



## **CESSNOCK HOSPITAL REDEVELOPMENT**

Statement of Heritage Impact

**REF SUBMISSION**

October 2024



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## REF SUBMISSION

Prepared by  
Umwelt (Australia) Pty Limited  
on behalf of  
Health Infrastructure NSW

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Report No. R01  
Date: October 2024



North Sydney Office



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**Document Status**

Rev No.	Reviewer		Approved for Issue	
	Name	Date	Name	Date
V01			Brad Vale	9 October 2024
Draft 1	Tim Adams		Brad Vale	10 September 2024

# Executive Summary

The site is listed as a local item of environmental heritage. This listing appears to be based on the oldest part of the hospital that retains a similar shape to its original Federation period state. However, the original part of the hospital retains no original fixtures, fittings and negligible identifiers of its original period and operation.

Based on the identified potential heritage issues, and an assessment of the nature and extent of the impacts of the proposed development, Umwelt determines that:

- The extent and nature of the potential heritage impact is low-moderate and the development will not have significant adverse effects on the heritage significance of the item or the wider environment.
- The potential impacts can be appropriately mitigated and managed to ensure that there is minimal effect on the environmental heritage of Cessnock.

This Statement of Heritage Impact for the Cessnock Hospital Redevelopment is submitted as a Review of Environmental Factors (REF) seeking planning approval under Part 5 of the *Environmental Planning & Assessment Act*.

The proposed new hospital building at Cessnock avoids physical impact on the structures and spaces of high significance. The inter-war mortuary building has moderate heritage significance and is the only structure of more than little significance that would be removed as part of the development. Umwelt recommends that the approval authority gives permission for the redevelopment, including the demolition of the mortuary building, subject to a photographic archival recording of that structure being completed.

The site is unlikely to contain archaeological resources and the development is unlikely to have adverse impact on archaeological resources. If archaeological relics or sites are discovered during works, the relevant authorities must be informed.

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# 1.0 Introduction

## 1.1 Background

This Statement of Heritage Impact has been prepared by Umwelt for Health Infrastructure NSW to address the potential environmental impacts of the redevelopment of the Cessnock Hospital at 24 View Street. The report follows the format of the format of the NSW Heritage document, 'Statements of Heritage Impact'. The site comprises a public hospital that began in 1914 and has been altered and extended many times.

This report has been prepared to assess the impact of the Cessnock Hospital Redevelopment on the heritage significance of the site and other heritage items in the vicinity. This report follows the Heritage Assessment of Cessnock Hospital by Umwelt, prepared in February 2023. A summary of the Heritage Assessment is included within this report, and the Heritage Assessment should be consulted for more information about the heritage significance and description of the site.

This report accompanies a Review of Environment Factors that seeks approval for the construction and operation of a new two-storey clinical services building and refurbishment works, including:

- Demolition of the smaller buildings in the north of the site, including the mortuary building, sheds and minor service buildings, all located well north of the group of more significant buildings.
- Construction of a new hospital building on the site's northern portion.
- Realignment of internal roads and a new primary vehicular and pedestrian entrance to the hospital campus from Jurd Street.
- Refurbishment of the existing at-grade car park.
- Installation and realignment of selected services.
- Installation of ancillary development including, but not limited to, lighting and signage.
- Landscaping.
- New kerb, gutter and road resurfacing on Jurd Street.

For a detailed project description, refer to the Review of Environmental Factors prepared by Ethos Urban. The architectural details of the development proposal have been prepared by Fitzpatrick +Partners Architects.

The subject hospital site is listed as an item of local heritage significance, as identified in Schedule 5 of the *Cessnock Local Environmental Plan, 2011* (LEP). Accordingly, this Statement of Heritage Impact reviews the development alongside the relevant heritage provisions of the Cessnock LEP 2011, the requirements of the Cessnock Development Control Plan (DCP) 2010, and the Impact Assessment Criteria guidelines endorsed by the NSW Heritage Council.

## 1.2 Statement of Significance of Heritage Impacts

Based on the identification of potential issues and an assessment of the nature and extent of the impacts of the proposed development, Umwelt determines that:



- The extent and nature of the potential heritage impact is low-moderate and the development will not have significant adverse effects on the heritage significance of the item or the wider environment.
- The potential impacts can be appropriately mitigated and managed to ensure that there is minimal effect on the environmental heritage of Cessnock.

