



Campbelltown Hospital Redevelopment (Stage 2): Statement of Heritage Impact

FINAL REPORT

Prepared for Root Partnerships

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Glossary

AGD	Australian Geodetic Datum
c.	Circa
CBD	Central Business District
CHL	Commonwealth Heritage List
DA	Development Application
DP	Deposited Plan
EP&A Act	<i>Environmental Planning and Assessment Act 1979</i>
EPBC Act	<i>Environment Protection and Biodiversity Conservation Act 1999</i>
Heritage Act	<i>Heritage Act 1977</i>
LEP	Local Environment Plan
m	Metre
mm	Millimetre
NHL	National Heritage List
NSW	New South Wales
OEH	NSW Office of Environment and Heritage
REF	Review of Environmental Factors
SoHI	Statement of Heritage Impact
SEPP	State Environmental Planning Policy
SHR	State Heritage Register
SHI	State Heritage Inventory
SSD	State Significant Development
Study area	Lot 6 DP 1058047

Summary

Biosis Pty Ltd was commissioned by Root Partnerships to undertake a historical heritage assessment for Stage 2 of the Campbelltown Hospital Redevelopment, Campbelltown New South Wales (NSW), referred to as the 'study area' herein. The assessment will inform an Environmental Impact Statement (EIS) that is being prepared as part of a State Significant Development (SSD 9241) approval for the project. The proposed development will be assessed in accordance with Part 5 of the *Environmental Planning and Assessment Act 1979 NSW*. The study area is located approximately 1.2 kilometres south west of the Campbelltown CBD and approximately 51 kilometres south west of Sydney CBD, and comprises of 19.33 hectares of public land and the adjacent road reserves.

Biosis understands from reviewing the heritage documents prepared as part of the Stage 1 EIS that there is limited potential for historical heritage values within the Campbelltown Hospital site. In addition, the study area has undergone a previous historical heritage assessment, also as part of the Stage 1 EIS (GHL 2011). Therefore, Biosis will utilise the results of GHL's assessment in order to expedite the Stage 2 reporting process.

The historical research undertaken as part of this assessment did not indicate any historical structures or buildings within the vicinity of the study area until the construction of Stage 1 of hospital in 1975. The construction of the hospital and its associated buildings, along with landscaping and roadway construction, have most likely removed all traces of the previous historical phases through the process of landscape cut and fill, which have created a series of large flat benches across the study area's naturally sloping landform. These activities have heavily modified the study area's subsurface stratigraphy and removed any archaeological potential. The lack of historical occupation combined with the extensive disturbance across the majority of the hospital site suggests that the study area has low potential to contain archaeological resources.

This assessment has also identified Block B as having local significance. The building has a strong association with Barry Patten of Yuncken Freeman Architects, who won the commission to design the Sidney Myer Music Bowl. This building is listed on the Victorian Heritage Register, along with two of Patten's other designs – the former BHP House and the Victoria State Government Offices. Barry Patten's association with the initial hospital building is significant as it is representative of the unique civic architecture of the period and its association with an internationally recognised architect.

Based on this assessment of the proposed impacts to Block B, it is considered that the proposed impacts of these works are acceptable from a heritage perspective. Although some impacts are proposed which are considered to have some reduction to the heritage significance of Block B, the need for Campbelltown Hospital Redevelopment Stage 2 is critical to supporting and strengthening the medical service and health care in the Campbelltown region. Through the design and materials chosen for the new clinical services building, every effort has been made to minimise impacts to Block B. Provided that appropriate mitigation measures are employed, the proposed works can proceed with caution.

Recommendations

These recommendations have been formulated to respond to client requirements and the significance of the site. They are guided by the ICOMOS *Burra Charter* with the aim of doing as much as necessary to care for the place and make it useable and as little as possible to retain its cultural significance.¹

¹ Australia ICOMOS 2013

Recommendation 1 No further archaeological assessment is required

No further archaeological work is required in the study area due to the entire study area assessed as having low archaeological potential and the proposed development may proceed with caution.

Recommendation 2 Unexpected archaeological items

Should unanticipated relics be discovered during the course of the project, work in the vicinity must cease and an archaeologist contacted to make a preliminary assessment of the find. The Heritage Council will require notification if the find is assessed as a relic. Relics are historical archaeological resources of local or State significance and are protected in NSW under the *Heritage Act 1977*. Relics cannot be disturbed except with a permit or exception/exemption notification.

1 Introduction

1.1 Project background

Biosis Pty Ltd was commissioned by Root Partnerships to undertake a historical heritage assessment for Stage 2 of the Campbelltown Hospital Redevelopment, Campbelltown New South Wales (NSW) (Figure 1 and Figure 2), referred to as the 'study area' herein. The assessment will inform an Environmental Impact Statement (EIS) that is being prepared as part of a State Significant Development (SSD 9241) approval for the project. The proposed development will be assessed in accordance with Part 5 of the *Environmental Planning and Assessment Act 1979 NSW*.

Biosis understands from reviewing the heritage documents prepared as part of the Stage 1 EIS that there is limited potential for historical heritage values within the Campbelltown Hospital site. In addition, the study area has undergone a previous historical heritage assessment, also as part of the Stage 1 EIS (GHL 2011). Therefore, Biosis will utilise the results of GHL's assessment in order to expedite the Stage 2 reporting process.

1.2 Location of the study area

The study area is located within the suburb of Campbelltown Local Government Area (LGA), Parish of St Peter, County of Cumberland (Figure 1). It encompasses Lot 6 DP 1058047 and is bounded by Appin Road to the east, Therry Road to the south, Parkside Crescent to the west, and Campbelltown Private Hospital and IRT Macarthur Lifestyle Community to the north. The study area comprises of 19.33 hectares of public land and the adjacent road reserves. It is currently zoned SP2.

1.3 Scope of assessment

This report was prepared in accordance with current heritage guidelines including *Assessing Heritage Significance*, *Assessing Significance for Historical Archaeological Sites and "Relics"* and the *Burra Charter*.² This report provides a heritage assessment to identify if any heritage items or relics exist within or in the vicinity of the study area. The heritage significance of these heritage items has been investigated and assessed in order to determine the most appropriate management strategy.

The following is a summary of the major objectives of the assessment:

- Identify and assess the heritage values associated with the study area. The assessment aims to achieve this objective through providing a brief summary of the principle historical influences that have contributed to creating the present – day built environment of the study area using resources already available and some limited new research.
- Assess the impact of the proposed works on the cultural heritage significance of the study area.
- Identifying sites and features within the study area which are already recognised for their heritage value through statutory and non – statutory heritage listings.
- Recommend measures to avoid or mitigate any negative impacts on the heritage significance of the study area.

² NSW Heritage Office 2001; NSW Heritage Branch, Department of Planning 2009; Australia ICOMOS 2013

1.4 Limitations

This report is based on historical research and field inspections. It is possible that further historical research or the emergence of new historical sources may support different interpretations of the evidence in this report.

The short amount of time required to prepare this assessment limited the historical research that was undertaken. Much of the background research in this assessment was based on a previous heritage assessment by GHL (2011); however, sources and references were checked for accuracy. In addition, a comparative analysis of Block B and a more thorough research into Barry Patten and Yuncken Freeman Architects was unable to be conducted in the time available, along with community consultation regarding the social values of the study area.

Although this report was undertaken to best archaeological practice and its conclusions are based on professional opinion, it does not warrant that there is no possibility that additional archaeological material will be located in subsequent works on the site. This is because limitations in historical documentation and archaeological methods make it difficult to accurately predict what is under the ground.

The significance assessment made in this report is a combination of both facts and interpretation of those facts in accordance with a standard set of assessment criteria. It is possible that another professional may interpret the historical facts and physical evidence in a different way.

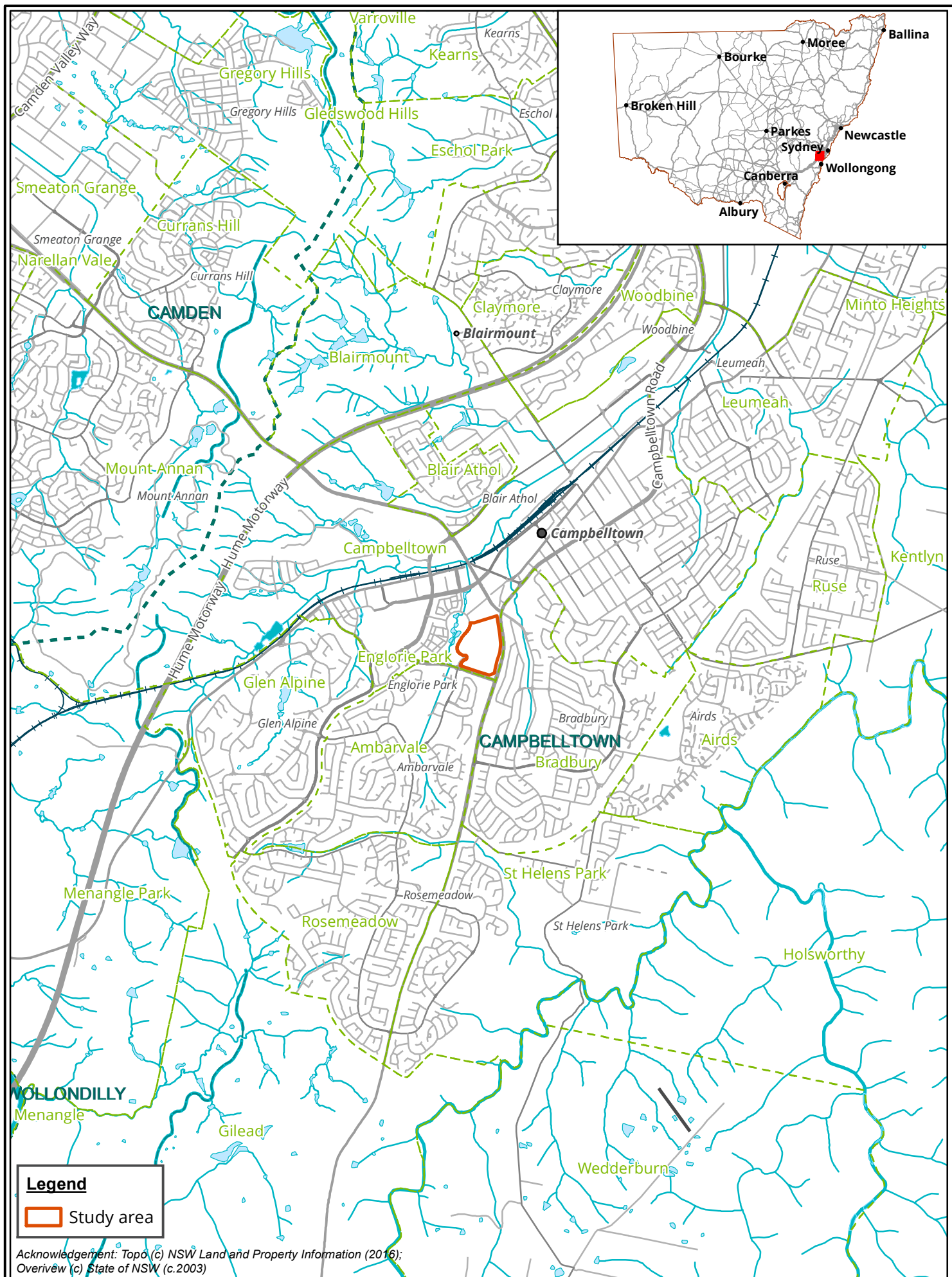
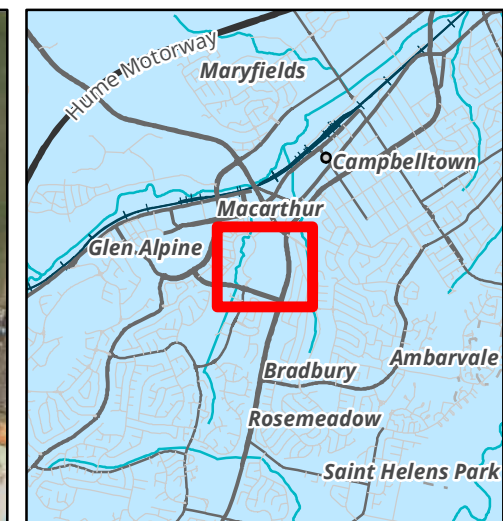


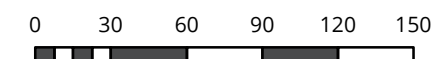
Figure 1: Location of the study area in a regional context



Legend

Study area

Figure 2: Location of the study area in a local context



Metres
Scale: 1:3,000 @ A3
Coordinate System: GDA 1994 NSW Lambert



Albury, Ballarat, Melbourne,
Newcastle, Sydney, Wangaratta & Wollongong

Matter: 27658
Date: 30 May 2018,
Checked by: SJK, Drawn by: LW, Last edited by: lwilson
Location: P:\27600s\27658\Mapping\27658_SOHI_F2_StudyArea

2 Historical context

Historical research has been undertaken to identify the land use history of the study area, to isolate key phases in its history and to identify the location of any built heritage or archaeological resources which may be associated with the study area. The historical research places the history of the study area into the broader context of Campbelltown.

