

Nepean Hospital Redevelopment - Stage 2 Statement of Heritage Impact

Prepared for CBRE

July 2021 – FINAL v2

Sydney Melbourne Brisbane Perth

extent.com.au

EXTENT HERITAGE PTY LTD

ABN 24 608 666 306 ACN 608 666 306 info@extent.com.au **extent.com.au**

SYDNEY

Level 3/73 Union St Pyrmont NSW 2009 P 02 9555 4000 F 02 9555 7005

MELBOURNE

13/240 Sydney Rd Coburg Vic 3058 P 08 9388 0622

BRISBANE

Level 12, 344 Queen St Brisbane Qld 4000 P 07 3051 0171

PERTH

Level 32/152 St Georges Terrace Perth WA 6000 P 08 9381 5206

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Author(s):	Gabrielle Harrington

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1. Introduction

1.1 Project Description

Extent Heritage Pty Ltd (Extent Heritage) has been commissioned by CBRE to prepare a Statement of Heritage Impact (SOHI) for the Nepean Campus Redevelopment project - Stage 2. This redevelopment follows on from the Stage 1 Nepean Hospital redevelopment (State Significant Development - SSD 8766) which is currently in progress. Further major redevelopment in Stage 2 will involve the demolition of several existing low-rise buildings, the construction of a new multi-storey building; decant and refurbishment works; and additional refurbishment and upgrade works to support general hospital logistics, support services (pharmacy, pathology, medical imaging), and clinical refurbishments.

The Nepean Hospital Campus is not a statutory heritage item. Therefore, the purpose of the report is to analyse the potential impact of the proposed works on heritage-listed items in the vicinity. The report will also consider historical archaeological remains on the site.

1.2 Approach and methodology

The methodology used in the preparation of this Statement of Heritage Impact is in accordance with the principles and definitions as set out in the guidelines to *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance* (the *Burra Charter*) (Australia ICOMOS 2013) and the latest version of the Statement of Heritage Impact Guidelines (2002), produced by the former NSW Office of Environment and Heritage.

This Statement of Heritage Impact (SOHI) will review the relevant statutory heritage controls, assess the impact of the proposal on the subject property and make recommendations as to the level of impact.

1.3 Limitations

The site was inspected and photographed by Eleanor Banaag and Gabrielle Harrington on 30 June 2020. The inspection was undertaken as a visual study only.

The historical overview provides sufficient historical background to provide an understanding of the place in order to assess the significance and provide relevant recommendations, however, it is not intended as an exhaustive history of the site.

1.4 Authorship

The following staff members at Extent Heritage have prepared this statement of heritage impact:

- Graham Wilson, Principal Heritage Advisor, and
- Gabrielle Harrington, Heritage Advisor.



This report was reviewed by Eleanor Banaag.

1.5 Ownership

The site is owned by Health Infrastructure.

1.6 Terminology

The terminology in this report follows definitions presented in the *Burra Charter*. Article 1 provides the following definitions:

Place means a geographically defined area. It may include elements, objects, spaces and views. Place may have tangible and intangible dimensions.

Cultural significance means aesthetic, historic, scientific, social or spiritual value for past, present or future generations. Cultural significance is embodied in the *place* itself, its *fabric*, *setting*, *use*, *associations*, *meanings*, records, *related places* and *related objects*. Places may have a range of values for different individuals or groups.

Fabric means all the physical material of the *place* including elements, fixtures, contents and objects.

Conservation means all the processes of looking after a *place* so as to retain its *cultural significance*.

Maintenance means the continuous protective care of a *place*, and its *setting*. Maintenance is to be distinguished from repair which involves *restoration* or *reconstruction*.

Preservation means maintaining a *place* in its existing state and retarding deterioration.

Restoration means returning a *place* to a known earlier state by removing accretions or by reassembling existing elements without the introduction of new material.

Reconstruction means returning a *place* to a known earlier state and is distinguished from *restoration* by the introduction of new material.

Adaptation means changing a place to suit the existing use or a proposed use.

Use means the functions of a *place*, including the activities and traditional and customary practices that may occur at the place or are dependent on the place.

Compatible use means a *use* which respects the *cultural significance* of a *place*. Such a use involves no, or minimal, impact on cultural significance.

Setting means the immediate and extended environment of a *place* that is part of or contributes to its *cultural significance* and distinctive character.

Related place means a *place* that contributes to the *cultural significance* of another place.

Related object means an object that contributes to the cultural significance of a place but is not at the place.

Associations mean the connections that exist between people and a place.



Meanings denote what a place signifies, indicates, evokes or expresses to people. Meanings generally relate to intangible dimensions such as symbolic qualities and memories.

Interpretation means all the ways of presenting the cultural significance of a place.



2. Site

2.1 Location

Nepean Hospital is located in the City of Penrith, in the Local Government Area (LGA) of Penrith and is known as Lot 4 and Deposited Plan 1238301. The hospital is bounded by the Great Western Highway and Barber Avenue to the north, Somerset Street to the east, Derby Street to the south and The Northern Road (Parker Street) to the west. The hospital buildings, carparks and green spaces encompass approximately 146,000m².

Nepean Hospital is east of the main Penrith CBD, on the border between Penrith and Kingswood. It is a 520-bed hospital consisting of a number of hospital buildings, including the main cluster of hospital buildings, the main multi-storey public parking complex, and a number of smaller speciality clinics. In the immediate vicinity, but outside of the hospital Campus, there are a number of privately operated clinics, specialists and treatment rooms that take advantage of their proximity to the hospital.



Figure 1. Map indicating location of Nepean Hospital outlined in red. (Source: Six LPI, accessed June 2020).





Figure 2. Services and Facilities Map, Nepean Hospital. (Source: Nepean Hospital, Nepean Blue Mountains Local Health District)



3. Heritage Status

3.1 Statutory listings

The Nepean Hospital is not a listed item on any statutory or non-statutory heritage register. The following table outlines the current heritage status of the Nepean Hospital.

Register/listing	ltem listed (Y/N)	Item Name	ltem no.
Statutory registers			
National Heritage List	N	-	-
Commonwealth Heritage List	N	-	-
State Heritage Register (SHR)	N		
Health Heritage and Conservation Register	N	-	-
Penrith Local Environmental Plan 2010	N	-	-
Non-statutory registers			
National Trust of Australia	N	-	-

Table 1. Summary of Heritage Status

3.2 Heritage Items in the Vicinity

The Nepean Hospital is in the vicinity of several local heritage items, listed on the Penrith LEP 2010. These items are listed in the table below and indicated in Figure below.

Item Name	ltem Number	Address	Lot and DP	Significance
"Kelvin Brae"	854	142 High Street, Penrith	Lot 1, DP 1127355	Local
Weatherboard cottage	175	71 Parker Street, Penrith	Lot 1, DP 996540	Local
Penrith General Cemetery	97	Land bounded by Copeland and Phillips Streets, Richmond Road and Cox Avenue, Kingswood	Lots 1–28, DP 975352	Local
Milestone	861	Great Western Highway, Kingswood	Fronting Lot 10, DP 719064	Local

Table 2. Heritage Items in the vicinity.



Item Name	ltem Number	Address	Lot and DP	Significance
St Phillips Anglican Church	101	32 Bringelly Road, Kingswood	Lot 64, DP 75022	Local

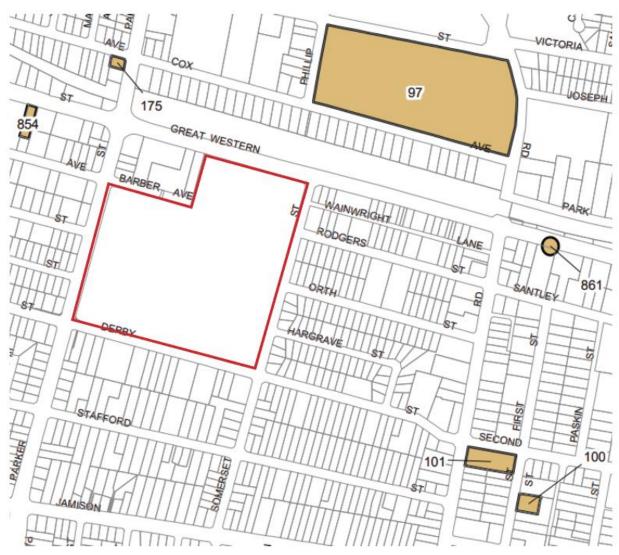


Figure 3. Map of Heritage Items in relation to subject site (outlined in red). (Penrith LEP 2010 - Sheet HER_013)



4. Historical Context

The following historical context has been taken in part from the 'Nepean Hospital and Integrated Ambulatory Services Redevelopment – Concept and Stage 1 SSDA Statement of Heritage Impact' prepared by Extent Heritage Pty Ltd (2017).