### 1.3 Mitigation Measures

Project Stage	Mitigation Measures	Relevant Section of Report
<b>Design</b>	R1 - A Photographic Archival Recording of the mortuary building should be carried out prior to the proposed demolition.	3.3.10, 9.1
<b>Construction</b>	R2 – An Interpretation Strategy should be prepared for Cessnock Hospital, and carried out as an Interpretation Plan in the new hospital building.	2.3, 9.1

The recommendations outlined below are being addressed as part of a Development Application (DA) for Category One remediation works. These remediation works are being carried out concurrently and will be completed prior to the commencement of any scope of works associated with the Review of Environmental Factors (REF).

### 1.4 Methodology

This Statement of Heritage Impact has been prepared in accordance with the guidelines set out in the Australia *ICOMOS Charter for Places of Cultural Significance, 2013*, known as The Burra Charter, and the Heritage NSW publication, the NSW Heritage Manual.

The Burra Charter provides definitions for terms used in heritage conservation and proposes conservation processes and principles for the conservation of an item. The terminology used, particularly the words *place, cultural significance, fabric, and conservation*, is as defined in Article 1 of The Burra Charter. The NSW Heritage Manual explains and promotes the standardisation of heritage investigation, assessment and management practices in NSW.

### 1.5 Location

The site is located at 24 View Street, Cessnock, in the Cessnock Local Government Area. It is occupied by Cessnock Hospital health service, a district-level hospital in the Hunter New England Local Health District. The site comprises the following lots.

- Lot 2 in DP1173784
- Lot 7 DP13203,
- Lot 8 DP13203
- Lot 1 DP103663
- Lot 10 DP5442

- Lot B DP103664
- Lot 2 Section 20 DP5442
- Lot 1 DP25474
- Lot 11 DP882585.

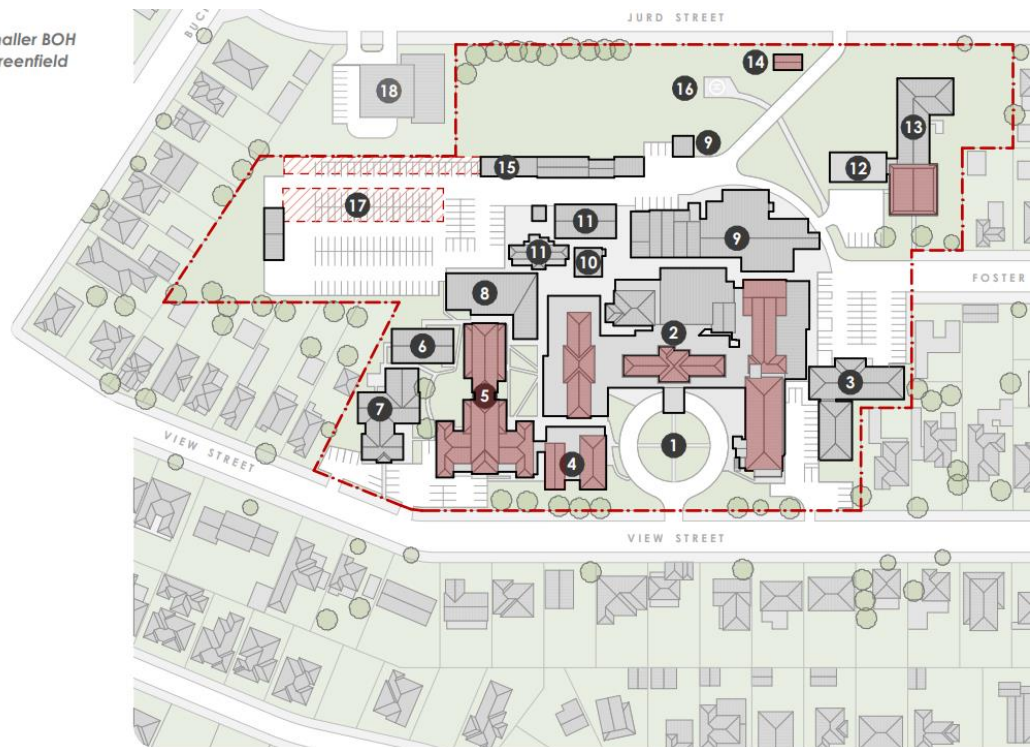


**Figure 1.1** Location plan of Cessnock Hospital

Source: Nearmaps, marked by Ethos Urban

Opportunity to relocate and centralise the smaller BOH buildings within a new development on the greenfield portion of the site.