2.1 Topography and resources

The study area is located on the eastern margin of the Cumberland Plain and is formed on the sediments of the Wianamatta Group.³ They comprise shale, with occasional calcareous claystone, laminite and coal. More recent Tertiary and Quaternary sediments overlie the shales along river and creek beds. The Cumberland Plain generally comprises gently undulating plains and low rolling hills, rising gradually from the flat, low-lying areas just above sea level in the north, to an altitude of around 300 metres on the hills of the Razorback Range in the south.

The Campbelltown region would have generally provided a number of resources used by Aboriginal inhabitants. The wider region includes distinct ecological zones, including open forest and open woodland, with riparian vegetation extending along many of the watercourses. Each ecological zone hosts a different array of floral and faunal species, many of which would have been utilised according to seasonal availability. Aboriginal inhabitants of the region would have had access to a wide range of avian, terrestrial and aquatic fauna and repeated firing of the vegetation would have opened up the foliage allowing ease of access through and between different resource zones.

2.2 Aboriginal past

The study area is recognised as being within the traditional lands described as Wodi Wodi. The traditional Wodi Wodi boundary extended from around Stanwell Park to the Shoalhaven River, and as far inland as Picton, Moss Vale and Marulan. The Wodi Wodi spoke the Dharawal language, however Dharawal (Tharwal) was not a word they had heard of or used themselves.⁴

The arrival of settlers in the region and new competition for resources began to restrict the freedom of movement of Aboriginal hunter-gatherer inhabitants from the early 1800's. European expansion along the Cumberland Plain was swift and soon there had been considerable loss of traditional lands to agriculture. This led to violence and conflict between Europeans and Aboriginal people as both groups sought to compete for the same resources. In the Cowpastures region, it began following the murder of an Aboriginal woman and her children, which resulted in violent clashes between several Aboriginal men and European settlers between 1814 and 1816 (Liston 1988, p. 50). The violence had escalated by 1816 following the outlaw proclamation by Macquarie, resulting in the massacre of 14 Aboriginal people hiding at Appin.⁵ This event is known as the 'Appin Massacre' and is regarded as a pivotal part of the history of the destruction of the Aboriginal people in the region.

³ Hazelton & Tille 1990, p. 30

⁴ Tindale 1974

⁵ Liston 1988, p. 54

2.3 Campbelltown – historical development

2.3.1 Early development

Shortly after the arrival of the First Fleet at Port Jackson, escaped cattle from the settlement moved south and bred in the Campbelltown area, and after their discovery in 1795, the area became known as The Cow Pastures (or Cowpasture) after the wild cattle found there. The first grant of land in the area was made in 1805 to John Macarthur and the property named Camden Park.⁶ Macarthur was granted the 5,000 acres in support of his idea that there was potential for the production of fine quality wool in the colony.⁷ By the late 1830s, Macarthur's property had been expanded to 28,000 acres.⁸

Flooding in the Hawkesbury district in 1806 and 1809 led Lieutenant Governor Paterson to grant land in other areas, including the Minto district.⁹ In August 1809, Paterson made out the first six grants in the Campbelltown region and by the end of 1809, 34 settlers had received grants in the Minto district. Many of these early settlers were Irish, including surveyor James Meehan, who allocated himself a generous portion (now Macquarie Fields). Other prominent settlers included surgeon Charles Throsby, who was allocated 600 acres (now Glenfield), Dr William Redfern (Campbellfield), Dr Robert Townson (Varroville) and Richard Atkins (Denham Court).¹⁰

Once Macquarie became governor, the grants in the Minto district were declared invalid. However, most had been confirmed by late 1811, and Macquarie also made new grants. After making two trips through the area between Bunbury Curran Creek and the George's River, Macquarie named the area Airds. He instructed free persons wanting land in the area to submit applications.¹¹ The name Airds regularly appeared in early grant lists; however, as Campbelltown began to develop, the name fell out of use.

⁶ Wrigley 2001, p.10

⁷ Mylrea 2000, p. 17

⁸ Wrigley 2001, p.10

⁹ Liston 1988, p. 7

¹⁰ Davies 2011, p. 12

¹¹ Liston 1988, p. 10



Plate 1 Detail of William Henry Wells' 1848 map of the County of Cumberland showing early land grants in the Campbelltown region. The red arrow denotes the approximate location of the study area (Source: National Library of Australia, Map F 104).

By 1820, all land with agricultural potential had been alienated, with the exception of land reserved for public purposes.¹² A large number of the smaller grants were incorporated into the larger estates along the road between Campbelltown and Liverpool. Other than some changes in ownership, these large estates remained largely intact. Some of the landholdings that started off small were increased through purchase of neighbouring property or through marriage into a neighbouring family. Labour on the largest estates was supplied by convicts but on smaller properties, ex-convicts were employed as was casual labour depending on the season. In some instances, landowners leased portions of the properties to tenants who were required to clear forested land, cultivate it and provide the landlord a portion of the crop.¹³ By 1823, there was no land remaining in the Cumberland Plain for granting to settlers (Plate 2).



Plate 2 Mid-1800s watercolour by Elizabeth Macarthur showing the landscape of the Campbelltown area (Source: National Library of Australia).

Governor Macquarie proposed the construction of a road from Sydney to Liverpool and by 1814, the road had been constructed. It was at first just a cleared dirt track, but would later become an important communication corridor for the region.¹⁴ As better routes were established by explorers, the roads from Campbelltown were extended to the south coast and the Southern Highlands and Campbelltown became a cross-roads for movements to Sydney, Appin, the Illawarra, Picton, Narellan, Camden, Penrith and Nattai. Roads and bridges were built and maintained by convict road gangs from 1826 to 1858.¹⁵

¹² Perumal Murphy 1990, p. 12

¹³ Liston 1988, p. 41

¹⁴ *Ibid.*, p. 11

¹⁵ Davies 2011, p. 28

2.3.2 Establishment and development of Campbelltown

It may have been as early as 1815 that the site for the later town of Campbelltown was set aside, as this was when the road from Liverpool to Appin was surveyed. By the end of 1820, Macquarie had approved the location.¹⁶ In December 1820, Macquarie marked the boundaries of the township and named it Campbelltown, after his wife's maiden name. From 1820 to 1827, Robert Hoddle surveyed Campbelltown in preparation for the first town layout plans in 1826 (Plate 3). Although applications for allotments were made from 1821, no land was allocated until 1827, apart from the church land, graveyard, and school. Land was released for occupation in 1831.¹⁷

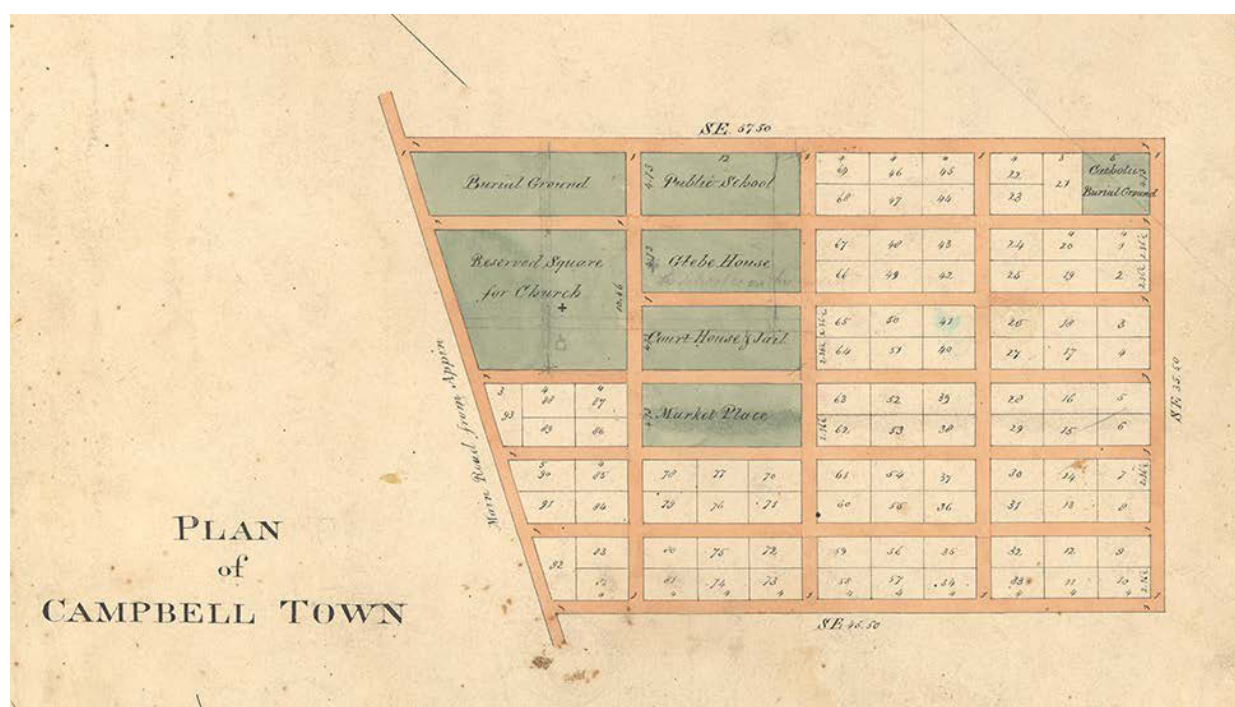


Plate 3 Robert Hoddle's 1826 plan of Campbell Town (Source: State Records NSW, Sketch book 1, Folio 37).

The merits of Campbelltown's location and character were debated during the 1830s, particularly the street alignments, town allotments (which were not properly defined or identified), and the streetscape.¹⁸ By 1840, Hoddle's plan could no longer be implemented because grants, streets, fences and gardens had been built with no regard to the town plan. The symmetry of other colonial towns was missing from Campbelltown; however, it did have the only official building outside of Sydney town – the Court House.¹⁹

The expansion of the railway line from Sydney to Goulburn was constructed during the 1850s following the gold rush years of the region, with the line to Campbelltown and the Campbelltown Railway Station being officially opened on 17 May 1858.²⁰ There were no other established towns along the railway line between Liverpool and Campbelltown; however, during the 1870s and 1880s when this region began to be subdivided,

¹⁶ Liston 1988, p. 28

¹⁷ *Ibid.*, p. 31

¹⁸ Davies 2011, p. 15

¹⁹ *Ibid.*

²⁰ 1858 'Opening of the railway to Campbelltown' The Sydney Morning Herald (NSW : 1842-1854), 17 May 1858, p. 2, viewed 25 May 2018, <http://nla.gov.au/nla.news-article13010081>

additional stations were established. By 1866, there were approximately 950 people in Campbelltown and, in 1879, Henry Parkes published a petition for the establishment of the Municipality of Campbelltown.²¹ The petition was successful and in 1882, the area was proclaimed the Municipal District of Campbelltown by the Governor of New South Wales. By 1892, Campbelltown's population was 800 and the districts population was 2000.

From the 1840s to the 1880s, Campbelltown prospered from the production and milling of wheat with a number of mills being built in the region. However, with the appearance of the wheat disease rust into the region, yields significantly decreased and together with competition from large farms on the western slopes and plains of NSW, grazing become the dominant industry.²² Following the opening of the railway line, another area of agricultural industry flourished. Dairy farming became a prominent industry, with several dairies well established by the 1870s. By 1919 there were over 120 suppliers of milk in Campbelltown, Appin and Minto.²³

Campbelltown saw significant growth following World War I, when the first residential estates were established outside of the original town boundaries; and again following World War II, when new estates were developed for returning soldiers. The housing commission developed large areas of affordable housing during this period. The population during this time was 3000 people and by 1960 the municipality had a population of 14,000 people. However, it was the designation of Campbelltown as a satellite city by the State Planning Authority that saw major growth and development in the region. Large tracts of land were set aside for public and private housing for industry and public facilities.²⁴

2.3.3 John Bolger's 100 acres

The study area lies within land that was originally part of 100 acres (Portion 71) granted to John Bolger by Governor Macquarie in 1817 (Plate 4). Soon after it was granted, former convict and government surveyor James Meehan purchased the property.²⁵ Bolger's 100 acres was most likely tenanted by farmers as Meehan's main farm was Macquarie Fields at Ingleburn.²⁶ Meehan died in 1826 and his son Thomas inherited his father's property; however, eight years later Thomas died leaving his wife in Liverpool Asylum and two infant daughters. One the daughters, Elizabeth, inherited the land and in 1865 married Frederick Barker.