4.1 Penrith City

4.1.1 Aboriginal occupation at contact 1788-1817

Aboriginal peoples have lived in the area known as NSW for at least 45,000 years.¹ To date, more than thirty-eight Aboriginal language groups (previously referred to as 'tribes') have been identified within NSW.² The three major Aboriginal languages in the Sydney region were the Darug, Tharawal and Kuringai.³ Different dialects were spoken within each language and although they share a common grammar, each dialect have slightly different vocabularies than the others.⁴

The Darug peoples that occupied the Cumberland Plain were referred to as the 'woods tribes' in the records of the early European diarists.⁵ To date, six named Darug clans are known to have been present in this region prior to their decimation and subsequent reorganization from the small-pox epidemic.⁶ The Mulgoa are thought to have occupied the central regions of the Cumberland Plain between the Nepean River and Eastern Creek.

The Darug people are generally thought to have lived in clan-based bands of around fifty members each. Each clan retained its own hunting district and lived a semi-nomadic lifestyle by regularly changing their camping locations within their district.⁷ The inland clans, in particular, are also thought to have moved more often according to the season, with summer attracting large numbers of clans to the land around the Nepean and Hawkesbury rivers, and winter dispersing these clans over the plain and into the mountains.⁸

The religion of the Darug people took the form of a deeply spiritual association with the land. This is evident in their various singing, dancing and stories as well as the many engravings on the flat sandstone outcrops of the Sydney Basin, some of which have remained for thousands of years.⁹

¹ NPWS 2003, 14

² NPWS 2003, 14

³ Kohen and Lampert 1987, 345

⁴ Kohen and Lampert 1987, 345

⁵ Kohen and Lampert 1987, 348

⁶ Kohen and Lampert 1987, 345; Murray and White 1988, 20

⁷ Murray and White 1988

⁸ Kohen and Lampert 1987, 357

⁹ NPWS 2003, 189



The Darug 'wood tribes' were observed to be more dependent on small animals and plant food, although freshwater mullet and eels were also seasonally available.¹⁰ The Mulgoa, Gomerrigal and Muringong peoples as well as a number of other clans were specifically thought to have relied entirely on terrestrial and freshwater foods.¹¹ Darug men were generally responsible for hunting possums, fish, birds and kangaroo, and often collaborated with other bands to hunt and eat the larger animals. Fire was also used to reduce undergrowth and to catch game.¹² The Darug were also known to have set traps and snares for quail and possums as well as dug pit traps for other small mammals.¹³ Fish traps were also built along rivers and creeks so that mullet and bass could be speared easily with a multipronged fishing spear similar to that used on the coast.¹⁴ Other animals that were hunted by the Darug included the platypus, bats, yabbies, freshwater mussels, tortoises and various water birds.¹⁵

Nonetheless, the staple diet of the Darug clans comprised largely of yams gathered by the women and children with digging sticks, as well as roots, fruits and other small game.¹⁶ The wild yam, in particular, was so significant to the Darug that they adopted it as a name for themselves.¹⁷ The banks along the Nepean River were often submerged by floodwaters which produced a rich soil that allowed these yams to grow in abundance.¹⁸ Another plant food, the 'burrawang' (*Macrozamia communis*) and a smaller species of macrozamia were also gathered by the Darug. Both the yam and burrawang, however, are inherently poisonous and required extensive preparation through soaking and pounding in order to remove the toxins within.¹⁹

The devastating outbreak of smallpox in 1789 forced major reorganisations amongst clan groups. When William Bradley sailed into Sydney in May that year, he recorded the 'dreadful havock' that smallpox had wrought amongst Aboriginal communities, stating that 'we did not see a Canoe or a Native the whole way coming up the Harbour and were told that scarce any had been seen lately except laying dead in and about their miserable habitations' (Bradley 1969). The impact of smallpox continued to ripple across the country, reducing communities in the Hunter 'from about 200, to 60'.²⁰

As a result of the smallpox epidemic and subsequent conflicts with European settlers, many traditional Aboriginal groups in the Sydney Basin had already broken up and scattered or realigned themselves into new groups by the time they were documented by colonial diarists, missionaries and early visitors to the area. The various Aboriginal 'tribes' referred to by colonists in the nineteenth century were the result of major post-contact social reorganisation.

¹⁰ Kohen and Lampert 1987, 356

¹¹ Kohen and Lampert 1987, 357

¹² NPWS 2003, 189

¹³ Kohen and Lampert 1987, 358

¹⁴ Kohen and Lampert 1987, 358

¹⁵ Kohen and Lampert 1987, 358

¹⁶ Kohen and Lampert 1987, 357-358; NPWS 2003, 189

¹⁷ Attenbrow 2002, 31

¹⁸ Kohen and Lampert 1987, 357-358

¹⁹ Kohen and Lampert 1987, 357

²⁰ Backhouse 1843, 401



The displacement and dislocation of Aboriginal communities from their traditional lands forced remnant Aboriginal clans to merge in order 'to provide mutual protection and to maintain viable social and economic units'.²¹ It has since been suggested that pre-contact clans and bands no longer existed as identifiable groups as early as the 1820s.²² Aboriginal people who remained in the Sydney Basin in the early-to-mid-1800s tended to live on the fringes of colonial society and became increasingly dependent on welfare.²³ Government allocations of blankets and slop clothing, and the bartering of fish and game for sugar, flour and alcohol also reflect the changes that occurred in Aboriginal culture and lifestyle. These changes were likely replicated throughout the greater Sydney region as well. While many of their kin had either perished or moved away from their traditional lands, there are records of a few Aboriginal people who remained on their traditional land well into the nineteenth century. Nonetheless, the destruction of Aboriginal culture and peoples in the Sydney Basin had become irreversible.

Although relations between the first Europeans settlers and Aboriginal clans were initially cordial, peace did not last long as mounting tensions arose between the two peoples. Two years after the arrival of the First Fleet, the Aboriginal warrior Pemulwuy (or 'Bembilwuyam', c. 1750–1802) began to resist European incursions on the lands of his people.²⁴ Pemulwuy began participating in several raids against European settlers across the Sydney region from 1792 onwards; the first raid was conducted at Prospect in May 1792.²⁵

The rapid expansion of European settlement into the Cumberland Plains in the early nineteenthcentury also led to clashes between the settlers and Aboriginal clans in the region. Open skirmishes broke out between the settlers and the Bediagal clan of the Darug tribe along the Hawkesbury Frontier.²⁶

In the aftermath of the smallpox epidemic, expansion of European colonization and conflicts with settlers, the survivours of various Darug clans in the Cumberland Plain were forced to reorganize into new groups and became increasingly dependent on the colonial economy for food and employment.