- LEGEND**
- Project North
  - Brownfield Site
  - Original Main Entry
  - Main Hospital Building
  - View Street Clinic - Outpatient Clinics
  - Vacant (Previously View Street Clinic)
  - Drinkwater Building (vacant)
  - Dental Clinic
  - Community Health (Drug & Alcohol Clinic)
  - Kitchen
  - Maintenance Workshops
  - Mortuary
  - Supply Department
  - Cessnock House Pathology
  - Allied Health
  - Old Mortuary
  - Painter & Carpenter Workshop
  - Old Helipad
  - Demolished sheds
  - NSW Ambulance Service
  - Mountain View Lodge



**Figure 1.2 Site plan of Cessnock Hospital as existing**

*Fitzpatrick + Partners*

## 1.6 Heritage Management Framework

Cessnock Hospital is listed on the NSW State Heritage Register as an item of local heritage significance on Schedule 5 of the *Cessnock Local Environmental Plan 2011*, known as Cessnock Hospital in the LEP. It is heritage Item number I54.

The development concept was presented to Cessnock Council’s heritage advisor for information and comment on 13 August 2024.

## 1.7 Authorship

This report was prepared by Brad Vale, Principal Heritage Consultant, using archaeological research and a history written by Alison Fenwick, Historian/ Archaeologist, and review by Tim Adams, Team Leader and Archaeologist, all of Umwelt Australia.

## 1.8 Disclaimer

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## 2.0 Documentary Evidence

### 2.1 Pre-European History<sup>1</sup>

The Cessnock City area is largely situated within the traditional lands of the Wonnarua people, however, is also located within the country of the Darkinjung and Awabakal people. Archaeological evidence suggests that the region was occupied by Aboriginal people for a minimum of 5000 years prior to European settlement. Aboriginal peoples travelled freely within their traditional lands and took advantage of the seasonal availability of varied resources across the Hunter region. Often remaining in smaller family groups, communities could congregate for ceremonial or social events to trade and share plentiful resources (AHMS 2013).

Prior to European settlement in the Cessnock area, the landscape is recorded as extensive grasslands with few trees and extensive floodplains (AHMS 2013). The prevalence of open grassed plains is believed to be the result of traditional land practices such as controlled burnings, generally used as a hunting tool and method of maintaining the vitality of land (Cunningham 1827).

### 2.2 Development of Cessnock

Following an expedition of the Hunter River by Lieutenant John Shortland in 1797, the lower Hunter Valley was settled as penal settlement at the mouth of the Coal River (now Hunter River). Convicts were primarily engaged to work in coal mines, for shell collection and timber felling where desirable growth was found. In 1813 free landholdings were permitted in the Patterson's Plains, with the first free settler to occupy land being John Tucker, who in 1814 relocated his family to the area. Continued expeditions along the Hunter River opened up the land further, allowing for the establishment of alternative travel routes through the colony. Prized grazing lands were discovered and soon brought increased interest in the area. John Howe, the leader of an 1819 expedition along the Hunter River, was granted 700 acres of fine grazing land on the eastern side of present-day Singleton (Wood 1972). From 1823-1827, the best farming lands were converted to freehold title by grant and were occupied primarily by graziers, with the intent on establishing freehold estates along the major watercourses.

Cessnock consisted of 27 village allotments with an inn, store and blacksmiths used to serve local farmers and travellers alike. In 1871 Cessnock had a permanent population of just 12 individuals, however by 1901 the population had grown to 165 (Walker *et al* 1994). By the 1870s, the Hunter had established itself as a thriving district due to ideal pastoral lands, fishing, farming, coal mining and timber (Walker *et al* 1994 and AHMS 2013), being the most densely populated region in New South Wales (Perry 1963). The construction of the Great Northern Railway in Muswellbrook in 1869 greatly encouraged the free settlement of the area, with estates beginning to clear landholdings and subdividing property during the 1870s.