²¹ 1879 'Petition for Municipality – Campbelltown' The Sydney Morning Herald (NSW : 1842-1954), 24 Apr, p. 15, viewed 25 May 2018, <http://nla.gov.au/nla.news-article13433475>

²² Davies 2011, p. 30

²³ *Ibid.*, p. 31

²⁴ GML 2011, p. 7

²⁵ Primary Application 16350 and 12602, NSW Land Registry Services

²⁶ Perry 1967

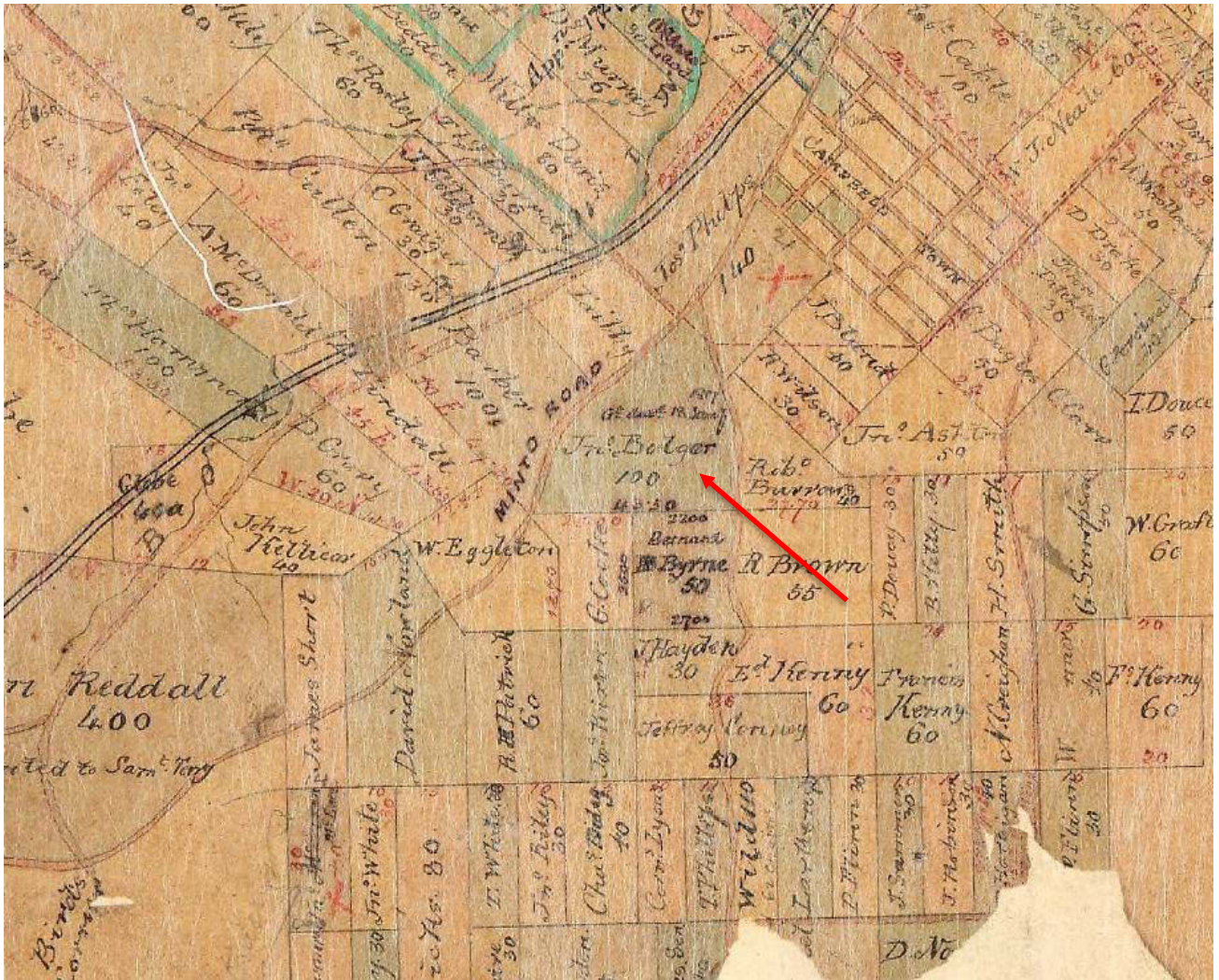


Plate 4 Parish map showing John Bolger's 100 acre grant marked in red (Source: NSW Land Registry Services).

Frederick and Elizabeth were unable to meet their mortgage repayments and the land was subdividing into two farms in 1874 (Plate 5). The northern portion was purchased by Daniel Fowler and the southern portion purchased by James Fitzpatrick.²⁷ Both Fowler and Fitzpatrick had major land holdings in the Campbelltown region and the purchase of Bolger's land added to their property holdings.²⁸

²⁷ Primary Application 16350 and 12602, NSW Land Registry Services

²⁸ GML 2011, p. 6

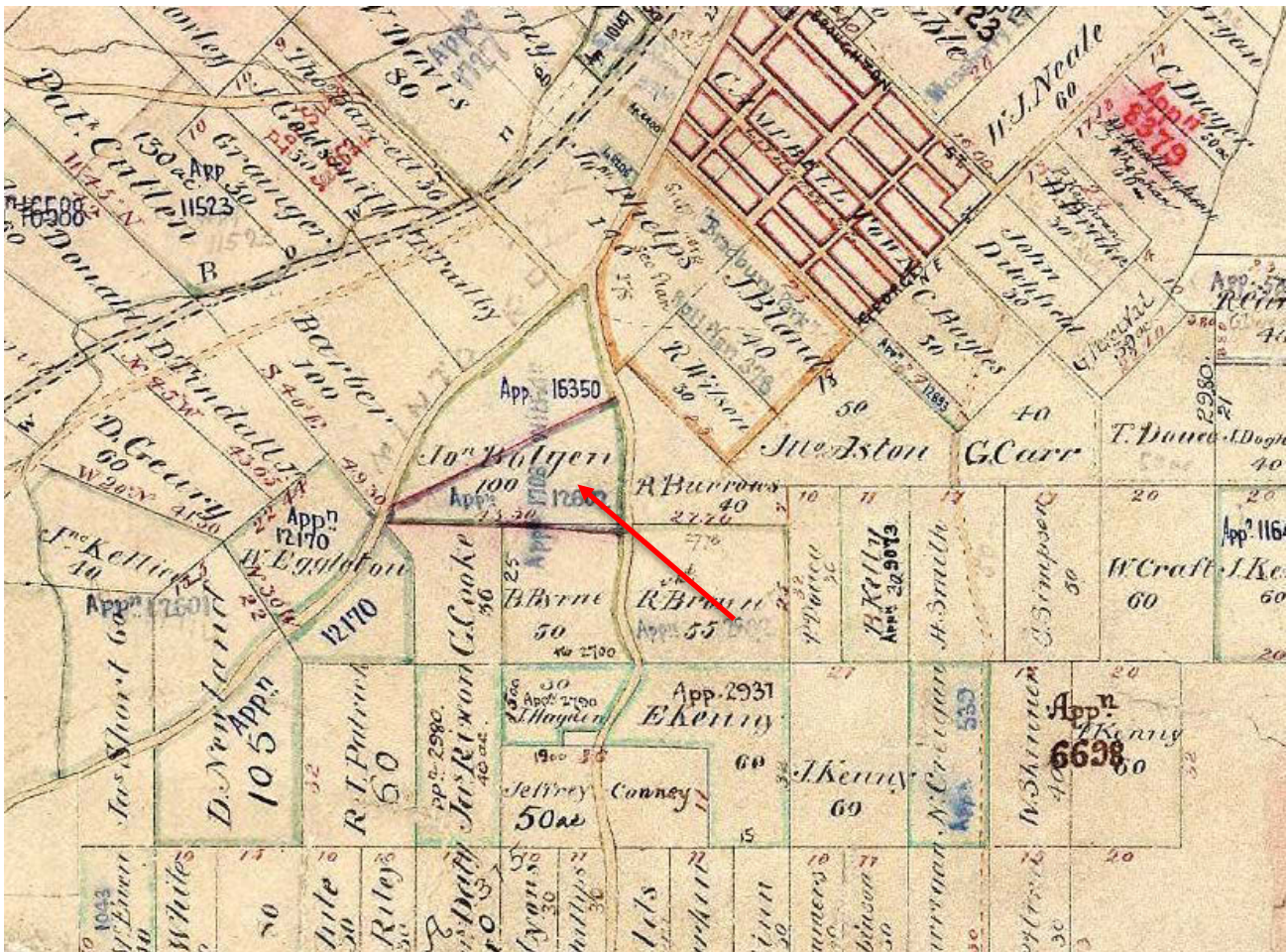


Plate 5 1882 parish map showing the subdivision of Bolger's 100 acres into two farms (Source: NSW Land Registry Services).

Daniel Fowler owned the northern portion of land until his death in 1899, when his son William Fowler inherited the land. George Spearing, a local butcher from Campbelltown, purchased the 59 acres in 1914 and the land remained within the Spearing family until 1953 until it was bought by Donald McDonald.²⁹

Adjoining the land to the north, a nine hole golf course was built in 1926. It was rough course that was watered by rain and attended to by its members (Plate 6). The golf course comprised of 47 acres and had been leased to the club until it was purchased by Campbelltown Council. It soon became clear that the golf club facilities were inadequate due to the influx of returning servicemen in the 1950s and the residential development that followed.³⁰ The new 18 hole championship golf course opening in 1957; however, an international standard course was constructed in 1978 just south of the original course in an area that became known as Glen Alpine. The original course was closed, with a portion of it transferred to Lend Lease, and the remaining 30 acres was acquired by the NSW Health Commission in 1980 to enlarge Campbelltown Hospital.

²⁹ Primary Application 16350 and 12602, NSW Land Registry Services

³⁰ GH 2011, p. 8



Plate 6 c.1950 photograph of Campbelltown Golf Course looking south. Appin Road is on the left and the site of the future hospital is marked with a red arrow (Source: Campbelltown and Airds Historical Society).

The southern portion of James Bolger's land was owned by James Fitzpatrick from 1874 until his death in 1888³¹. Fitzpatrick was one of 42 protesters transported to NSW from Ireland in 1822 and in 1825 acquired his ticket of leave. During the 1840s and 1850s, he purchased many farms south and west of Campbelltown and by the 1860s, he owned the majority of farms west from Campbelltown to Narellan and south towards Menangle.³² Fitzpatrick died three months after the death of his wife in 1888, leaving three young children and vast estates, which were managed by Trusts for many years. The 54 acres was purchased by a grazier, Samuel Allen, in 1925 and the following year purchased by another farmer, Clarence Ducat. The Ducat's owned the farm until 1961, when King Dairy acquired the property. Seven years later it was resumed by the State Planning Authority of NSW as part of the strategic planning for growth in the Campbelltown area. In 1973, it was decided that the land be transferred to the Hospital Commission for Stage 1 of the Campbelltown Hospital Complex.³³

2.3.4 Campbelltown Hospital

During the 1840s, Campbelltown had several resident doctors; however, medical services were expensive and the sick and elderly relied on support of their family or on charitable institution such as the asylum for the destitute in Liverpool.³⁴ In 1896, the Parliamentary Standing Committee on Public Works proposed building a new hospital in Campbelltown for the chronically ill to take the pressure off the facilities at Rookwood. A 700

³¹ Primary Application 16350 and 12602, NSW Land Registry Services

³² Robinson 1976, p. 162-168

³³ GHF 2011, p. 8

³⁴ Liston 1988, p. 112

acre site was approved by the Public Works Committee; however, the project cost was large and the project was never constructed.³⁵

The Camden Cottage Hospital was opened in 1902 and for the next 70 years, this was the closest hospital to Campbelltown. During the 1920s, the Campbelltown Auxiliary Committee met to raise funds for Camden District Hospital, the Hospital for Infants and the Liverpool Ambulance Service. It was this committee that in 1952 concentrated their efforts to bring the long awaited hospital to Campbelltown.³⁶ Construction began in 1974 just weeks following Gough Whitlams' release of funding.

Stage 1 of the hospital was designed by Barry Patten from Yuncken Freeman Architects Pty Ltd of Melbourne. Patten had enrolled in the architecture course at the Melbourne Technical College in 1944 and to gain experience for registration as an architect, he joined Yuncken Freeman and Griffiths and Simpson in the mid-1950s.³⁷ In 1956, the firm was invited to submit a design for the Sidney Myer Music Bowl in Melbourne. The young designer produced a flimsy wire and paper model and won the important commission for his firm. The Sidney Myer Music Bowl in Melbourne is listed by Heritage Victoria, along with The State Offices complex and BHP House, which were also designed by Patten.³⁸

The first stage of the hospital rose above the surrounding landscape as a visually imposing representation of the new civic era of Campbelltown with its externally expressed circular stair towers paired around central public and emergency entrances (Plate 7). The six stories housed 120 beds, along with medical and surgical facilities, and when it opened in 1977 it employed 200 full time staff (Block B).³⁹ Also part of Stage 1 was the construction of a day surgery unit in 1980 located between the main hospital and the circular carpark.

