place.

The Wessex Archaeology (WA) Built Heritage Assessment report (2019) provides a brief history of the site, highlighting that the U.S. Army Hospital was in operation between 1942 (officially opened 1st March 1943) - 12 May 1944, when the unit relocated to a base in France. At the time of the U.S. involvement with WWII, the U.K. gave some of the existing military hospitals to the U.S., but new sites specially given to the U.S. to complement the existing U.S Army hospitals within the area, which included Odstock, Taunton and Bristol. The design for the new sites was British, though adapted to suit American requirements. The WA report (2019) notes 'many of the hospitals were hastily built and defects in design and workmanship often hindered operations and required expensive repairs' (para.3.2.5), including Odstock (para.3.2.6).

Following the war, the hospital was transferred to Wiltshire County Council and then to the NHS (1948). Some new development was undertaken, together with adaption and conversion of the existing buildings

(para.3.3.4.). Later phases, in particular the 1980s, saw further development and expansion and 'the majority of the Second World War huts were removed'. The WA report (2019) advises that most of the brick buildings survive in the central and southern part of the hospital (although modified to a greater or lesser degree) whereas the north-east and north-west parts of the site have been redeveloped.

The WA report (2019) provides an assessment of the existing buildings and indicates that some of the buildings (WWII & 1960s) should be considered as non-designated heritage assets, which includes at least one of the buildings proposed for demolition. Reviewing the submitted information, it is agreed that Building 15, and those surrounding the Green (former parade ground) should be recognised as NDHA's, as these retain their group setting, and present an understanding of the original function of the hospital site as a military hospital. In particular, Building 15, retains military graffiti and some of the original Crittall windows.

Whilst the other WWII structures are considered to be of some significance, they have been altered and extended, generally lost their original features (doors, windows, etc) and their group setting has been lost through other development and works. A careful balance must therefore be struck between the operational requirements of the site, which continues to function as a hospital, and the conservation and protection of the highly graded designated heritage assets within the wider setting of the hospital site, such as the Grade I Longford Castle and its Grade II* Park and Graden, the Grade I Trafalgar House and its Grade II Park & Garden and the setting of Salisbury Conservation Area. The setting of these highly graded designated heritage assets could be impacted by the requirement of the hospital to expand upwards or outside of the existing red line.

To help provide an understanding of importance, Historic England has created listing criteria for particular themes of building. Within their Military Structures guidance, they recognise that the number of buildings (either permanent, semi-permanent or temporary) were erected during World War II was extensive, with a 'move away from monumentalised permanent quarters and permanent fortification towards temporary accommodation and more specialist technical premises, many of standardised forms.'¹ The guidance concludes that there were a number of sites developed during WWII, and it would be unreasonable to consider listing all the sites associated with WWII.

The listing criteria for the Hospitals have a specific section on military hospitals (pages 9-11), which recognise that the RAF built hospitals in the C20, with barracks generally having their own hospitals, with additional support coming from acquisitioned country houses.

The criteria highlights that:

Only fragments survive of the temporary huttred hospitals set up during the First World War. Many large houses were also used for medical care (like Cobham Hall, Kent; listed Grade I) and this can add an extra layer of interest to them. This also applies to numerous temporary ward buildings erected before and during the Second World War. Often bleakly utilitarian, in their construction and planning, they are nonetheless becoming rarer all the time and do bear witness to an epoch of global conflict and high casualties in an age of total war. Few military hospitals of architectural merit were erected after 1945.

Due to the extent of demolition and redevelopment that has taken place across the site, together with the degree of alteration to the surviving WWII structures, it is considered unlikely that the remaining buildings would meet the criteria for individual statutory listing. Nevertheless, the surviving WWII structures retain a degree of historic interest as a group, which may be more appropriately recognised through consideration of conservation area designation. Given the extent of subsequent redevelopment across the wider site, any such consideration is likely to focus on the buildings surrounding the Green, formerly the parade ground, where the historic character and relationship between the surviving buildings remains most readily appreciable.

¹ HEAG123 Military Structures - Section 1.4, page 7

Assessment: The initial scheme proposed the demolition of Buildings 15, 16, 17, and 22. A revised scheme has since been submitted which looks to retain the original part of Building 15, with the proposed demolition of the later additions (considered to be of no significance) and the demolition of the remaining buildings.

Reviewing the individual buildings proposed to be demolished:

Building 15

The WA report (2019) has considered that this building has high significance, and forms one of the original U.S. hospital buildings. Due to the two-storey element, which is finished in white render, and its placement near the entrance, it is a focal point around the Green. The building has been subject to some alterations (extensions to the south late C20; and some UPVc windows) but retains some original metal-framed windows and external doors. The NE corner retains some WWII and later graffiti including women's and American place names.

Building 16

Noted as having negligible significance in the WA report (2019) as the building dates from the late C20 development. The proposed demolition of this building is not a heritage consideration.

Building 17

The WA report (2019) has considered that this building as moderate-low significance, though it does date from the military hospital. The structure retains its architectural form and character; but it has been subject to extension and has replacement UPVc windows.

Building 22

The WA report (2019) has considered that this building has moderate-low significance. Again, it formed part of the military hospital and retains its architectural form and character when viewed from the north, but due to the substantial extension and replacement of windows and doors, have had a negative impact on the building.

The revised plans allow for the retention of the original main part of Building 15, which appears to contain the greatest concentration of surviving historic features and evidence of social significance, including graffiti. Its retention will also contribute to preserving the character and setting of the Green and the surrounding WWII buildings. This is supported from a heritage consideration.

There is a lower risk of damage to the building from cars turning into and out of the car park as the parking will be restricted to staff. It is unclear from the information submitted if this will be gated, however, a commercial barrier system is not considered to cause harm to the group setting as it was likely that barriers and boundary treatments were in place at the time of construction for security.

Summary & conclusion: The NPPF confirms that when considering the impact of a proposed development on the significance of a designated heritage asset, great weight should be given to the asset's conservation (and the more important the asset, the greater the weight should be). It makes clear that any harm to a designated heritage asset requires clear and convincing justification.

In this case the proposals will also result in considerable heritage benefits by virtue of the proposed investment in repair and upgrading/structural repair which will help to secure the future/stability of the building /via facilitating the optimum viable use.

Recommended Conditions

- WL18 - Building Recording
- WL23 – Safeguard Existing Building