Further diversification came in the form of coal mining. With the discovery of the Greta Coal Measures in the early 1860s, underground mining of the Greta seam began in earnest. Areas of coal outcropping were deemed unsuitable for agricultural practices and were reserved by the Government, a total of 12,000 hectares, for coal mining purposes. By 1907 ten collieries had been established or were in development, largely consisting of tunnel mines. The development of these collieries resulted in the construction of many

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<sup>1</sup> This documentary evidence is summarised from the Heritage Assessment of the Cessnock Hospital Site by Umwelt, dated February 2023

large structures and buildings, such as shafts, workshops and warehouses, shaping the Cessnock landscape and promoting the economic growth. Coal mining remained a significant aspect of the Cessnock economy well into the 20<sup>th</sup> century, with new generations of miners continuing to improve mining methods.

Due to the success of coal mining in the region, government mining towns were established in order to house workers and accommodate the needs of the collieries. The growth of the mines at Aberdare, Neath (1906), Aberdare Extended (1906) and Bellbird (1908) necessitated the construction of new public institutions and services. Crown land adjacent to the private village of Cessnock was selected for this purpose and Cessnock was officially proclaimed in 1908. The township was located at the centre of private mining operations and as a result emerged as a primary commercial and administrative centre in the Hunter Valley district (Walker *et al* 1994).

By 1924 the population of the town had reached 5,102 people. Cessnock continued to experience economic growth until the 1940s, with the outbreak of the Second World War. The downturn of the coal industry in the 1950s severely impacted the Cessnock area, with once thriving communities no longer able to support their families. This in turn affected the commercial and retail sectors in the township, resulting in the closure of many long withstanding businesses. In 1957 the Municipality of Cessnock merged with the Shire of Kearsley to form Greater Cessnock, and by 1984 the area had been proclaimed the City of Cessnock.

## 2.3 History of the Subject Site

Public support for the construction of a Cessnock District hospital had begun by 1908, largely in response to the increasing population of the township and the prevalence of accidents at local collieries (Mattocks X). Prior to the establishment of the Cessnock Hospital, residents of the township were required to travel to Maitland or Kurri Kurri hospitals for medical treatment, equalling a distance of upwards of 18 miles over poor roads. The construction of a hospital within Cessnock, being central to the mining districts, was argued as being advantageous for neighbouring communities such as Aberdare, Neath, Bellbird and the collieries of Aberdare extended (*Newcastle Morning Herald and Miners Advocate* 1910, p. 6). Open and public forums were held with the local community, allowing for input as to the location of the hospital (*The Maitland Weekly* 1908, p. 11). Community groups included churches, Rechabites (protestants encouraging abstinence from alcohol), Masonic lodges that incorporated miners' lodges, and Friendly Societies (working people's co-operatives sometimes similar to freemasonry societies). Opinions on this matter varied greatly and ultimately a 6-acre parcel of land (2.4 ha) was chosen on McGranes Hill. In order to secure the location, the committee charged with furthering the development of the hospital agreed to pay the landowner, Mr McGrane, £30 per acre with one acre being donated by the last-mentioned landholder (*The Maitland Daily Mercury* 1909, p. 4).

After a lengthy community campaign, Cessnock Hospital was constructed in 1914 with a NSW government grant of £1000 and contributions from the local community and mining companies (Mattocks and *The Maitland Daily Mercury* 1911, p. 5). Local fundraising and private donations further assisted in the initial construction phases of the hospital (*The Maitland Daily Mercury* 1910, p. 4). The construction of the main hospital building began in 1912, with the foundation stone being laid in October of that year. The initial estimated cost of construction was £2400 and would include a brickwork structure with a ten bed men's ward, ten bed women's ward, a matron's room and dispensary, a matron's bedroom, nurses' bedrooms, a kitchen and an isolated room for the infectious or diseased (*The Daily Telegraph* 1912, p. 11). Due to a shortage of available bricks, works were delayed to the disappointment of the Cessnock community and by

September 1913, the cost of construction had increased to over £4,000 and the building remained largely incomplete (*The Maitland Daily Mercury* 1913, p. 3).

The main hospital building, consisting of the central building (see **Figure 2.1**) was completed in 1914, with the Minister for Health, Mr F. Flowers performing the opening ceremony on Sunday June 14<sup>th</sup>. Although the main building was completed, residents wishing to admit themselves for treatment were restricted to general medical care due to the lack of a suitable operating theatre (*The Cessnock Eagle and South Maitland Recorder* 1914, p. 3). Upon opening, the hospital lacked hot water, a sterilisation room and no suitable accommodation for nurses or other employees (Mattocks X). The grounds of the hospital were fenced shortly following its opening, being described as ‘substantial’ and of an ‘ornamental design’. At this time, there was no formal gardens or lawn areas and the building’s construction was heavily criticised for poor workmanship (*The Maitland Daily Mercury* 1914, p. 2).