³⁵ Liston 1988, p. 158

³⁶ *Ibid.*

³⁷ Clerehan 2003, p. 1

³⁸ *Ibid.*

³⁹ GHL 2011, p. 11



Plate 7 Opening of the Campbelltown Hospital in 1977 (Source: Campbelltown and Airds Historical Society).

Following the State Government's announcement to redistribute hospital resources from the lower north shore and inner city to the out suburbs, the 'Beds for the West' campaign was launched with Campbelltown's MP Michael Knight successfully obtaining \$23 million for the development of Stage 2 of Campbelltown Hospital.⁴⁰ Stage 2 began construction in March 1984 on part of the former golf course that had been set aside for this purpose by the State Government in 1980. Designed by Leighton Irwin Architects and Health Facility Planners, the new Stage 2 building continued to use curved, externally expressed stairs within a more subtle building (Plate 8). The buildings housed a maternity facility with 60 beds, eight delivery suites, and a neo-natal special care nursery; along with 24 paediatric beds, 15 intensive beds, three new operating theatres, a sterile supply department and an ultrasound department. Stage 2 also included the construction of Waratah House, a psychiatric unit linked to the hospital by a service corridor, and a single storey extension to the western façade of the main building to create a new entrance with office and outpatient facilities. This extension removed the circular driveway at the western end of the original hospital building.⁴¹ A child care facility was also built, which accommodated 40 children of both hospital staff and the community.

⁴⁰ GHF 2011, p. 11

⁴¹ *Ibid.*

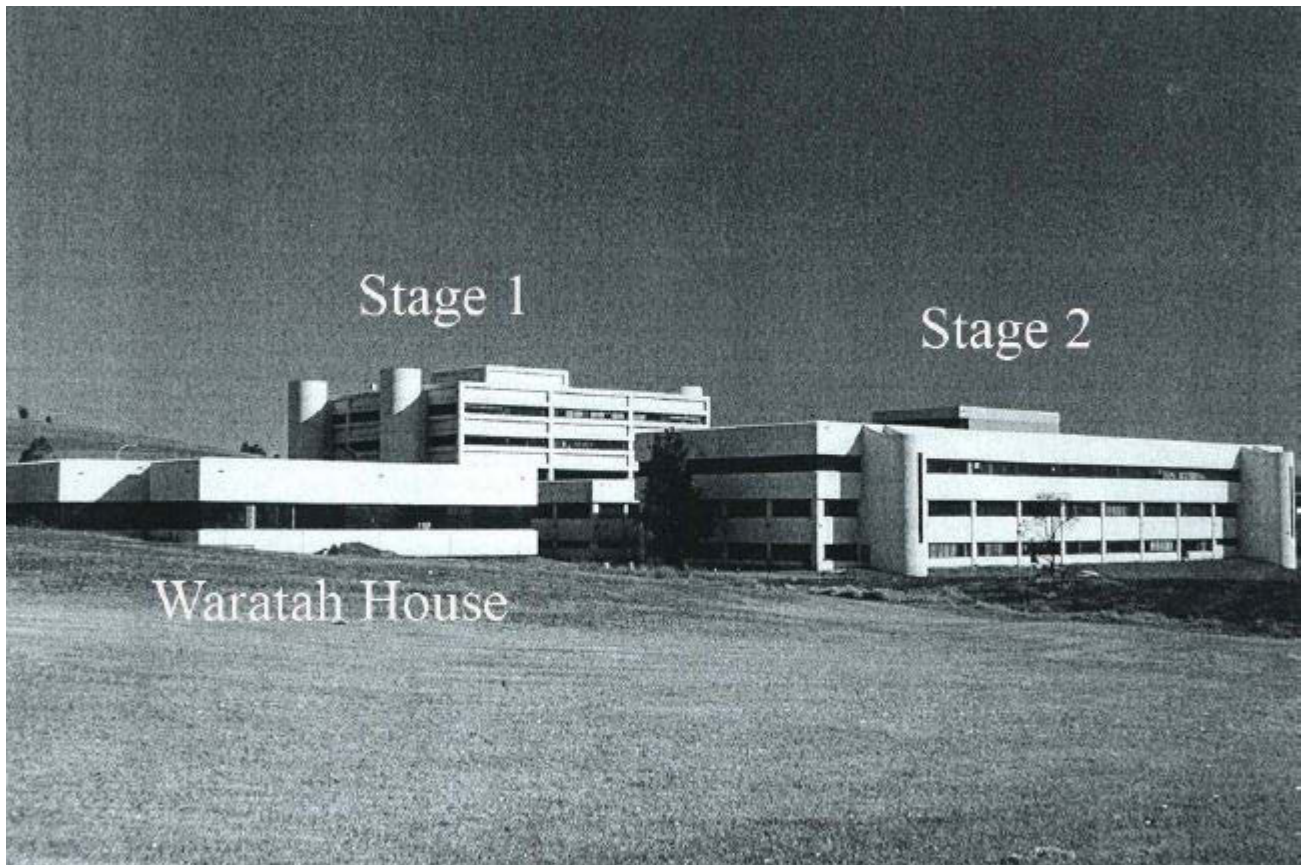


Plate 8 1986 photograph showing the completion of Stage 2 and Waratah House (Source: Campbelltown City Library).

Stage 3 saw a major redevelopment of the hospital, which took place between 1998 and 2004. Construction of a new five storey clinical block (Block A) began in 1998 on the site of the original circular carpark and contained operating theatres, emergency department, intensive care unit, and a new main entrance built on a lower level between Block A and B. The single storey Cancer Treatment Centre (CTC) was also part of Stage 3 construction works and housed two linear accelerator bunkers, as was the single storey Paediatric Ward (Block C) attached to the Stage 2 maternity block (also now called Block C). The original circular carpark on the eastern side of Block B was removed to make way for a new driveway and loading dock, while Block B and C were refurbished. In 2003, an adolescent Mental Health Building (GNA KA LUN) for youth under 18 years was constructed, which was followed in 2004 by the Youth Mental Health Building (BIRUNJI) for children under 14 years. This stage of redevelopment also included a helipad west of Block A and extensive roadworks and additional parking.⁴²

In 2011, the NSW Premier promised \$194 million for improvement to the hospital.⁴³ The Campbelltown Hospital Redevelopment Stage 1 comprised of a new six-storey acute services building with new inpatient wards, ambulatory care, outpatient, allied health services, pathology and clinical information. The redevelopment also included construction of a new covered walkway linking the new Acute Health Services building, Campbelltown Hospital main entry, Block A, Block B and Block C; along with new patient drop off zone, six visitor parking spaces and service vehicle access from Parkside Crescent, new landscaped entry

⁴² GHL 2011, p. 12

⁴³ 2011 'Campbelltown Hospital to get \$194 million upgrade' Sydney Morning Herald, 3 February.

driveway, internal landscaped courtyards and new communal café,⁴⁴ the refurbishment and reconfiguration of the existing maternity department, paediatric outpatients, and emergency department and support services within the existing hospital buildings.⁴⁵ Construction commenced in 2013 and was completed in 2015.

2.4 Chronology of the study area

Based upon the historical research presented it is possible to summarise the chronology of the study area, this is presented in Table 1. The development within the study area is provided in Plates 9 to 13 below.

Table 1 Chronological development of the study area

Date	Historical development
1805	The first land grant in the Camden area was issued to John Macarthur and comprised of 5000 acres.
1809	Governor Paterson made out the first six grants in the Campbelltown area and by the end of the year 34 settlers had received grants including surgeon Charles Throsby, who was allocated 600 acres, Dr William Redfern, Dr Robert Townson and Richard Atkins.
1815	The site for Campbelltown was set aside. The roads from Campbelltown were extended to the south coast and the Southern Highlands
1817	100 acres (Portion 71) granted to John Bolger by Governor Macquarie.
1820	By 1820, all land with agricultural potential had been alienated, with the exception of land reserved for public purposes. Governor Macquarie marked the boundaries of the township and named it Campbelltown, after his wife's maiden name.
1823	By 1823, there was no land remaining in the Cumberland Plain for granting to settlers.
1826	Campbelltown's first town plans presented by Robert Hoddle. John Bolger dies and leaves his 100 acres to his daughter Elizabeth.
1831	Land within the township of Campbelltown was released.
1858	Campbelltown railway station officially opened.
1870s	Land between Liverpool and Campbelltown began to be subdivided. The northern portion was purchased by Daniel Fowler and the southern portion purchased by James Fitzpatrick.
1874	John Bolger's 100 acres subdivided into two farms. The northern portion was purchased by Daniel Fowler and the southern portion purchased by James Fitzpatrick.
1882	The area was proclaimed the Municipal District of Campbelltown by the Governor of New South Wales.
1926	A nine hole golf course was built in the northern portion of the study area.
1968	The southern portion of the study area was resumed by the State Planning Authority of NSW as part of the strategic planning for growth in the Campbelltown area.
1973	The southern portion of the study area was transferred to the Hospital Commission for Stage 1 of the Campbelltown Hospital Complex.

⁴⁴ NSW Government 2014

⁴⁵ NSW Health Infrastructure 2018

1977	Stage 1 of Campbelltown Hospital officially opened.
1978	The original golf course was closed, with a portion of it transferred to Lend Lease.
1980	30 acres of the northern portion of the study area was acquired by the NSW Health Commission in 1980 to enlarge Campbelltown Hospital.
1986	Stage 2 of Campbelltown Hospital completed.
2004	Stage 3 of Campbelltown Hospital completed.
2015	Campbelltown Hospital Redevelopment Stage 1 completed



**Plate 9 1951 aerial
(NSW Department of
Lands)**

The 1951 aerial shows that the entire study area has been cleared of vegetation. The boundary between the two farms is still visible and there is evidence of cropping, ploughing and agriculture.



**Plate 10 1963 aerial
(NSW Department of
Lands)**

The 1963 aerial shows the boundary between the two farms is still present and the golf course has been constructed on the northern farm.



**Plate 11 1979 aerial
(NSW Department of
Lands)**

The 1979 shows Stage 1 of Campbelltown Hospital and the circular western carpark has been completed. The golf course is still present on the northern farm.



**Plate 12 1990 aerial
(NSW Department of
Lands)**

The 1990 aerial shows that Stage 2 of the hospital has been completed and the staff accommodation adjacent to Therry Road is under construction. The golf course has been removed but there are visible remnants of the putting greens.



**Plate 13 2005 aerial
(NSW Department of
Lands)**

The 2005 aerial show Stage 3 of the hospital has been completed. Parkside Crescent and its new entrance have been constructed and the circular western carpark has been removed. Birunji Creek has been highly modified and Campbelltown Private Hospital (built in 2007) can be seen north of the hospital.

2.5 Research themes

Contextual analysis is undertaken to place the history of a particular site within relevant historical contexts in order to gauge how typical or unique the history of a particular site actually is. This is usually ascertained by gaining an understanding of the history of a site in relation to the broad historical themes characterising Australia at the time. Such themes have been established by the Australian Heritage Commission and the NSW Heritage Office and are outlined in synoptic form in New South Wales Historical Themes.⁴⁶

There are 38 State Historical Themes, which have been developed for NSW, as well as nine National Historical Themes. These broader themes are usually referred to when developing sub-themes for a local area to ensure they complement the overall thematic framework for the broader region.

A review of the contextual history in conjunction with GML's 2011 report has identified four historical themes which relates to the occupational history of the study area.⁴⁷ This is summarised in Table 2.

Table 2 Identified historical themes for the study area

Australian Theme	NSW Theme	Local Theme
Developing local, regional and national economies	Agriculture	Clearing land for farming, dairy farming, farming by convict emancipists, farming wheat and other grains.
	Pastoralism	Grazing sheep and cattle
	Health	Establishment of Campbelltown's first hospital
Building settlements, towns and cities	Town, suburbs and villages	Establishing Campbelltown as the major centre for South Western Sydney

⁴⁶ NSW Heritage Council 2001

⁴⁷ GML 2011, p. 39

3 Physical inspection

A physical inspection of the study area was undertaken on 17 May 2018, attended by Alexander Beben, Principal Archaeologist at Biosis. The principal aims of the survey were to identify heritage values associated with the study area; this included any heritage items (Heritage items can be buildings, structures, places, relics or other works of historical, aesthetic, social, technical/research or natural heritage significance. 'Places' include conservation areas, sites, precincts, gardens, landscapes and areas of archaeological potential).