These newly reconstituted clans included groups such as the 'Botany Bay tribe', the 'Kissing Point tribe', 'Windsor' tribe and the 'Broken Bay tribe'.²⁷ The 1828 Census recorded the 'Parramatta Tribe' as comprising forty-nine people. Blanket Returns for the Parramatta District dating to the 1830s and 1840s, however, make no mention of a distinct 'Parramatta Tribe', but do record groups from Duck River, Prospect, Eastern Creek and Kissing Point visiting Parramatta to collect blankets.²⁸

²¹ Attenbrow 2010; Kohen 1986

²² Attenbrow 2010

²³ see NSW Legislative Council 1845

²⁴ NMA 2020

²⁵ NMA 2020

²⁶ Ryan 2013, 224–230

²⁷ Kohen 1993, 19; Kohen and Lampert 1987, 344

²⁸ State Records and Archives NSW, Col. Sec. Correspondence: Special Bundles (Aborigines) Reel 3076,



Significantly, a 'South Creek' tribe was documented by William Walker in 1821 and an Aboriginal group was also documented in the 1828 Census to be present at Mulgoa and other places near the study area.²⁹ The 'South Creek' tribe was recorded again in the 'Return of Natives' taken between 1832 and 1843 to provided information on names, numbers, 'tribes' and location of various Aboriginal groups in the wider Sydney region.³⁰ Backhouse (1843) observed that the South Creek people often stayed at the junction of South and Eastern Creeks on the property, and that they 'may be considered as half-domesticated' since they 'often assist in the agricultural operations of the settlers'.³¹

4.1.2 Nineteenth-century development 1817-1886

Land grants in the region were carefully planned by Governor King between 1803 and 1804 to ex-military and emancipated convict settlers, with the primary intention for the land grants to be allocated for food production. Charles Palmer received the first grant of land in what was to become the city of Penrith. Palmer was a free settler who arrived in 1802 aboard the Perseus. Palmer's grant, along with various other grants made to ex-military officers, form much of the current boundaries of the City of Penrith today.³²

Unlike, Castlereagh, Richmond and Windsor which were planned towns under Governor Macquarie, Penrith was established and sustained by the construction of the Western Road, today known as the Great Western Highway. The Western Road was surveyed by George Evans in 1813 and was one of the most significant Macquarie period infrastructure projects. Stone markers, or Milestones, along the Great Western Highway are still in place in Kingswood and Penrith. The Western Road was key in mapping future land grants and the location of towns west of the Colony in Sydney.

Governor Macquarie granted the land between the Great Western Highway, Jamison Road, Bringelly Road and Woodriff Street, comprising 470 acres named 'Hornsey Wood', to former convict John Best on 24 January 1817.³³ Best had arrived in 1788 as a convict under sentence of seven years and prior to his emancipation had lived on Norfolk Island. On 1 October 1819 Best mortgaged "Hornsey Wood' to Sir John Jamison.³⁴ The property eventually passed into the hands of Daniel Cooper and Solomon Levey who advertised the property for sale in December 1827.³⁵ John Tindale purchased the property 8 January 1828.³⁶ John Best is still listed as the landowner in the 1828 Census.³⁷ The Census also indicated that only 30 acres had been cleared. John Tindale, a wealthy land holder with holdings in the Penrith and Bathurst districts established the Penrith's commercial sector surrounding the court house from the

²⁹ Kohen 1993, 19

³⁰ Kohen 1993, 19

³¹ Keating 1996

³² Lorraine Stacker, *Penrith: The Making of a City*. (Halstead Press: Ultimo, 2014) 17-19.

³³ State Records Authority of New South Wales; Registers of Land Grants and Leases; Series: NRS 13836; Item: 7/447; p 128 Reel: 2561

³⁴ LTO. Old Records Book 8 Page 95. Entry 120

³⁵ Sydney Gazette 17 December 1827 p 4

³⁶ LTO "Old Records" PA 724. Application N.420

³⁷ Sainty & Johnson 1985



1830s onwards. However, early accounts of Penrith in 1835, still describe the city as a 'small scattered town'.³⁸

Tindale developed the property and had his main residence west of the study area in the block now defined by High Street, Doonmore Street, Derby Street and Colless Street. This was also the site of Tindale's 'The Rose Inn'. The first licence was issued for this establishment on 29 June 1831.³⁹ During the 1850s large landowners subdivided their land into smaller allotments to accommodate small tenant farmers, shopkeepers, mechanics and labourers. The development of the town was facilitated by the location of the Great Western Road which was the main thoroughfare that ended on the banks of the Nepean River. By 1871, the district of Penrith was proclaimed a municipality. A large portion of the properties were located along High Street. These were made up of small shops, general stores, private homes, paddocks and farms. Following the railway came major urban developments, including population growth private schools.⁴⁰

The property, including the study area remained with the Tindale family until the 1880s. In 1885 Anthony Tindale, who held title of the estate began a series of subdivision. The eastern extension sale, including the study area, took place on 9 October 1886 and had the following description:

The Proprietors of the Estate now propose to offer, in the coming Spring, a SUBDIVISION of the Eastern portion of the property, about 153 ACRES in extent, commencing at the BR1NGELLY-ROAD, and running West opposite the site of the intended platform and loading: yards on the GREAT WESTERN RAILWAY. This portion of the Estate is now being laid out by Messrs Atchison and Schleicher into a Subdivision FOR POSITIVE SALE on the above date. THE SUBDIVISION is arranged with great liberality as to frontages and depths, and will embrace BUSINESS ALLOTMENTS on the HIGH-STREET,THE MAIN GREAT WESTERN-ROAD, And BRINGELLY-ROAD. Also VILLA and COTTAGE SITES on the gently rising slope forming the backbone of the estate. While the rest of the subdivision, OF GOOD SOIL, is arranged for ORCHARDS and DAIRY.⁴¹

4.1.3 Post-subdivision 1886-1940

There is no evidence to indicate that the study area contained any structure or field divisions at the time of the sale. Most of the developments that took part on the Hornsey Wood Estate prior to 1886 were concentrated to the west of Parker Street. The 1886 sale may not have met expectations and a further attempt to dispose of the residue of the estate took place in 1891 and a subsequent defaulters sale in 1894.⁴² The only blocks within the Sections occupied by the study area that appear to have been sold were those on the corner of High Street and Parker Street (outside the study area). Proposed extensions of Barber Avenue and Lethbridge Street

³⁸ Stacker, *Penrith: The Making of a City*, 19-20.

³⁹ State Records & Archives Publicans Licenses NRS 14401 [4/62]; Reel 5049

⁴⁰ Stacker, *Penrith: The Making of a City*, 99.

⁴¹ The Sydney Mail and New South Wales Advertiser, 28 Aug 1886 page 433

⁴² Sydney Morning Herald 28 Nov 1891, page 15 and Sydney Morning Herald 28 Apr 1894 page 15



through the study area were cancelled on later parish maps. The study area remained an open paddock until construction of the hospital complex.

MU E LAINS P CASTLEREAG. Road pom Bathurst T To Po John Best Daniel Woodrif 170 1000. 10

Figure 4 Detail of Parish of Mulgoa showing John Best's 470 acres (Source: AO Map 335)

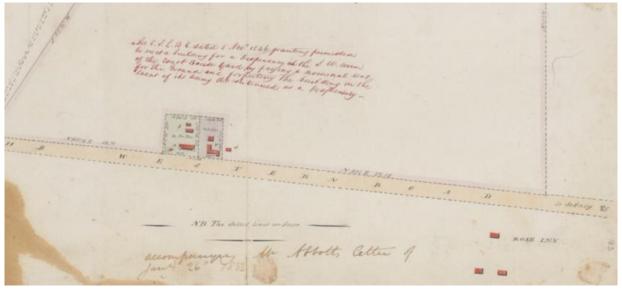


Figure 5 1832 map showing the location of the Rose Inn and Tindale's homestead (lower right corner) (NSW State Records and Archives NRS-13886-1-[X751]-Volume 1-301 | Penrith - Sketch shewing the Government Land Penrith a, Court House, b, Gaol and Stable, c Inn leased from Mr McHenry, d Blacksmiths shop, e Mr M's Dwelling &c. [etcetera] [Sketch book 1 folio 52])