**Figure 2.1** Cessnock Hospital, Cessnock, between 1914 and 1920.

Source: University of Newcastle, as scanned by Barry Howard in 2010. Image Number 22491322651

By 1917, the hospital had been upgraded with a hot water system, steam sterilising system and a septic tank, much improving the previously basic sanitation system. During this same year the nurses were provided basic accommodations, in limited numbers, an operating theatre block was constructed and necessary equipment such as x-ray machines were purchased (Mattocks X).

A separate operating theatre was built north of the first building (Building 2) in 1920. The verandahs around the wards of Building 2 were enclosed in 1921 to provide more space with only community funds (Mattocks X). The Health Minister James McGirr declined to give government funds and suggested that employers pay instead. Four rooms were added to the nurses’ quarters in the same year, though this building may no longer exist. This work was completed for £1264 (*The Cessnock Eagle and South Maitland Recorder* 1922, p. 3). During the course of 1922, a total of 780 patients were treated at Cessnock Hospital and of those 33 died.

The Boiler House was constructed in 1923-1924, with a Mr A Gain serving as the main contractor and installer of 30 new Cornish boilers within the expanding hospital compound. The installation of these boilers, to the exclusion of the cost involved in constructing the Boiler House itself, was estimated at £2000. The boilers were required to supply steam for sterilisation and heating, in addition to supplying power for the steam laundry room, proposed at this time (*The Maitland Weekly Mercury* 1924, p. 14). The Boiler House was partially paid for through a government grant of £2433, which was allocated for the construction of the structure in question, the steam laundry, mortuary and to assist in the purchase of

required machinery (*The Cessnock Eagle and South Maitland Recorder* 1924, p. 4). The boiler house may have been in the western part of Building 9.

A separate male ward was built in 1923-24, in order to accommodate the growing needs of the hospital. The new ward contained 25 additional beds and was officially opened by the Chief Secretary Mr Oakes on December 9<sup>th</sup>, 1924. The cost of constructing the new ward was £3388, with the Department of Public Health contributing a third of the expenses. This is now known as the Drinkwater Building. The government paid a third of the cost for additions to the nurse's quarters, which totalled £1841 and half of the cost for the construction of an infectious disease block and mortuary, totalling £5986 (*The Maitland Weekly Mercury* 1924, p. 5).

The nurses' quarters were again extended in 1927, with an additional 16 rooms constructed to accommodate the extra nursing and domestic staff. Similarly, due to the rising number of female patients within the hospital, a new women's medical ward was constructed. This new ward was capable of accommodating an additional 26 beds. The total cost of both projects was estimated at £10,650, inclusive of furnishings. Due to the high cost, the Hospital Committee appealed to the public for donations and assistance, with minimal contributions from the government received (*The Maitland Mercury* 1927, p. 4). This may be the northern section of the Drinkwater Building 5.



**Figure 2.2** c1930 view from the first floor of the Drinkwater Building (5) looking east, showing Building 4 mid-right in the distance, the single storey east wing of Building 5 on the right, and the inter-war building south-west of Building 2 on the left.

Source: Phill Newlyn

By the 1930's, Cessnock Hospital was a significant medical compound in the Hunter Valley region. Where possible, updated equipment and machinery was purchased regularly, to maintain a high level of care. In 1936, two new steam radiation machines were installed on the verandahs of No. 2 and No.4 of the women's wards, at a cost of £270. A similar system was already in use within the men's ward (*The Newcastle Sun* 1936, p. 8). This likely refers to Buildings 4 and 5. By the end of 1937, a total of £14,000 had been spent on improvements to the hospital compound, with the addition of an administration block, children's ward, pathological unit and expansion of the nurses' quarters and isolation block (Mattocks). The

hospital could now accommodate 150 patients, 54 nurses, 20 domestic staff and 19 other attendants, wardsmen or clerical staff (The Maitland Daily Mercury 1937, p. 9). During this same period, Cessnock House was purchased to provide residential care to elderly ladies of the community within the compounds of the hospital complex (Mattocks).