3.1 Site setting

Campbelltown Hospital is located one kilometer south west of Campbelltown CBD within an undulating landform of scenic quality.⁴⁸ The study area slopes from the south east to the north west and there is a high crest in the south east corner (Plate 14), which allows commanding views across the hospital and the adjacent urban setting (Plate 15). The landscape has been radically altered by the development within study area by the three stages of hospital development, its maze of interconnecting roads, walkways, parking zones and associated landscaping (Plate 16). The centre of the study area is dominated by the original Stage 1 building (Block B), the 1986 maternity and children's building of Stage 2 (Block C), and the Stage 3 Block A building, and the paediatric and oncology units (Plate 17).

It is important to analyse and describe views to and from components within a cultural landscape to help understand how it is experienced and to understand the nature of an evolving landscape. This enables a greater understanding of what aspects of the landscape need to be conserved and protected. Significant views to, from and within the study area are described in this section. Due to the heavily developed nature of the study area, the majority of views within it are obstructed by existing buildings. The most significant views are from the top of the crest near the corner of Appin and Therry Roads and the views toward Birunji Creek from Parkside Crescent.

⁴⁸ Davies 2011, p. 12



Plate 14 South facing photo showing the high crest in the south east corner of the study area.



Plate 15 North facing photo showing views over the hospital site the urban setting beyond.



Plate 16 West facing photo showing the extensive landscaping, walkways and car parks within the study area.



Plate 17 North east facing photo showing the central buildings of the hospital, overlooking the main carpark.

3.2 Built fabric assessment

Campbelltown Hospital was built in three stages: Stage 1 was completed in 1977, Stage 2 in 1986, and Stage 3 completed in 2004.

Stage 1 comprises of the main building (named Block B) and its landscape setting, along with the large circular carpark located at the front of Block B. The late 20th century international style building was designed by

Barry Patten of Yuncken Freeman Architects.⁴⁹ The building is six stories high and is cubiform in shape and constructed of reinforced concrete members set on a masonry plinth. Its structural frame is expressed by the cylindrical stairwells attached in symmetry around the central public and emergency exits on the two principal faces. The only other building constructed during Stage 1 is the demountable site office located to the east of the hospital, which was converted to an engineering and stores building. The emergency department entrance was on the eastern side of the building, while the main entrance was located on the western façade.

Stage 2 comprised of the construction of the four storey Block C, which contained the new maternity facilities and children's ward. The style of Block C is a late 20th century cubiform building in the Brutalist style.⁵⁰ A single storey structure was also built connecting the two blocks that created a new main entrance to the hospital with office and outpatient facilities. Also during this phase of construction, the original mental health building Waratah House was built, along with staff accommodation near Therry Road and a child care facility adjoining the western boundary of the circular carpark.⁵¹

Stage 3 saw a major redevelopment of the hospital. A six storey new clinical building (Block A) was built on the site of the original circular carpark, which contained a new emergency department, operating theatres and an intensive care unit. A new front entrance between Blocks A and B was constructed, along with a single storey oncology facility, single storey paediatric ward, free-standing adolescent mental health building, and a helipad. This major redevelopment also included extensive road works, additional parking, new loading dock, construction of a new roundabout entrance, conversion of the former child care centre into an education centre, and the refurbishment of Blocks B and C.⁵²

The Campbelltown Hospital Redevelopment Stage 1 is located in the western part of the study area adjacent to Parkside Crescent. It consists of a new six-storey acute services building with new inpatient wards, ambulatory care, outpatient, allied health services, pathology and clinical information; as well as a new covered walkway, new patient drop off zone, six visitor parking spaces and service vehicle access from Parkside Crescent, new landscaped entry driveway, internal landscaped courtyards and new communal café. There will also be a built link between Buildings A and B.

Table 3 Summary of extant buildings located within the study area (GML 2011, p. 32-34)

Building name	Description	Development stage
Block B	Constructed of reinforced concrete members in a late 20th century international style. Set on a masonry plinth it is cubiform in shape, with its structural frame expressed externally and cylindrical stairwells attached in symmetry around a central public and emergency exits on the two principal facades. Designed by renowned architect Barry Patten of Yuncken Freeman Architects, Melbourne.	1
Block C	Late 20th century cubiform building in the Brutalist style.	2
Waratah House	Late 20th century Sydney regional style rendered brick building.	2
Staff Accommodation	Late 20th century domestic style, symmetrical building of adjoined brick units.	2

⁴⁹ GML 2011, p. 30

⁵⁰ GML 2011, p. 32

⁵¹ GML 2011, p. 30

⁵² GML 2011, p. 31

Building name	Description	Development stage
Education Centre	Kit building of planked siding on a cement slab with iron roofing	2
Block A	Late 20th century cubiform cement building in the Brutalist style. Stairways are expressed externally as major features.	3
Block C Paediatrics	T-shaped building	3
Oncology facility (CTC)	One and two storey masonry building	3
Gna Kalum	Late 20th century Sydney regional style rendered building	3
Birinji	Building constructed of brick with corrugated iron features. The main body of the building is free form in shape with two rectangular wings projecting from it at 45 degrees to one another.	3
Helipad	Cement pad	3
Main entry	Square open plan building with structural frame expressed. Its southern façade is a double height tinted glazed wall.	3
Drug Advisory Centre	Late 20th century Sydney regional style rectangular brick building built into the hill with a tiled roof.	Unknown
Rotary House	Square open plan building with structural frame expressed, glazed walls and verandah. It opens onto an outdoor area.	Unknown
Ambulance Station	Organic style building constructed of brick with corrugated iron features.	Post development
Acute services building	Early 21 century modern U-shaped building	Redevelopment Stage 1

3.3 Archaeological assessment

The potential archaeological resource relates to the predicted level of preservation of archaeological resources within the study area. Archaeological potential is influenced by the geographical and topographical location, the level of development, subsequent impacts, levels of onsite fill and the factors influencing preservation such as soil type. An assessment of archaeological potential has been derived from the historical analysis undertaken during the preparation of this report.

3.3.1 Archaeological resource

This section discusses the archaeological resource within the study area. The purpose of the analysis is to outline what archaeological deposits or structures are likely to be present within the study area and how these relate to the history of land use associated with the study area.

From the time of European settlement onwards, the study area appears to have been extensively cleared and used primarily for grazing purposes and then as a golf course in the northern portion. Archaeological resources likely to be present within the study area would be associated with the original property boundaries and roads, and evidence of early farming practices. Any remains from the property boundaries would be ephemeral structural evidence such as post holes, while evidence of farming practices are likely to be associated with small outbuildings, animal sheds, fences and pens.

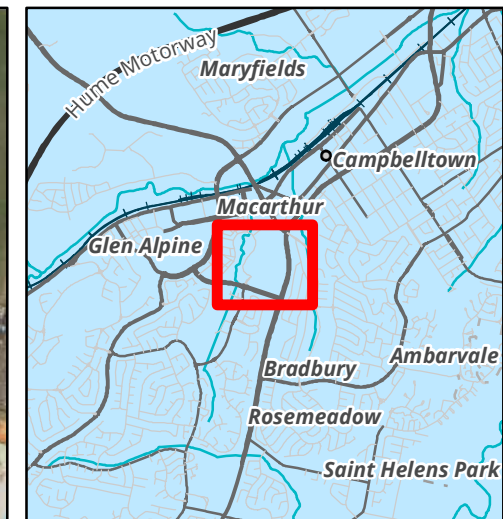
Having said that, the historical research undertaken as part of this assessment did not indicate any historical structures or buildings within the vicinity of the study area until the construction of Stage 1 of hospital in 1975. The construction of the hospital and its associated buildings, along with landscaping and roadway construction, have most likely removed all traces of the previous historical phases through the process of landscape cut and fill, which have created a series of large flat benches across the study area's naturally sloping landform. These activities have heavily modified the study area's subsurface stratigraphy and removed any archaeological potential. The lack of historical occupation combined with the extensive disturbance across the majority of the hospital site suggests that the study area has low potential to contain archaeological resources.

3.3.2 Research potential

Archaeological research potential refers to the ability of archaeological evidence to provide information about a site that could not be derived from any other source and which contributes to the archaeological significance of that site. Archaeological research potential differs from archaeological potential in that the presence of an archaeological resource (i.e. archaeological potential) does not mean that it can provide any additional information that increases our understanding of a site or the past (i.e. archaeological research potential).

The research potential of a site is also affected by the integrity of the archaeological resource within a study area. If a site is disturbed, then vital contextual information that links material evidence to a stratigraphic sequence may be missing and it may be impossible to relate material evidence to activities on a site. This is generally held to reduce the ability of an archaeological site to answer research questions. Assessment of the research potential of a site also relates to the level of existing documentation of a site and of the nature of the research done so far (the research framework), to produce a 'knowledge' pool to which research into archaeological remains can add.

In terms of research potential, the study area's history suggests that any archaeological material present is most likely to be associated with original property boundaries and evidence of early farming practices dating from the early 18 century. Such material has been well documented elsewhere, and is unlikely to contribute to any further knowledge about the study area.



Legend

Study area

Archeological potential

Low

Figure 3: Assessment of archaeological potential

0 30 60 90 120 150
Metres

Scale: 1:3,000 @ A3
Coordinate System: GDA 1994 NSW Lambert



Albury, Ballarat, Melbourne,
Newcastle, Sydney, Wangaratta & Wollongong

Matter: 27658
Date: 30 May 2018,
Checked by: SJK, Drawn by: LW, Last edited by: IWilson
Location: P:\27400s\27413\Mapping\27658_SOHI_E4_ArchPotential

4 Significance assessment

An assessment of heritage significance encompasses a range of heritage criteria and values. The heritage values of a site or place are broadly defined as the 'aesthetic, historic, scientific or social values for past, present or future generations'⁵³. This means a place can have different levels of heritage value and significance to different groups of people.

The archaeological significance of a site is commonly assessed in terms of historical and scientific values, particularly by what a site can tell us about past lifestyles and people. There is an accepted procedure for determining the level of significance of an archaeological site.

A detailed set of criteria for assessing the State's cultural heritage was published by the (then) NSW Heritage Office. These criteria are divided into two categories: nature of significance, and comparative significance.

Heritage assessment criteria in NSW fall broadly within the four significance values outlined in the Burra Charter. The Burra Charter has been adopted by State and Commonwealth heritage agencies as the recognised document for guiding best practice for heritage practitioners in Australia. The four significance values are:

- Historical significance (evolution and association).
- Aesthetic significance (scenic/architectural qualities and creative accomplishment).
- Scientific significance (archaeological, industrial, educational, research potential and scientific significance values).
- Social significance (contemporary community esteem).

The NSW Heritage Office issued a more detailed set of assessment criteria to provide consistency with heritage agencies in other States and to avoid ambiguity and misinterpretation. These criteria are based on the Burra Charter. The following SHR criteria were gazetted following amendments to the Heritage Act that came into effect in April 1999:

- 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 the 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).

⁵³ NSW Heritage Office, 2001

- 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.

4.1 Levels of heritage significance

Items, places, buildings, works, relics, movable objects or precincts can be of either local or State heritage significance, or have both local and State heritage significance. Places can have different values to different people or groups.

Local heritage items

Local heritage items are those of significance to the local government area. In other words, they contribute to the individuality and streetscape, townscape, landscape or natural character of an area and are irreplaceable parts of its environmental heritage. They may have greater value to members of the local community, who regularly engage with these places and/or consider them to be an important part of their day-to-day life and their identity. Collectively, such items reflect the socio-economic and natural history of a local area. Items of local heritage significance form an integral part of the State's environmental heritage.

State heritage items

State heritage items, places, buildings, works, relics, movable objects or precincts of State heritage significance include those items of special interest in the State context. They form an irreplaceable part of the environmental heritage of NSW and must have some connection or association with the State in its widest sense.

The study area has undergone a previous historical heritage assessment as part of Campbelltown Hospital Stage 1 Redevelopment (GHL 2011). The following evaluation attempts to identify the cultural significance of the study area based on GHL's initial assessment.

4.2 Evaluation of significance

Criteria 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).

Campbelltown Hospital is important in the cultural history of Campbelltown as it symbolises the growth and expansion as a regional centre in the 1960s and 1970s. The hospital is evidence of political initiatives at a state level during the 1970s, associated with the provision of health services and regional planning for population expansion and growth. Campbelltown Hospital reflects the expansion of Health Services to the new growth areas of western Sydney and the town's civic development.

Campbelltown Hospital satisfies this criterion at a **local** level.

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).

Campbelltown Hospital has some association with James Meehan, who acted as Survey General from 1805 until 1812, and was a large land owner in the Campbelltown area. He was associated with early settlement patterns and road layouts, including Appin Road, and owned the land on which the study area sits from 1871 until 1826. However, there is little remaining evidence associated with this association.