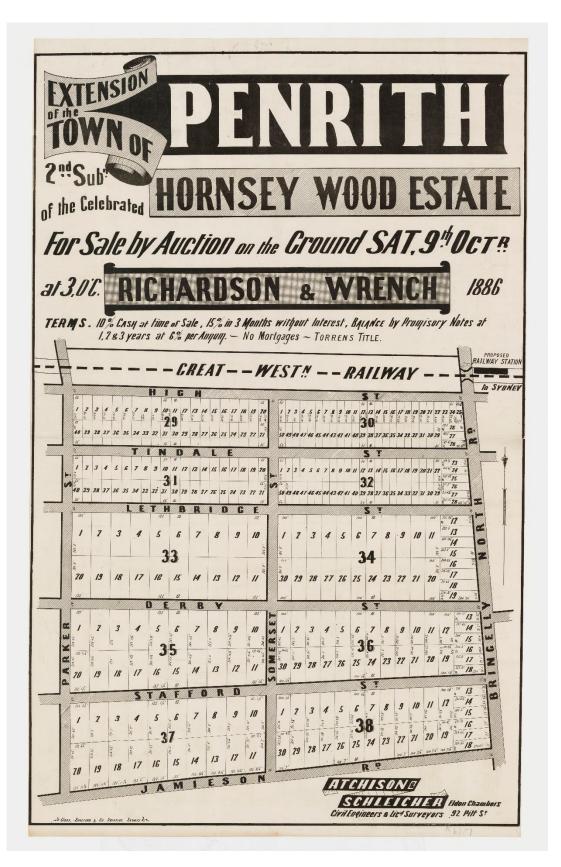


Figure 6 Hornsey Wood subdivision, 1886 – study area Lots 29, 32 and 33 (SLNSW Z/SP/P10/57 - Extension of the town of Penrith - Hornsey Wood Estate 1886)



4.2 Hospitals in Penrith

In 1855, the Benevolent Society resolved to build a hospital for Penrith.⁴³ The site for the first hospital was on an acre of land offered by Philip Parker King, today on the western end of Cox Avenue. The building was opened in 1860. This hospital had six beds for in-patients, and accommodation for a live-in wardsman and his wife, who between them nursed the patients, cooked the meals, cleaned the hospital and anything else that was required. Unfortunately, following the construction of the railway in 1862, it left the hospital on the northside of the line, making access extremely difficult. A local economic downturn also saw decreased public support and eventual dilapidation of the building. It was closed in 1870 and taken down in 1880. During this time, patients had to be taken either by train or by cart over a rough dirt road to the hospital at Parramatta.

In 1890, the Nepean Cottage Hospital was opened to patients. It rented Mrs Price's building opposite the Court House for £1 per week until a purpose-built Cottage Hospital Site was allocated near present-day Lemongrove was allocated in 1892. The hospital was officially opened in 1895. The Cottage Hospital had 50 beds and was divided into three sections; the male ward, the female ward and the infectious ward.



Figure 7. Nepean Cottage Hospital, 1907. (Source: Penrith City Library, Image File JC00\JC00008)

The need for a new hospital was evident following WW1, where treating certain outbreaks and epidemics were becoming a frequent priority. The site for a new hospital (the site of the presentday Nepean Hospital) had been purchased in 1940, however it was not until 1952 that plans for the new hospital had been drawn for a 100-bed hospital and nurses quarters. It received its first patients in 1956 to glowing praise for its expansive views and its room for expansion, despite the quite rural setting.⁴⁴ It was quickly evident that the growing community would overwhelm the

⁴³ Stacker, *Penrith: The Making of a City*, 51

⁴⁴ Stacker, Penrith: The Making of a City, 339



hospital's capacities, and a new maternity ward was added in 1965. It continued to grow and develop with several major additions and redevelopments made to accommodate an ever-increasing bed base and the growing range of clinical services offered.⁴⁵



Figure 8. Nepean Hospital, 1965. (Source: SLNSW, file no. FL2236596)

⁴⁵ <u>http://www.nbmlhd.health.nsw.gov.au/nepean-hospital/about-us</u>



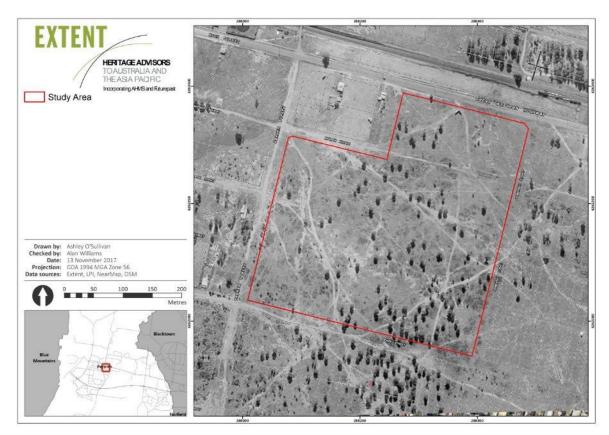


Figure 9. 1943 aerial of the study area (Source: Six Maps, NSW Land and Property Information).

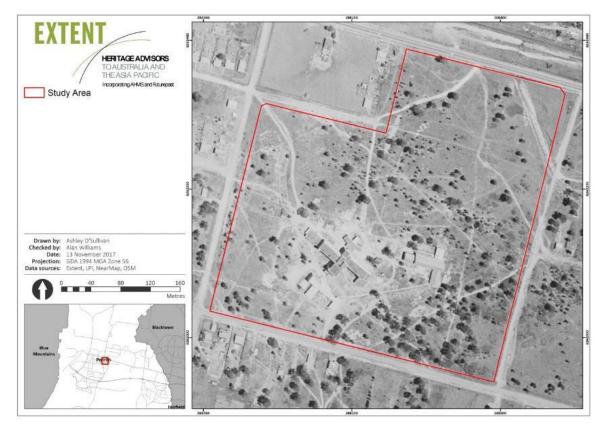


Figure 10. 1955 aerial of the study area (Source: NSW Land and Property Information).



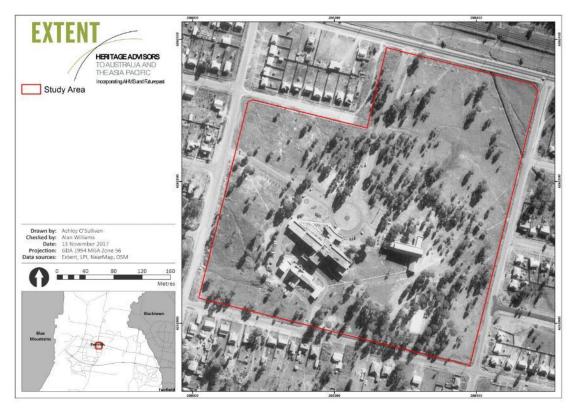


Figure 11. 1961 aerial of the subject area (Source: NSW Land and Property Information).

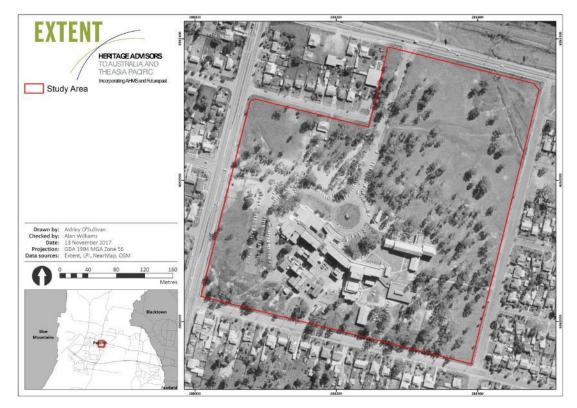


Figure 12. 1978 aerial of the subject area (Source: NSW Land and Property Information).



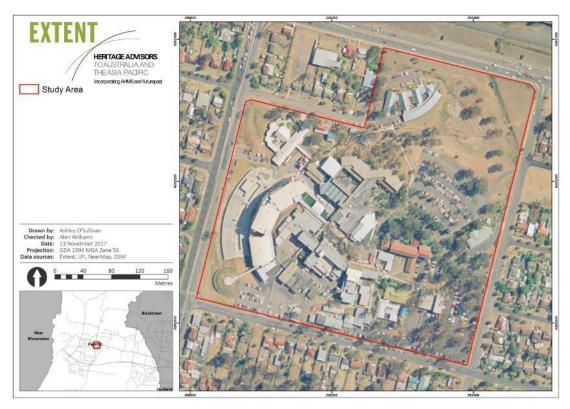


Figure 13. 1990 aerial of the subject area (Source: NSW Land and Property Information).