The hospital has also local historical associations as the first public hospital to be constructed in Campbelltown and is therefore closely associated with the lives of the patients, employees and the surrounding community.

Block B has significance for its association with architect Barry Patten of Yuncken Freeman Architects, Melbourne. Patten submitted a design for the Sidney Myer Music Bowl in Melbourne and his design was chosen. Patten has designed three buildings in Victoria that are now on the Victorian Heritage Register: the Sidney Myer Music Bowl, the former BHP House, and the Victoria State Government Offices. During the planning stages of Campbelltown Hospital, the State's health services were being reorganised and hospitals lost their executive independence and began to be managed by a Board of Trustees who reported to the Health Commission of NSW. In this climate, Stage 1 needed a generous civic gesture and therefore a renowned Melbourne civic architectural firm were engaged to design the building. Barry Patten's association with the initial hospital building is significant as it is representative of the unique civic architecture of the period and its association with an internationally recognised architect.

Campbelltown Hospital does satisfy this criterion at **local** level.

Criteria 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).

The design of Campbelltown Hospital is representative of late 20th century architecture. With the exception of Block B, the hospital buildings have low significance and do not display strong aesthetic values or creative and technical achievements.

Block B has aesthetic significance as it is representative of the new civic era of Campbelltown during the 1970s. The building has a dry stud wall construction, which was an innovation for hospitals at the time as it maximised internal flexibility and allowed a fine level of detailing. The Stage 1 building and its surrounds delivered a contemporary monumental building in a formally planned hillside setting. The design of Block B expressed the civic confidence of the time, which was one of rapid local infrastructure development. As the intensification of urban development increased in the Campbelltown region, the newly established Health Commission were able to win significant state funding and engaged major architectural firms to provide progressive design concepts.

Campbelltown Hospital does satisfy this criterion at **local** level.

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.

Given its role as a life marker, the function of Campbelltown hospital is likely to hold social significance for a range of community groups including patients, doctors, nurses, employees, and the wider Campbelltown community.

Campbelltown Hospital satisfies this criterion at a **local** level.

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).

Considering the high level of disturbance during the successive phases of Campbelltown Hospital's development, it is extremely unlikely that the study area could yield information that contributes to an understanding of NSW's cultural or natural history.

Campbelltown Hospital does not satisfy this criterion at **local** or **state** level.

Criterion F: An item possesses uncommon, rare or endangered aspects of the area's cultural or natural history (or the cultural or natural history of the local area).

The study area does not possess uncommon or rare aspects of Campbelltown's cultural or natural history. With the exception of Block B, late 20th century architecture similar to Campbelltown Hospital are found elsewhere in the Campbelltown area due to the influx of civic infrastructure at the time.

Campbelltown Hospital does not satisfies this criterion at **local** or **state** level.

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).

The late 20th century architecture of Campbelltown Hospital remains relatively common in Australia and particularly in the Sydney region. This style of hospital with a central compound surrounded by smaller ancillary buildings is a common model of its type.

Campbelltown Hospital does not satisfies this criterion at **local** or **state** level.

4.3 Evaluation of elements which comprise the study area

A five-tier system has been adopted to clarify the significance of elements within the site and is based upon the grading listed in "Assessing Heritage Significance"⁵⁴. In this context, an element is a specific heritage item that contributes to the overall heritage significance of the site. The term interpretation or interpretability is used in the sense of the ability to explain the meaning of the place/item, so as the significance of the place understood. The five tier system is outlined in Table 8.

Table 4 Grading of significance

Grading	Justification	Status
Exceptional	Rare or outstanding element directly contributing to an item's local or State listing.	Fulfills criteria for local and State significance.
High	High degree of original fabric. Demonstrates a key element of the item's significance. Alterations do not detract from significance.	Fulfills criteria for local or State listing.
Moderate	Altered or modified elements. Elements with little heritage value, but which contribute to the overall significance of the item.	Fulfills criteria for local or State listing.
Little	Alterations detract from significance. Difficult to interpret.	Does not fulfill criteria for local or State listing.
Intrusive	Damaging to the item's heritage significance.	Does not fulfill criteria for local or State listing.

This five tier system has been used to evaluate the elements which comprise the study area, a significance grading for each element of the study area is presented in Table 9.

⁵⁴ NSW Heritage Office 2001

Table 5 Schedule of element significance for the study area

Element	NSW Heritage Criteria							Significance Grading
	A	B	C	D	E	F	G	
1977 Stage 1	X	X	X	X				Moderate
1986 Stage 2	X			X				Little
2004 Stage 3	X			X				Little
2015 Redevelopment Stage 1	X			X				Little

4.1 Statement of Significance

Campbelltown Hospital is of local significance under criteria A, B, C and D. It provides evidence of a staged expansion and redevelopment of major public infrastructure in a growing regional centre. The site has a strong and sustained connection with the expansion of Campbelltown and is evidence of the state wide change in the delivery of hospital services.⁵⁵

Block B has significance for its association with renowned architect Barry Patten of Yuncken Freeman Architects in Melbourne, who successfully won the commission to design the Sidney Myer Music Bowl. This building is listed on the Victorian Heritage Register, along with two of Patten's other designs – the former BHP House and the Victoria State Government Offices. Barry Patten's association with the initial hospital building is significant as it representative of the unique civic architecture of the period and its association with an internationally recognised architect.

Furthermore, Block B has aesthetic significance as it is representative of the new civic era of Campbelltown during the 1970s. The Stage 1 building and its surrounding landscape design delivered a contemporary monumental building in a formally planned hillside setting. The design of Block B expressed the civic confidence of the time, which was one of rapid local infrastructure development.

Given its role as a life marker, the function of Campbelltown hospital also holds social significance for range of community groups including patients, doctors, nurses, employees, and the wider Campbelltown community. Being the first public hospital to be constructed in Campbelltown, it is closely associated with the lives of the patients, employees and the surrounding community.

The study area is considered to be significant at a **local** level.

⁵⁵ GML 2011, p. 42

5 Statement of heritage impact

This SoHI has been prepared to address impacts resulting from the proposed redevelopment of the study area. The SoHI identifies the level of impact arising from the proposed development and discusses mitigation measures which must be taken to avoid or reduce those impacts. This section of the report has been prepared in accordance with the Heritage Manual guideline *Statements of Heritage Impact*.⁵⁶

5.1 Proposal details

Campbelltown Hospital Redevelopment Stage 2 includes:

- Demolition of existing structures.
- Partial excavation of the site (due to the sloping topography).
- The construction of a new 13 storey (two of these levels are partially below ground) Clinical Services Building containing:
 - An Emergency Department
 - Operating Theatres
 - Intensive Care Unit
 - Mental Health
 - Birthing and Speciality Care Nursery
 - Surgical and Medical Beds
 - Helipad facilities
 - An Ambulance Bay
- Construction of a new Hospital Spine and connections to existing hospital buildings.
- Construction of augmented and new internal hospital access roads and links, including a connection to Appin Road and Therry Road.
- Construction of an at-grade car park.
- Tree removal.
- Associated building services.

Details of the proposed development are outlined in Appendix 2.

5.2 Assessing impact to heritage item(s)

5.2.1 Discussion of heritage impact(s)

The discussion of impacts to heritage can be centred upon a series of questions which must be answered as part of a SoHI which frame the nature of impact to a heritage item. The Heritage Manual guideline *Statements*

⁵⁶ Heritage Office and Department of Urban Affairs & Planning 1996

of *Heritage Impact* includes a series of questions in relation to indicate the criterion which must be answered⁵⁷ These are:

- *How is the impact of the new development on the heritage significance of the item or area to be minimised?*
- *Why is the new development required to be adjacent to a heritage item?*
- *How does the curtilage allowed around the heritage item contribute to the retention of its heritage significance?*
- *How does the new development affect views to, and from, the heritage item? What has been done to minimise negative effects?*
- *Is the development sited on any known, or potentially significant archaeological deposits? If so, have alternative sites been considered? Why were they rejected?*
- *Is the new development sympathetic to the heritage item? In what way (e.g. form, siting, proportions, design)?*
- *Will the additions visually dominate the heritage item? How has this been minimised?*
- *Will the public, and users of the item, still be able to view and appreciate its significance?*

5.2.2 Quantifying heritage impact(s)

Based upon the discussion of Impacts to heritage items, impact to these items can be quantified under three main categories: direct impacts, indirect impacts and no impact. These kinds of impacts are dependent on the proposed impacts, nature of the heritage item and its associated curtilage.

Direct impacts

Direct impacts are where the completion of the proposed development will result in a physical loss or alteration to a heritage item which will impact the heritage value or significance of the place. Direct impacts can be divided into whole or partial impacts. Whole impacts essentially will result in the removal of a heritage item as a result of the development where as partial impacts normally constitute impacts to a curtilage or partial removal of heritage values. For the purposes of this assessment direct impacts to heritage items have been placed into the following categories:

- Physical impact - whole: where the development will have a whole impact on a heritage item resulting in the complete physical loss of significance attributed to the item.
- Physical impact - partial: where the project will have a partial impact on an item which could result in the loss or reduction in heritage significance. The degree of impact through partial impacts is dependent on the nature and setting of a heritage item. This typically these impacts are minor impacts to a small proportion of a curtilage of an item or works occurring within the curtilage of a heritage item which may impact on its setting (i.e. gardens and plantings).

Indirect impacts

Indirect impacts to a heritage item relate to alterations to the environment or setting of a heritage item which will result in a loss of heritage value. This may include permanent or temporary visual, noise or vibration impacts caused during construction and after the completion of the development. Indirect impacts diminish the significance of an item through altering its relationship to its surroundings; this in turn impacts its ability

⁵⁷ *ibid*

to be appreciated for its historical, functional or aesthetic values. For the purposes of this assessment impacts to heritage items have been placed into the following categories:

- Visual impact – this has been quantified using the methodology and assessment outlined in Section 3.1
- Noise impact – this has been quantified using the assessment undertaken....
- Vibration impact – this has been quantified using the assessment undertaken...

Cumulative impacts

Cumulative impacts relate to minimal or gradual impacts from a single or multiple developments upon heritage values. A cumulative impact would constitute a minimal impact being caused by the proposed development which over time may result in the partial or total loss of heritage value to the study area or associated heritage item. Cumulative impacts may need to be managed carefully over the prolonged period of time.

No impact

This is where the project does not constitute a measurable direct or indirect impact to the heritage item.

5.3 Assessment of impacts

A discussion, assessment and mitigation of Impacts to heritage items located within or adjacent to the study area is presented in Table 10.

Table 6 Assessment of impacts to heritage items within the study area

Heritage item	Significance	Assessment	Discussion	Mitigation measures
Block B	Local	Visual impacts	The clinical services building will be located directly adjacent to Block B on the southern side. The 13 storey building (two storey's are underground) will be the largest building within the hospital grounds and has the potential to visually impact upon Block B. There is also a built link between Buildings A and B located north of the new clinical services building.	The height, density, bulk, scale and setbacks of the proposed clinical services building in relationship to Block B should be considered. A curtilage for the Block B would ensure visual impacts are minimised; however, the multiple phases of additions to Block B have already diminished some significance and encroached on any curtilage. Therefore, incorporating design elements and/or materials that reflect the architecture of Block B would minimise visual impacts. Furthermore, the 3D visualisation (Appendix 3) shows that in the future the area immediately to the north east of Block B will be developed into a landscaped area free of structures or buildings. This will allow the views to Block B to be unobstructed and maintained. In addition, the built link between Buildings A and B is replacing an existing structure and will therefore not have any further impacts on Building B.
		Partial physical impact	The proposed 3D visualisation (Appendix 3) show the new 13 storey clinical services building will connect directly to Block B's southern facade and thus fully obscure that side of the building. This would result in a loss of some heritage significance.	The nature and setting of Block B has been obscured over the various phases of previous development and the original façades have been obscured to varying degrees. The proposed development should retain as much of the remaining facades as possible, along with incorporating design elements that are sympathetic to the architecture features of Block B.
		Indirect noise and vibration impact	Temporary noise and vibration impacts to the heritage item will occur during construction; however, this will be resolved upon completion of the project and not result in any lasting impacts to the heritage item.	N/A

5.4 Statement of heritage impact

Stage 1 of the Campbelltown Hospital, built in 1977, delivered a contemporary monumental building in a formally planned hillside setting. The design of Block B expressed the civic confidence of the time, which was one of rapid local infrastructure development. As the intensification of urban development increased in the Campbelltown region, the newly established Health Commission were able to win significant state funding and engaged major architectural firms to provide progressive design concepts.

Having said that, the rapid urban expansion of south western Sydney resulted in urban infrastructure struggling to keep pace with population demands. The pace of change in the Campbelltown area has led to *ad hoc* decisions regarding the layout and building relationships within the hospital grounds, which have minimised the heritage values of Block B. Later phases of hospital development have changed key aspects of the Stage 1 works, specifically low scale additions to adjacent buildings, construction of additional carparks and walkways, which have obscured the formal entrances and building approaches. The addition of Stage 2 in 1986 continued to diminish the prominence of Block B, and Stage 3 removed further elements of its formal layout and the monumental appearance of the building.

The new 13 storey clinical services building will be located directly adjacent to Block B on the southern side, and will be directly connected. This will result in partial physical and visual impacts to Block B and some loss of heritage significance. However, the nature and setting of Block B has been obscured over the various phases of previous development and there are no remaining original façades. Each side of Block B has been modified to some extent from its original design. It is important to note that the site currently has no maximum height or floor space ratio (FSR) control and therefore the proposed development will be assessed on its merits of siting, height and massing in the context of the surrounding landscape.

The current design of the clinical services building contains architectural elements that are reminiscent of Block B. The cylindrical stairwells of Block B are reflected in the design and are placed symmetrically on each external face of the building, along with the masonry plinth that the building sits on. The glazing, frit panels and aluminum window frames of the clinical services building are all reflective materials, which will mirror the surrounding landscape and assist in minimizing the size of the building. Also, the view towards the eastern and western elevations present the new building as cubiform in shape, which compliments the form of Block B. Therefore, the design of the new building demonstrates an attempt has been made to be sympathetic to the architecture style of Block B.

The location of the clinical services building adjacent to Block B is the only possible location, as virtually all other parts of the study area have been utilised for previous phased of development. This area is currently a carpark that has significantly modified the original landscape. As already noted, the continued development and additions to Block B have already encroached upon any curtilage of the building. The proposed development is confined to the southern side of Block B, allowing the remaining three facades to be left unobstructed to some extent. The new built link between Buildings A and B will replace an existing link and therefore not have any further impacts on Building B. Furthermore, the 3D visualisation (Appendix 3) shows that in the future the area immediately to the north east of Block B will be developed into a landscaped area free of structures or buildings. This will allow the views to Block B to be unobstructed and maintained.

The 2013 Clinical Services Plan for Macarthur identified the need to expand the existing hospital services and campus to operate as a tertiary affiliated Principal Referral Hospital.⁵⁸ Campbelltown Hospital, along with Camden Hospital, is the primary healthcare facility in the Macarthur region and the continued significant population growth of region continues to put demand on health services. The need for Campbelltown

⁵⁸ SEARs Request Letter 2018, p. 1

Hospital Redevelopment Stage 2 is critical to supporting and strengthening the medical service and health care in the Campbelltown region, which is the reason it has been given the status as a State Significant Development (SSD).

All of the questions present in Section 5.2.1. have been address in this discussion of impacts to heritage items within the study area, primarily Block B. Through the design and materials chosen for the new clinical services building, every effort has been made to minimise impacts to Block B. Therefore, if the appropriate mitigation measures are employed, it is considered that these works are acceptable from a heritage perspective, and that any loss of heritage significance through the proposed works will be appropriately managed.

6 Statutory framework

This assessment will support the Secretary's Environmental Assessment Requirements (SEARs) for the preparation of an Environmental Impact Statement (EIS) for the proposed Campbelltown Hospital Redevelopment Stage 2. In NSW cultural heritage is managed in a three-tiered system: national, state and local. Certain sites and items may require management under all three systems or only under one or two. The following discussion aims to outline the various levels of protection and approvals required to make changes to cultural heritage in the state.

6.1 Environmental Protection and Biodiversity Conservation Act 1999

The *Environmental Protection and Biodiversity Act 1999* (EPBC Act) is the national Act protecting the natural and cultural environment. The EPBC Act is administered by the Department of Environment and Energy (DEE). The EPBC Act establishes two heritage lists for the management of the natural and cultural environment:

- The National Heritage List (NHL) contains items listed on the NHL have been assessed to be of outstanding significance and define "critical moments in our development as a nation".⁵⁹
- The Commonwealth Heritage List (CHL) contains items listed on the CHL are natural and cultural heritage places that are on Commonwealth land, in Commonwealth waters or are owned or managed by the Commonwealth. A place or item on the CHL has been assessed as possessing "significant" heritage value.⁶⁰

A search of the NHL and CHL did/ did not yield any results associated with the study area.

6.2 NSW Heritage Act 1977

Heritage in NSW is principally protected by the *Heritage Act 1977* (Heritage Act) (as amended) which was passed for the purpose of conserving items of environmental heritage of NSW. Environmental heritage is broadly defined under Section 4 of the Heritage Act as consisting of the following items: "*those places, buildings, works, relics, moveable objects, and precincts, of State or Local heritage significance*". The Act is administered by the NSW Heritage Council, under delegation by the Heritage Division, Office of Environment and Heritage. The Heritage Act is designed to protect both known heritage items (such as standing structures) and items that may not be immediately obvious (such as potential archaeological remains or 'relics'). Different parts of the Heritage Act deal with different situations and types of heritage and the Act provides a number of mechanisms by which items and places of heritage significance may be protected.

6.2.1 State Heritage Register

Protection of items of State significance is by nomination and listing on the State Heritage Register (SHR) created under Part 3A of the NSW *Heritage Act*. The Register came into effect on 2 April 1999. The Register was established under the *Heritage Amendment Act 1998*. It replaces the earlier system of Permanent Conservation Orders as a means for protecting items with State significance.

⁵⁹ "About National Heritage" <http://www.environment.gov.au/heritage/about/national/index.html>

⁶⁰ "Commonwealth Heritage List Criteria" <http://www.environment.gov.au/heritage/about/commonwealth/criteria.html>

A permit under Section 60 of the Heritage Act (NSW) is required for works on a site listed on the SHR, except for that work which complies with the conditions for exemptions to the requirement for obtaining a permit. Details of which minor works are exempted from the requirements to submit a Section 60 Application can be found in the Guideline "Standard Exemptions for Works requiring Heritage Council Approval". These exemptions came into force on 5 September 2008 and replace all previous exemptions.

There are no items or conservation areas listed on the SHR within the study area.

6.2.2 Archaeological relics

Section 139 of the Heritage Act protects archaeological 'relics' from being 'exposed, moved, damaged or destroyed' by the disturbance or excavation of land. This protection extends to the situation where a person has 'reasonable cause to suspect' that archaeological remains may be affected by the disturbance or excavation of the land. This section applies to all land in NSW that is not included on the State Heritage Register.

Amendments to the Heritage Act made in 2009 changed the definition of an archaeological 'relic' under the Act. A 'relic' is defined by the Heritage Act as:

"Any deposit, object or material evidence:

(a) which relates to the settlement of the area that comprises New South Wales, not being Aboriginal settlement, and

(b) which is of State or Local significance"

It should be noted that not all remains that would be considered archaeological are relics under the NSW Heritage Act. Advice given in the Archaeological Significance Assessment Guidelines is that a "relic" would be viewed as a chattel and it is stated that *"In practice, an important historical archaeological site will be likely to contain a range of different elements as vestiges and remnants of the past. Such sites will include 'relics' of significance in the form of deposits, artefacts, objects and usually also other material evidence from demolished buildings, works or former structures which provide evidence of prior occupations but may not be 'relics'."*⁶¹

If a relic, including shipwrecks in NSW waters (that is rivers, harbours, lakes and enclosed bays) is located, the discoverer is required to notify the NSW Heritage Council.

Section 139 of the Heritage Act requires any person who knows or has reasonable cause to suspect that their proposed works will expose or disturb a 'relic' to first obtain an Excavation Permit from the Heritage Council of NSW (pursuant to Section 140 of the Act), unless there is an applicable exception (pursuant to Section 139(4)). Excavation permits are issued by the Heritage Council of NSW in accordance with sections 60 or 140 of the Heritage Act. It is an offence to disturb or excavate land to discover, expose or move a relic without obtaining a permit. Excavation permits are usually issued subject to a range of conditions. These conditions will relate to matters such as reporting requirements and artefact cataloguing, storage and curation.

Exceptions under Section 139(4) to the standard Section 140 process exist for applications that meet the appropriate criterion. An application is still required to be made. The Section 139(4) permit is an exception from the requirement to obtain a Section 140 permit and reflects the nature of the impact and the significance of the relics or potential relics being impacted upon.

If an exception has been granted and, during the course of the development, substantial intact archaeological relics of state or local significance, not identified in the archaeological assessment or statement required by this exception, are unexpectedly discovered during excavation, work must cease in the affected area and the Heritage Office must be notified in writing in accordance with section 146 of the Heritage Act. Depending on

⁶¹ NSW Heritage Branch, Department of Planning 2009, 7

the nature of the discovery, additional assessment and, possibly, an excavation permit may be required prior to the recommencement of excavation in the affected area.

6.2.3 Section 170 Heritage and Conservation Registers

Section 170 of the *Heritage Act* requires that culturally significant items or places managed or owned by Government agencies are listed on departmental Heritage and Conservation Register. Information on these registers has been prepared in accordance with Heritage Division guidelines.

Statutory obligations for archaeological sites that are listed on a Section 170 Register include notification to the Heritage Council in addition to relic's provision obligations. There are no items within or adjacent to the study area that are entered on a State government instrumentality Section 170 Register.

6.3 Environmental Planning and Assessment Act 1979

6.3.1 Campbelltown Local Environmental Plan 2015

The Campbelltown LEP 2015 contains schedules of heritage items that are managed by the controls in the instrument. As the project is being undertaken under Part 4 of the *EP&A Act*, council is responsible for approving controlled work via the development application system. Heritage items in the vicinity of the study area are identified in Figure 3.

The study area does not contain any item of significance on the Campbelltown LEP 2015 Schedule 5.

6.3.2 Campbelltown Development Control Plan 2015

The Campbelltown Development Control Plan 2015 (CDCP) outlines built form controls to guide development. The CDCP supplements the provisions of the Campbelltown LEP.

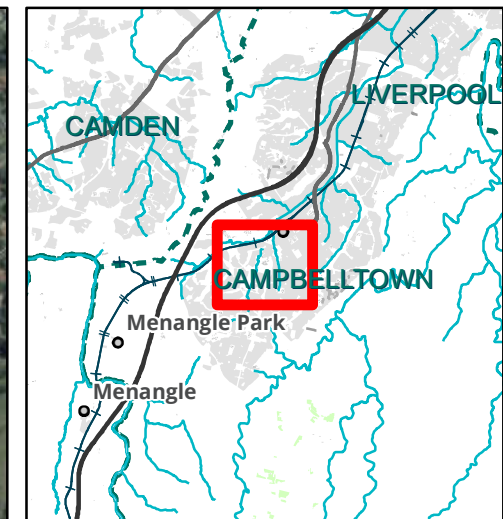
There are no specific conditions of the CDCP that relate to Campbelltown Hospital.

6.4 Summary of heritage listings

A summary of heritage listings within the vicinity of the study area is presented in Table 11 and Figure 7.

Table 7 Summary of heritage listings within and adjacent to the study area

Site number	Site name	Address / Property description	Listings		Significance
			Individual item	As a Conservation Area	
I21	Emily Cottage	1 Old Menangle Road Lot 61, DP 997095	Yes	No	Local
I22	"Quondong"	15 Old Menangle Road Part Lot 10, DP 1134526	Yes	No	Local
I26	Farrier's Arms Inn (former) and water trough	318 Queen Street Part Lots 67 and 68, DP 112740	Yes	No	Local
I27	Fieldhouse's Produce Store (former)	317 Queen Street Lot 221, DP 1177784	Yes	No	Local
I31	Former Kendall's Mill House	316 Queen Street Lot 33, DP 131201	Yes	No	Local
I36	Town Hall (former)	297 Queen Street Lot 103, DP 621563	Yes	No	Local
I50	Englorie Park House	2 Parkholme Circuit Lot 48 and Part Lot 50, DP 845826	Yes	No	Local
I00007	Queen Street Building Group, comprising McGuanne House, former Railway Hotel, Bursill's Shop and former coach house	286, 288, 292–294 and 298 Queen Street Lots 1–4, DP 827641	Yes	No	Local
I00265	Campbelltown Post Office (former)	261 Queen Street Lot 2, DP 628679	Yes	No	Local
I00499	Commercial Bank of Sydney (former)	263 Queen Street Lot 1, DP 123556 (SP 41598)	Yes	No	Local
I00640	Dredges Cottage	303 Queen Street Lot 111, DP 705804	Yes	No	Local
C1	Queen Street Heritage Conservation Area	286, 288, 292–294 and 298 Queen Street Lots 1–4, DP 827641	No	Yes	Local



- Legend**
- Study area
 - Heritage Listed Items**
 - State Heritage Act
 - Conservation Area - General
 - Item - General

Figure 4: Location of heritage items within the vicinity of the study area

0 100 200 300 400 500
Metres
Scale: 1:10,000 @ A3
Coordinate System: GDA 1994 NSW Lambert

biosis
Biosis Pty Ltd

Albury, Ballarat, Melbourne,
Newcastle, Sydney, Wangaratta & Wollongong

Matter: 27658
Date: 30 May 2018,
Checked by: SJK, Drawn by: LW, Last edited by: lwilson
Location: P:\27400s\27413\Mapping\27658_SOHI_E3HeritageItems

7 Conclusions and recommendations

7.1 Conclusions

The historical research undertaken as part of this assessment did not indicate any historical structures or buildings within the vicinity of the study area until the construction of Stage 1 of hospital in 1975. The construction of the hospital and its associated buildings, along with landscaping and roadway construction, have most likely removed all traces of the previous historical phases through the process of landscape cut and fill, which have created a series of large flat benches across the study area's naturally sloping landform. These activities have heavily modified the study area's subsurface stratigraphy and removed any archaeological potential. The lack of historical occupation combined with the extensive disturbance across the majority of the hospital site suggests that the study area has low potential to contain archaeological resources.