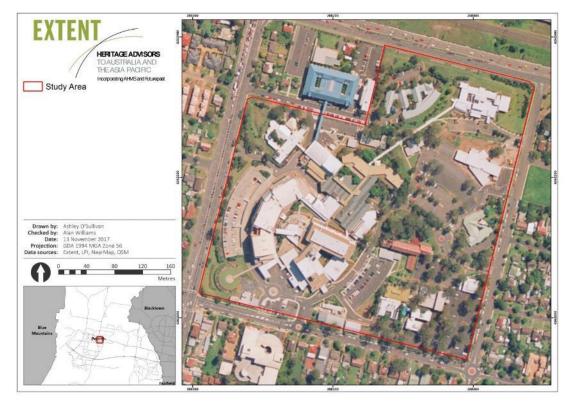


Figure 14. 2002 aerial of the subject area (Source: NSW Land and Property Information).





Figure 15. 2010 aerial of the study area (Source: NearMap, 2017).

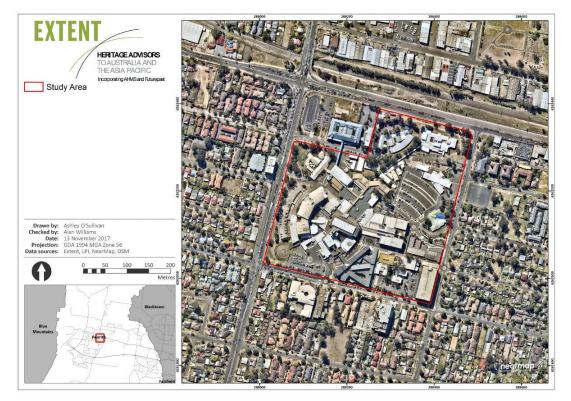


Figure 16. Nepean Hospital Campus, 2017, with subject area outlined. (Source: NearMap, 2017).



5. Physical description

Extent Heritage carried out a physical assessment of Nepean Hospital on 30 June 2020. The analysis involved an investigation into the built form and landscape setting. It does not provide a detailed investigation of all fabric but an overview of the elements of the place to assist in determining significance.

5.1 Main Buildings

The hospital's main block consists of several connected multi-storey buildings, the tallest and most prominent being the new 12-storey Stage 1 multi-storey building that is currently under construction. The next most visible building is the West Block, a 5-storey building with a curved façade that addresses The Northern Road. Additional multi-storey buildings connect through a network of passages and common areas.

The buildings range in construction mainly from the 1980s onwards. The buildings, in their construction, architecture and materials are consistent of the periods that they were built, and reflect the changes in hospital vernacular, changing technology and changes in medical treatment generally.

The most recent buildings onsite besides the Stage 1 building include the 8-storey carpark on the corner of Derby and Somerset Streets, and a new Mental Health Centre at the hospital's main entrance on Derby Street.



Figure 17. Stage 1 building under construction.



Figure 18. View towards North Block.



Figure 19. West Block.



Ancillary Buildings 5.2

Surrounding the main block of hospital buildings are a number of smaller freestanding buildings, some that are clustered together, forming specialist clinics and patient rooms including an oral health clinic, drug and alcohol service, the Nepean Cancer Centre, a Tresillian Centre, Somerset Cottage and childcare, and hospital administration offices. As with the main buildings, these surrounding ancillary buildings were erected over a period of time and therefore present as a range of ad hoc buildings, rather than a coherent development pattern, dating from the 1990s onwards.



Figure 20. Gateway Clinic.



Figure 22. Drug and Alcohol Services building.





Figure 24. Nepean Redevelopment Office.



Figure 21. Hope Cottage.



Figure 23. Tresillian Building.



5.3 Landscapes

Connecting these buildings are a network of landscaped areas, walkways and footpaths that all form part of the public domain. These areas are maintained and updated regularly. Trees and gardens are immature, artificial landscapes that have been planted in recent times. Along the driveway entrance that fronts Somerset Street near the Nepean Cancer Centre is a Remembrance Garden that consists of several memorial plaques within a small rose garden.



Figure 25. View to landscaped area fronting Somerset Cottage. Note memorial stone with plaque in front of mature tree.



Figure 27. Remembrance Garden.



Figure 29. Plaque in Remembrance Garden.



Figure 26. Walkway viewed towards Cancer Centre.



Figure 28. Remembrance Garden plaque.



6. Heritage Significance

The *NSW Heritage Manual* was developed in 1996 by the former Heritage Office and NSW Department of Urban Affairs and Planning to provide the basis for assessing the heritage significance of an item or place. This is achieved by evaluating the significance of a place or item in reference to specific criteria, outlined below, which can be applied at a national, state or local level (Heritage Office 2001, 9).

Criterion (a) An item is important in the course, or pattern, of NSW's cultural or natural history (or the cultural or natural history of the local area);

Criterion (b) An item has strong or special association with the life or works of a person, or group of persons, of importance in NSW's cultural or natural history (or the cultural or natural history of the local area);

Criterion (c) An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the local area);

Criterion (d) An item has strong or special association with a particular community or cultural group in NSW (or the local area) for social, cultural or spiritual reasons;

Criterion (e) An item has potential to yield information that will contribute to an understanding of NSW's cultural or natural history (or the cultural or natural history of the local area);

Criterion (f) An item possesses uncommon, rare or endangered aspects of NSW's cultural or natural history (or the cultural or natural history of the local area);

Criterion (g) An item is important in demonstrating the principal characteristics of a class of NSW's cultural or natural places; or cultural or natural environments. (or a class of the local area's cultural or natural places; or cultural or natural environments)



6.1 Significance of Nepean Hospital – built heritage

The study area is not a heritage item, and as such has no existing assessment or statement of significance. Based on the historical and physical context, the buildings on the site of the Nepean Hospital do not meet any of the above significance criteria for local or state heritage listing.

6.2 Significance of heritage in the vicinity

Although the study area is not a heritage item, it is located within the vicinity of five known heritage items, listed on Schedule 5 of the Penrith LEP 2010 (refer to Section 3.2). The following table outlines the statements of significance for the heritage items in the vicinity. These Statements of Significance have been quoted from the NSW State Heritage Inventory.

Item Name	Item No.	Statement of Significance	Significance
		Kelvin Brae is a good example of a Federation Bungalow, a style not common in Penrith. The house original details to its slate and terracotta roof and a substantial garden to provide a setting for the home.	
"Kelvin Brae"	854	The house is also important as the home of Walter Judges, a prominent local figure in Penrith in the early twentieth century and in demonstrating the continuing settlement of the town in the early twentieth century.	Local
		(NSW Heritage, State Heritage Inventory entry for 'Kelvin Brae')	
Weatherboard	ard 175	A good example of a 1880's weatherboard cottage that displays a high level of intactness of original detail in its roof form, front symmetry and weatherboard construction and is prominently sited on a major road and adjacent the railway line.	Local
cottage		NSW Heritage, State Heritage Inventory entry for 'Weatherboard cottage, accessed July 2021, https://www.hms.heritage.nsw.gov.au/App/Item/ViewItem?itemId=2260175	
Penrith General Cemetery		Local	
		(NSW Heritage, State Heritage Inventory entry for 'Penrith General Cemetery')	



Item Name	Item No.	Statement of Significance	Significance
Milestone	861	The milestone is an interesting remnant of the early establishment of the Western Road as an important link between Sydney and the western districts and reflects the importance of Penrith along this route.	Local
	001	(NSW Heritage, State Heritage Inventory entry for 'Milestone')	
St Phillips and Anglican 101 the c		Located on Bringelly Road, St. Phillip's Anglican Church completed in 1898 is a landmark in the local area and now represents the principal focus for defining the centre of Kingswood. The church demonstrates the onset of village development at Kingswood following suburban subdivision of the 1880s. The church is a good example of a modest church of its era and the earliest of the extant churches in Kingswood.	Local
		(NSW Heritage, State Heritage Inventory entry for 'St Phillips Anglican Church')	



7. Proposed Works

7.1 Rationale

Nepean Hospital is the major hospital servicing the Nepean Blue Mountains Local Health District, and in practicality because of its location on the eastern boundary of the district, it realistically also provides hospital services to communities that are within the Western Sydney Local Health District. These areas are seeing an unprecedented amount of population growth through major State Government projects that see the promotion of urban growth, housing, industry and infrastructure. Western Sydney is expected to increase in population by 2.0% by 2021, which is almost twice the population growth rate for NSW in total (1.2%).