This assessment has also identified Block B as having local significance. The building has a strong association with Barry Patten of Yuncken Freeman Architects, who won the commission to design the Sidney Myer Music Bowl. This building is listed on the Victorian Heritage Register, along with two of Patten's other designs – the former BHP House and the Victoria State Government Offices. Barry Patten's association with the initial hospital building is significant as it representative of the unique civic architecture of the period and its association with an internationally recognised architect.

Based on this assessment of the proposed impacts to Block B, it is considered that the proposed impacts of these works are acceptable from a heritage perspective. Although some impacts are proposed which are considered to have some reduction to the heritage significance of Block B, the need for Campbelltown Hospital Redevelopment Stage 2 is critical to supporting and strengthening the medical service and health care in the Campbelltown region. Through the design and materials chosen for the new clinical services building, every effort has been made to minimise impacts to Block B. Provided that appropriate mitigation measures are employed, the proposed works can proceed with caution.

7.2 Recommendations

These recommendations have been formulated to respond to client requirements and the significance of the site. They are guided by the ICOMOS *Burra Charter* with the aim of doing as much as necessary to care for the place and make it useable and as little as possible to retain its cultural significance.⁶²

Recommendation 1 No further archaeological assessment is required

No further archaeological work is required in the study area due to the entire study area assessed as having low archaeological potential and the proposed development may proceed with caution.

Recommendation 2 Unexpected archaeological items

Should unanticipated relics be discovered during the course of the project, work in the vicinity must cease and an archaeologist contacted to make a preliminary assessment of the find. The Heritage Council will require notification if the find is assessed as a relic. Relics are historical archaeological resources of local or

⁶² Australia ICOMOS 2013

State significance and are protected in NSW under the *Heritage Act 1977*. Relics cannot be disturbed except with a permit or exception/exemption notification.

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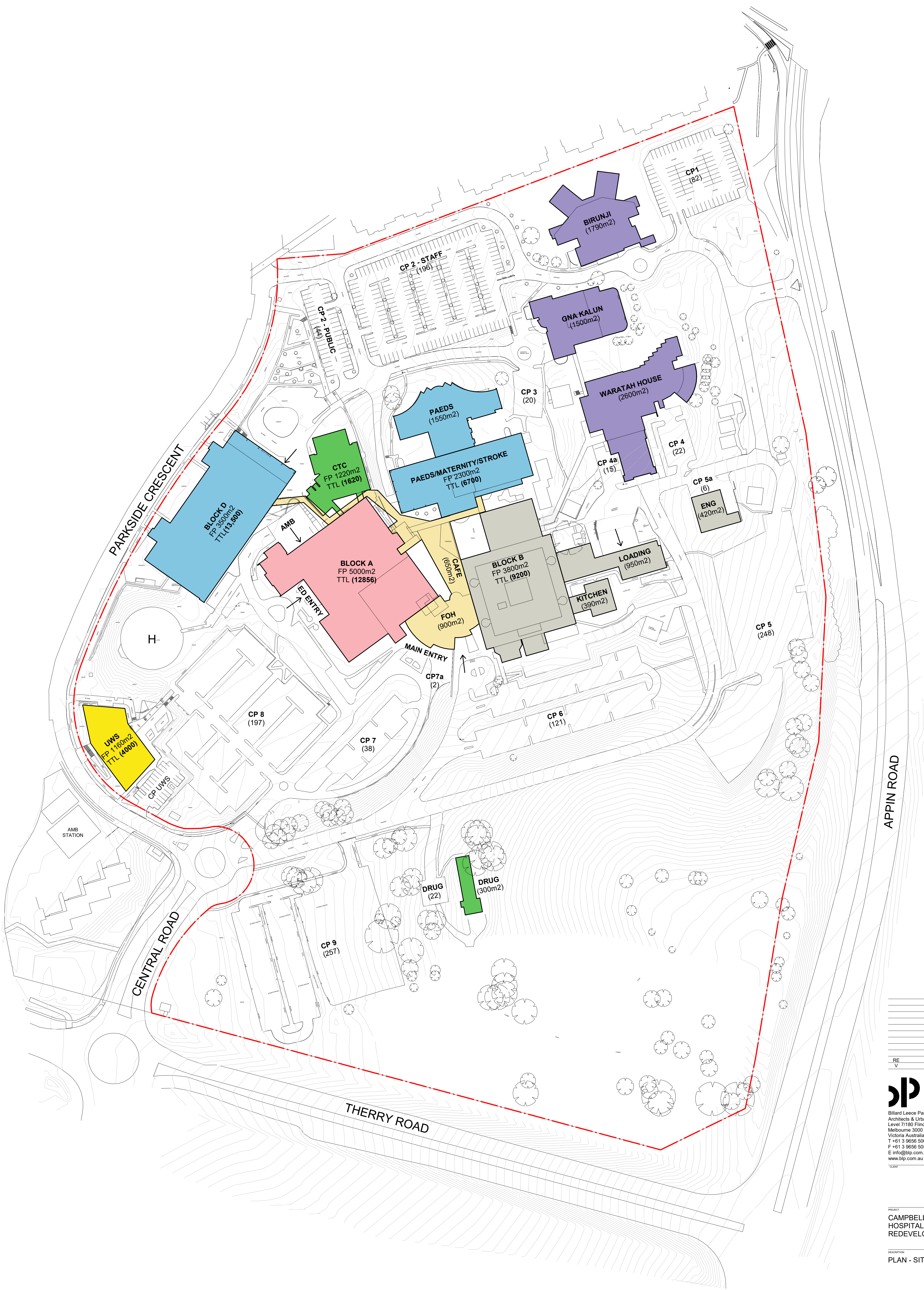
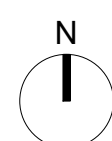
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Appendices

Appendix 1 Site plan



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PROJECT
CAMPBELLTOWN
HOSPITAL
REDEVELOPMENT

DESCRIPTION
PLAN - SITE EXISTING

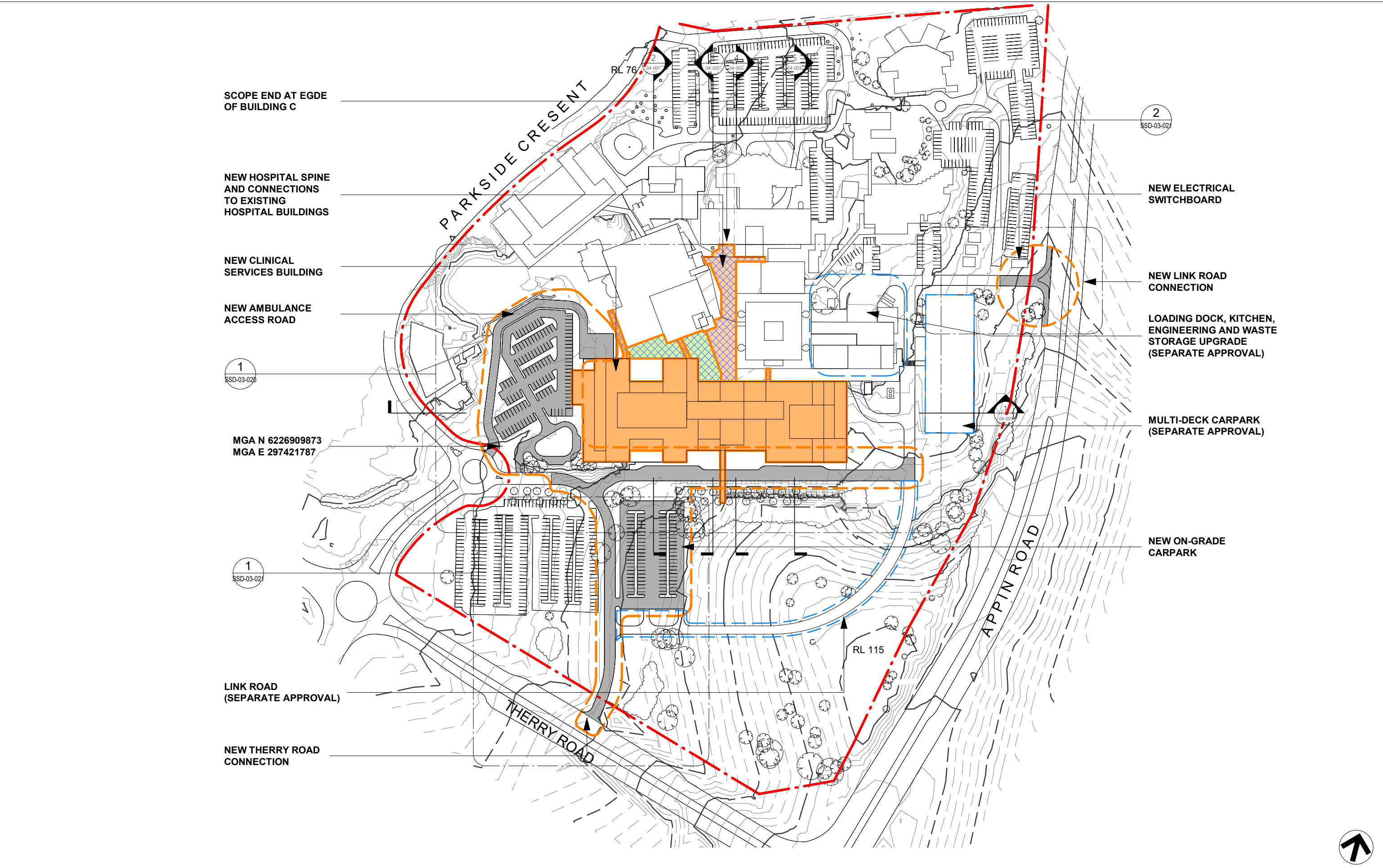
Project No	17075
Scale 1 : 1000@A1	Date 23/10/2017
Drawn By RG	Checked By Checker
Drawing No	Revision
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INFORMATION

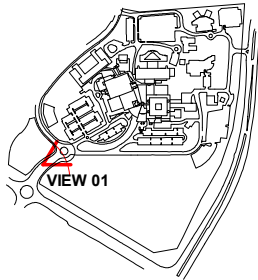
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Appendix 2 Proposed works



J	ISSUE FOR SSD	17/07/2018	DR
H	ISSUE FOR SSD	25/06/2018	RB
G	ISSUE FOR SSD	22/06/2018	RB
F	ISSUE FOR SSD	19/06/2018	DR
E	UPDATED SCOPE	05/06/2018	DR
Revision	Description	Date	Initial

Appendix 3 3D visualisation of proposed works



A	ISSUE FOR SSD	29/05/2018		
Revision	Description	Date	Initial	Checked



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F: 02 8904 1377
W:www.hinfra.health.nsw.gov.au

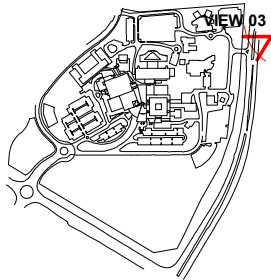


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Client
Health Infrastructure NSW

Project Name
CAMPBELLTOWN HOSPITAL
REDEVELOPMENT STAGE 2

Drawing Name 3D VIEW 01		
Scale @ A3	Project No 17075	Date Created 05/29/18
Drawing No SSD-04-009	Revision A	



B	ISSUE FOR SSD	29/05/2018		
A	DRAFT ISSUE FOR SSD	25/05/2018		
Revision	Description	Date	Initial	Checked



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Client
Health Infrastructure NSW

Project Name
CAMPBELLTOWN HOSPITAL
REDEVELOPMENT STAGE 2

Drawing Name
3D VIEW 03

Scale	Project No	Date Created
@ A3	17075	05/09/18
Drawing No	Revision	
SSD-04-011	B	