This growth suggests some of the administrative and operational pressures that hospitals in Sydney's west are facing. According to the Bureau of Health Information, for the January-March quarter of 2020, NSW hospitals saw approximately 460,000 admitted patients, with the Western and Nepean-Blue Mountains health district hospitals servicing approximately 18,500 of those patients. 16,000 or 86% of those patients were treated at Nepean Hospital. This is a massive portion for the one hospital facility to undertake.

The proposed 7-storey building (plus basement and rooftop) forming the main part of the Stage 2 redevelopment aims to house the following departments:

- Front of House
- Education
- Medical Imaging
- OT Extension
- Interventional Radiology (IR)
- Intensive Care Unit (ICU)
- Close Observation Unit (COU)
- Renal Dialysis
- Renal Inpatient
- Paediatric Inpatient Unit
- Plant
- Clinical support
- Kitchen

This proposal responds to the increased needs of hospital and emergency services to the district. At present, the areas involved in the proposal are not being utilised to their full potential, being small, segregated structures that do not have functional connections with the majority of activities in the main hospital buildings. Additionally, the space currently occupied by a large, at grade carpark is an inefficient use of valuable space.



7.2 Proposed Works

The Stage 2 Masterplan for the Nepean Hospital Redevelopment proposes the decanting and demolition of several structures prior to the construction of the Stage 2 Tower. The Schematic Design Report prepared by BVN (2021) indicates that the following works are proposed.

- The construction of the new tower building (Stage 2 tower) adjacent to the Stage 1 tower building. The 7-storey Stage 2 Tower proposed will be located to the west of the 12-storey Stage 1 Tower.
- The demolition of a number of low rise, ancillary buildings;
- Decant and refurbishment works required to facilitate construction of the Stage 2 tower;
- Fit out within the Stage 1 Tower building
- Additional refurbishment and upgrade works to support general hospital logistics, support services (pharmacy, pathology, medical imaging), and clinical refurbishments.

The Stage 2 proposed works have been designed as a part of a staged strategy designed by CBRE which will see two main stages (Stage 2A and Stage 2B) of works. The table below provides a summary of the proposed works and the structures that will be impacted. The Staging Master plan is illustrated in Figure 30.

Stage	Proposed work	Structures impacted/constructed
	Decanting (scope TBC)	West Block (part)South Block (part)North Block (part)
Stage 2A	Demolition Enabling Work	 Somerset Cottage and childcare centre Drug and Alcohol services Gateway Clinic Hope Cottage Medical Accommodation Walkway to North Block North Block (partial)
	Complete	 Partial construction of Tower 2 to the west of Tower 1 on site of Hope cottage
Stage 2B	Decanting (scope TBC)	West Block (part)North Block (partSouth Block (part)
	Complete	 Completion of Tower 2.

	Table 3. Breakdown	of proposed works i	n Stage 2 based on	staging strategy in plans
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TOWER 1 COMPLETION

- Tower 1 is under construction
 The project has been done with the completion of Stage 1 in mind

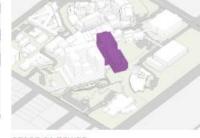
DECANTING

- The completion of Tower 1 enable existing department to be relocated and decanted
- The available space makes it possible to relocate departments impacted by Stage 1 enabling work



• a portion of North Block and a series of stand-alone buildings

are in the impact zone of Stage 2



STAGE 2A TOWER • completion of Stage 2A tower will contribute to acute service zone



STAGE 2B TOWER • Future IPU levels will be added onto the top of Stage 2A tower, and meet clinical demand outlined in CSP 2

FUTURE STAGE ENABLING WORK

• Same building demalition need to make future Stage possible

FUTURE STAGE

• Future Stage will contribute to the establishment of Main Entry identity

• Also to a well connected centralised Acute Zone



FUTURE CAMPUS EXPANSION

• Future expansion of Education, research and Commercial
Frontage will complete the Masterplan Vision

Figure 30. Master Plan Staging of Stage 2 Redevelopment. Stage 2 enabling work indicates the structures to be demolished shaded in red. (Source: BVN 2020, p.75)





Figure 31. Vision for Nepean Hospital Stage 2 Redevelopment. The stage 2 building is in the foreground with red brick façade, while stage 1 is in the background with white panelled façade. (Source: BVN 2020, p. 6)



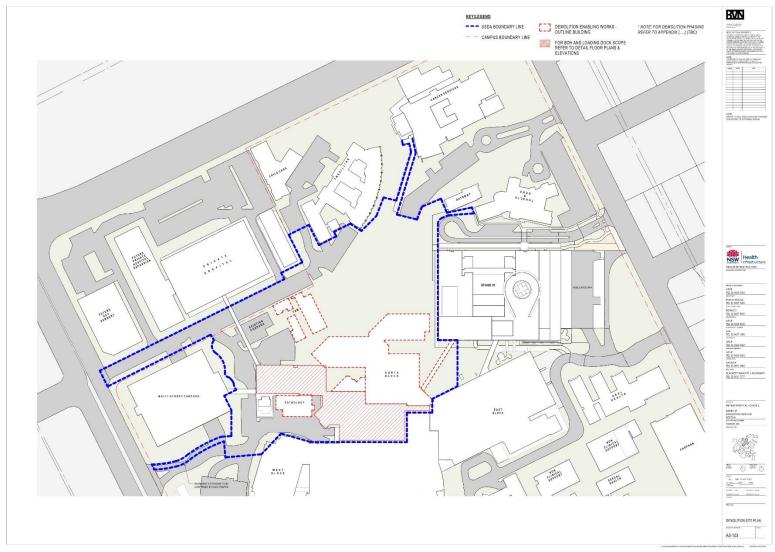


Figure 32. Nepean Hospital – Stage 2 demolition site plan (Source: BVN 2021)



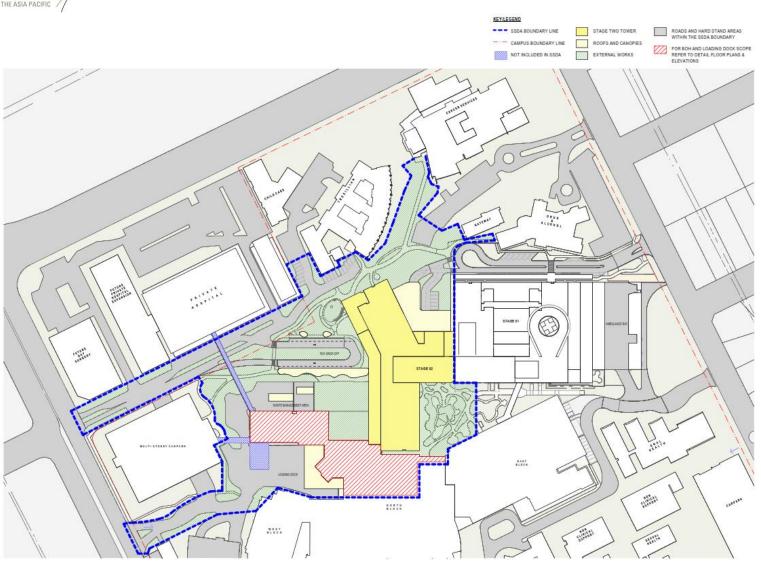


Figure 33. Nepean Hospital – Stage 2 proposed site plan (Source: BVN 2021)





Figure 34. North elevation (Source: BVN 2021)



8. Assessment of Heritage Impact

8.1 Built Heritage

The proposed works will have no impact on any items of built heritage significance. The buildings that will be decanted and/or demolished for the proposed works are not considered significant structures from a historic, aesthetic or architectural/technological value perspective. The aerial photographs in Figure 9-16 demonstrate that the majority of buildings involved in this proposal are relatively recent developments, the earliest having been erected sometime in the 1980s. Major developments in this area of the Campus occurred in the 1990s. In considering the pattern of development in the hospital buildings over time, it is clear that these buildings are representative of the reactive nature of hospital growth in response to the growing community.

8.2 Curtilage and Subdivision

The proposed works will have no impact on the study area's curtilage or subdivision.

8.3 Views and Settings

The proposed works are located within the larger Nepean Hospital Campus, which occupies several large blocks. The buildings, thoroughfares, open spaces and buffer zones within this Campus quite clearly presents as a hospital or public institution facility. The proposed building will fit in with this vision.

The Nepean Hospital site occupies a gently elevated area at the intersection of The Northern Road and The Great Western Highway, where the Northern Road crosses over the Western Railway Line. The land falls away in every direction from this high point. As the hospital commands an elevated position at the top of a hill in all directions, the new structure will dominate the immediate skyline in a similar respect to the Stage 1 Tower which is currently under construction (Figure 17), and the newly completed 8-storey carpark at the corner of the Northern Road and Somerset Street. Nonetheless, this landscape is highly developed and within the Hospital Campus and in the immediate vicinity, there are multiple large developments up to 10-storeys, particularly high-density residential developments. This cumulation of structures has effectively changed the landscape of the area to one that is populous, active and progressive. The new proposed tower is a moderate addition and amplification to an already heavily impacted landscape.

There are no historic or sensitive heritage landscapes, views and settings in this area that will be impacted by the new development.



8.4 Heritage Items in the Vicinity

The study area is located within the vicinity of five known heritage items, listed on Schedule 5 of the Penrith LEP 2010 (refer to Section 3.2). The table below lists these items.

Item Name	ltem Number	Address	Lot and DP	Significance
"Kelvin Brae"	854	142 High Street, PenrithLot 1, DP1127355		Local
Weatherboard cottage	175	71 Parker Street, Penrith Lot 1, DP 996540		Local
Penrith General Cemetery	97	Land bounded by Copeland and Phillips Streets, Richmond Road and Cox Avenue, Kingswood	Lots 1–28, DP 975352	Local
Milestone	861	Great Western Highway, Kingswood Fronting Lo		Local
St Phillips Anglican Church	101	32 Bringelly Road, Kingswood	Lot 64, DP 75022	Local

Spatially, these heritage items are approximately 200m to 300m distance from the area of the proposed tower, however, the urban landscape separating these items minimises any visual or aesthetic impact on these heritage items. Additionally, there are several multi-storey developments in the immediate area, including private residential towers, the five-storey Somerset Specialist Centre, and the 12-storey Stage 1 Tower of the Nepean Hospital Redevelopment, which effectively creates an existing high-rise landscape for the new proposed tower to be inserted into. The current visibility of the Stage 1 Tower, which is higher than stage 2, provides a base for which to assess the impact the Stage 2 Tower views will have on the heritage in the vicinity.

To the northwest of the hospital Campus are two locally listed heritage cottages (items No. 854 and No. 175). These are isolated private residences set in amongst highly modified, mixed-use areas. They do not form, or contribute to, any significant historic landscapes and streetscapes. The new development will be an amplification of the current modern landscape and not make any substantial additional impacts from that which is already existing, nor will the proposed works have any direct negative impact on the heritage significance of those items. Further, the Stage 2 Tower will be positioned behind the Stage 1 Tower from this angle and will not further impact any setting or views.



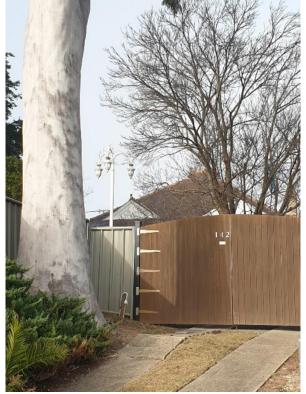


Figure 35. Kelvin Brae, Item No. 854 (Source: Extent Heritage 2020)



Figure 36. View from Kelvin Brae towards Nepean Hospital. (Source: Extent Heritage 2020)



Figure 37. Weatherboard cottage, Item No.175. (Source: Extent Heritage 2020)



Figure 38. View from Weatherboard cottage towards Nepean Hospital. The red outline is indicative of proposed development. (Source: Extent Heritage 2020)



To the northeast of the subject site is the Penrith General Cemetery, an item of local significance with burials dating from the early 1900s. The heritage item is located on the north side of the railway line and set within a highly modernised mixed residential, commercial and industrial area, with large 2 to 3-storey warehouses lining almost the full length of Cox Avenue. The 10-storey proposed development will be visible from Cox Avenue, however from within the cemetery, which is bordered by large mature eucalyptus trees, the impact on views in or out from the heritage item is negligible as shown in the figure below.



Figure 39. View from Penrith General Cemetery. Red shading indicates location of proposed development and location of Stage 1 Tower. (Source: Extent Heritage 2020)

To the southeast of the subject site on the corner of Bringelly Road and Second Avenue is the locally listed St Phillips Anglican Church (item No. 101). This is also an isolated heritage item set amongst highly modified, low and medium density suburban areas. It does not form, or contribute to, any significant historic landscapes and streetscapes. The new development will be an amplification of the current modern landscape and not make any substantial additional impacts from that which is already existing, nor will the proposed works have any direct negative impact on the heritage significance of those items. The development is provided some coverage by trees along Second Avenue which will minimise any impacts to views.





Figure 40. St Philips Anglican Church, Item No.101 (Source: Extent Heritage 2020)



Figure 41. View from St Phillips Anglican Church towards Nepean Hospital. (Source: Extent Heritage 2020)

The local heritage-listed Macquarie-era milestone on the Great Western Highway east of the site is set fully within the modified highway streetscape. There are no historic elements such as landscaping or interpretation that recognise its significance within its setting. Therefore, any impact of the new proposed building on this item is negligible.



Figure 42. Milestone, Item No.861. (Source: Extent Heritage 2020)



Figure 43. View towards Nepean Hospital from Milestone.



8.5 Historical Archaeology

8.5.1 Historical archaeological potential

This section of the report discusses the site's potential to contain archaeological evidence of the previous phases of occupation. The potential for the archaeological resource to reveal useful information about the previous uses or activities that shaped its history depends on its extent, nature and level of intactness. Disturbed archaeological features and deposits in the form of fragmentary structural remains and isolated artefacts may be evidence of previous occupation, but their use or value in reconstructing the past though providing meaningful information is limited. This is because such features and deposits are disassociated from the stratigraphic sequence that establishes their provenance and secured date of deposition.

8.5.2 Phases of development

Based on the review of historical research undertaken to date the following three broad historical phases of site development were identified:

Phase 1: Nineteenth-century development 1817-1886

Phase 2: Post-subdivision 1886-1940

Phase 3: Hospital development post-1940

Table 4 Summary	v of Archaeologica	potential and	archaeological significance.
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Historical description	Archaeological Potential	Type of archaeological remains	Assessment of Significance
Nineteenth-century development 1817-1886	Nil-Low	No activities undertaken during this phase of development that had the potential to leave substantive evidence in the archaeological record were recognised. Any archaeological remains dating to this phase are likely to be limited to activities associated with clearance (burnt earth, tree stumps) or with paddock management (fence-lines)	Any undocumented material that may survive is likely to be of local significance
Post-subdivision 1886-1940	Nil-Low	No activities undertaken during this phase of development that had the potential to leave substantive evidence in the archaeological record were recognised.	Any undocumented material that may survive is likely to be of local significance
Hospital development post- 1940	Nil	n/a	Nil



8.5.3 Site formation processes

The study area has seen a number of phases of intensive development from the 1940s onwards. There is virtually no part of the study area that has not be subject to earthworks associated with the construction of substantial buildings, roadworks car parks or landscaping. These activities are likely to have disturbed all pre-1940 deposits and upper elements of the soil profile to the extent that any archaeological material has been compromised. This loss of integrity greatly reduces the research value of any archaeological elements that may be present.

8.5.4 Summary findings

The study area, including the portion of the site subject to redevelopment has a nil to low potential to contain archaeological evidence that would be subject to the relics provisions of the NSW Heritage Act 1977 (as amended). No activities within the subject area have been recognised as being of a type that would leave substantial or significant physical remains that would meet thresholds for archaeological significance as determined by the guidelines prepared by Heritage NSW (Heritage NSW 2009, Assessing Significance for Historical Archaeological Sites and 'Relics').



9. Statutory Controls

9.1 Heritage Act 1977

The *Heritage Act 1977* provides protection for items that are listed on the State Heritage Register or are listed on a Government Agency Heritage and Conservation Register. The Act also provides protection for as for unlisted archaeological relics. Works proposed for items protected by the *Heritage Act 1977* are approved by the Heritage Council of NSW or its delegates, as appropriate.

Extent Comment

The proposal does not involve any works, impacts or changes to items listed on the State Heritage Register, nor is there any substantial potential to impact significant historic archaeological finds. Therefore, no approval by the Heritage Council of NSW or its delegates is required.

9.2 Environmental Planning and Assessment Act 1979

For environmental assessment purposes under Part 5 of the NSW *Environmental Planning and Assessment Act 1979,* Section 111(1) of the Act requires that a determining authority: "take into consideration such of the following matters as are of relevance to the development" with respect to the proposed works. Heritage matters fall within the scope of 'environment' with respect to this Act. The specific requirements of what must be contained in an environmental assessment are set out in Schedule 2 of the *Environmental Planning and Assessment Regulations* 2000. This requirement is applied notwithstanding any other provisions in any other Act.

Part 3, Division 2, Section 37 of the *Environmental Planning and Assessment Act 1979* provides that an environmental planning instrument, called State Environmental Planning Policies (SEPPs) may be made by the Governor for the purpose of environmental planning specific to matters that are of State Planning significance.

Part 4, Division 4.1 makes provisions for development that is considered State Significant Development, which can be declared in a SEPP. Section 89D of this Part declares that the Minister is the consent authority for State Significant Developments.

Extent Comment

This report fulfils the assessment requirements under Part 5 of the EP&A Act and its recommendations should form part of the Environmental Impact Statement.



9.3 State Environmental Planning Policy (State and Regional Development) 2011

The State Environmental Planning Policy (State and Regional Development) outlines planning provisions for development that has been declared as State Significant Development. State Significant Development is development that has been specific in Schedule 1 or 2 of the SEPP. In Schedule 1, item 14, the following provisions are made:

14 Hospitals, medical centres and health research facilities

Development that has a capital investment value of more than \$30 million for any of the following purposes:

- (a) hospitals,
- (b) medical centres,

(c) health, medical or related research facilities (which may also be associated with the facilities or research activities of a NSW local health district board, a University or an independent medical research institute).

Extent Comment

The proposed works are considered State Significant Development as an activity relating to Hospitals, medical centres and health research facilities, outlined in Schedule 1 Item 14 of the SEPP (State and Regional Development).

In accordance with Section 89D of the EP&A Act, the Minister becomes the Consent Authority for this development.

9.4 Penrith Local Environmental Plan 2010

The proposal does not directly affect an item of local significance and identified on the Penrith *Local Environmental Plan* 2010. It is however in the vicinity of a number of local heritage items.

However, as the development is considered "Development that Does Not Need Consent", the consent authority is transferred to the Minister in this instance.

Extent Comment

No Development Application to Penrith Council is required, as the Consent is delegated to the Minister. However, impact on local heritage is still required to be considered in accordance with Part 5 of the EP&A Act. This report, its assessment and recommendations fulfill that requirement and should be submitted as part of the Environmental Impact Statement for consideration by the Minister.



10. Conclusion

The proposed redevelopment of the Nepean Hospital is a declared State Significant Development. Patient data demonstrates that the Nepean Hospital services a large percentage of all patients in the Nepean Blue Mountains Health District, suggesting that its resources are under pressure. The Stage 1 and 2 Towers seek to alleviate that pressure by providing much needed resources and facilities to the Local Health District. The new development proposed consists of a 7-storey (plus basement and roof levels) hospital building which will contain new Education, Medical Imaging, OT extension, IR, and ICU, to name a few.

The new development will command a very prominent position in the landscape. The hospital site is located at the top of a small hill at the intersection of The Northern Road and Great Western Highway, two major roads. The 7-storey structure will be a lower development than that of the 12-storey Stage 1 Tower, which is already under construction. Both these towers will present as a decidedly institutional building. It is noted however that the existing landscape is modern and highly developed. There are several large developments in the area that result in the current, high-density built environment particularly in proximity to the railway station and hospital. Current indicators do not suggest any slowing of the pace of development. The new hospital tower adds to this existing landscape.

The hospital and its grounds are not identified as heritage items on any statutory or nonstatutory register. The works will not directly impact on any identified built heritage. An analysis of historic aerial photographs also demonstrates that there has been no development on the study area prior to its use by Nepean Hospital, and on the area specific to the proposal, development did not occur until after 1978. Therefore, potential to impact upon historic archaeological finds of significance is nil.

There are a number of local heritage items in the vicinity of the development, however, these elements are isolated items in a very modified built environment with many medium to high-density buildings. Again, the new development does not represent a new impact to these heritage items, although will add to that existing impact. The impact is considered to be quite distant and indirect relative to more immediate development impacts. Any minor negative impacts to the heritage significance of these items are considered acceptable in understanding the positive outcomes of the proposed development for the wider community.

Approval/Notification Summary

Heritage Act **1977** – As the works will not affect any items on the State Heritage Register, or on the Health Heritage and Conservation Register, and there is no potential for impacting on known or expected relics, no notifications, permits or approvals are required in accordance with the *Heritage Act.*

Environmental Planning and Assessment Act 1979 – The development has been declared a State Significant Development in accordance with an Environmental Planning Instrument and as such, authority to approve the works has been delegated to the Minister for Planning. Regardless of this declaration, an assessment of Environmental Impacts is required, where



heritage is considered a matter of the environment. As the works are being undertaken in the vicinity of local heritage items, an assessment of impacts to these items must be made. This report fulfils this requirement.

SEPP (State and Regional Development) 2011 – The development is considered a State Significant Development as an activity relating to Hospitals, Health care centres and hospital research facilities.

Penrith *Local Environmental Plan* **2010** – As this development has been declared a State Significant Development, development approval from local council has been delegated to the Minister for Planning.

Recommendations

We note a number of small plaques and memorials within landscaped gardens specifically within the redevelopment areas. There may potentially be other similar items of social importance to individuals or communities that are connected with the hospital, both externally and within the buildings that are being demolished or refurbished, such as wall plaques, artworks, donation pieces, etc. These items should be considered in the overall planning of the redevelopment, such that they are accounted for, collected, and returned or reinstated in a new part of the redevelopment.

Although the site and development has been assessed as having no potential for historical archaeology, An Unexpected Archaeological Finds Procedure should be prepared and in place to guide any event for managing unexpected archaeological finds. The procedure should consist of the following steps:

- Should a suspected archaeological relic be discovered during works, stop work in the area, notify the Project Manager and protect the find;
- Engage an archaeologist to assess the find, starting with the submission of a photograph to undertake a preliminary assessment. The archaeologist may require a site visit to undertake further assessment;
- Gain advice from archaeologist on how to proceed. Subject to the archaeological assessment, work may proceed or notification to Heritage NSW, Department of Premier and Cabinet may be required;
- If an assessment (following notification) indicates that the material exposed is of State or local significance and requires management under the 'relics' provisions of the Heritage Act, the following steps should be taken:
 - Preparation of an Archaeological Assessment and Research Design as a supporting document in order to obtain an Excavation Permit under Section 139 of the Heritage Act 1977.



- Monitoring and/or salvage (where appropriate) to be carried out under the relevant conditions attached to the Excavation Permit.
- A final report on the archaeological findings, if any, should be prepared at the completion of works.
- Seek clearance to resume works.



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