Due to the economic depression of the 1930s, and the widespread unemployment rate of the local community, the hospital began to offer free clinical treatments to the locally unemployed. This included general medicines, vaccines, liver extracts, insulin and dental treatments (Mattocks X).



**Figure 2.3 Cessnock Hospital c1930, looking north-east, showing verandah infilled and the operating theatre on the far left**

Source: Image courtesy of G. Mayer. Mayer 00014

Following the end of the Second World War, and after 15 years of campaigning, a maternity block was constructed at a cost of £40,000. The building was constructed over an 18-month period, being officially opened in 1946. It is located to the east of the circular driveway. The building contained 17 beds, in addition to a labour ward, sterilising room, doctors' room, sisters' room, cafeteria and nursery room. A balcony was constructed around the eastern side of the building, measuring 12 foot wide, and providing an overlooking view of central Cessnock (*Newcastle Morning Herald and Miners Advocate* 1946, p. 5).

Progress continued at a steady pace, with new quarters for the medical officers constructed in 1948 and less than a decade later a new modern out-patients facility was completed (Building 7). The nurses' quarters were also refurbished and updated, with a new nurses training centre being completed in 1960. Advances in technology and equipment, in addition to growing public support, allowed the hospital to install air conditioning units and modern laundry facilities comparable to larger hospital compounds across New South Wales (Mattocks).

The emergency department was built in 2010. The hospital served 68 beds in 2022.





**Figure 2.4** The front of the Drinkwater Building (Building 5), facing View Street, in the inter-war period

*State Heritage Inventory, no other copyright information*



**Figure 2.5** The front of the Drinkwater Building (Building 5), facing View Street, in the late inter-war period

*State Heritage Inventory, no other copyright information*



**Figure 2.6** 1944 aerial photograph of the Cessnock Hospital.

*Source: NSW Spatial Information Exchange Historical Imagery (SIX Maps)*



**Figure 2.7** New maternity wing of the hospital, Cessnock, 20 October 1949. Note original steel gate.

Source: *Newcastle Morning Herald and Miners' Advocate*. New wing of the hospital, Cessnock, New South Wales, 20 October 1949, viewed 1 December 2022 <http://nla.gov.au/nla.obj-462157574>



**Figure 2.8** The south front of the hospital in 1992

City of Cessnock Heritage Study 1992-93 inventory form by Penelope Pike, Meredith Walker and Associates



**Figure 2.9 North-east view towards Cessnock Hospital, 7 May 2015. The grassed hill has since been developed for detached housing**

*Source: University of Newcastle by Barry Howard, Coalfields Local History Association*



**Figure 2.10 2006 aerial photograph of the Cessnock Hospital**

*Source: NSW Spatial Information Exchange Historical Imagery (SIX Maps)*

## 3.0 Physical Evidence

### 3.1 Site Context

Cessnock Hospital stands on an upland north-west of the Cessnock business district. The land slopes down gently towards the north and west, and rises slightly to the east of the site. The surrounds are predominantly for detached housing, though there are a small number of flats and shops nearby. The older houses nearby tend to be from the late Federation and inter-war periods.<sup>2</sup>

Site Context Photographs	
	
<p>Photo 3.1 Westerly view along View Street showing the hospital on the right.</p>	<p>Photo 3.2 Western view along View Street showing the western portion of the hospital site</p>
	
<p>Photo 3.3 South-west view from near Jurd Street towards the workshops in the northern sector of the hospital site</p>	<p>Photo 3.4 Southerly view towards stores and service buildings in the northern sector of the hospital site</p>

The original 1914 hospital building at Cessnock is a single-storey symmetrical brick building placed grandly behind a circular drive accessed from View Street. Later inter-war buildings form a quadrangle around the circular drive. The 1920s Drinkwater Building lies further west. The northern buildings in the hospital group tend to be for services and storage, adjacent to parking areas. Further north, the land slopes down gently with grass and some boundary planting towards the development site. The northern corner of the site contains the Cessnock House Nursing Home in an extended Federation building.

<sup>2</sup> This physical evidence section is summarised from the Heritage Assessment of the Cessnock Hospital Site by Umwelt, dated February 2023

## 3.2 The 1914 Original Hospital Building (Building 2)

The original 1914 hospital building is a single-storey symmetrical brick building constructed with brick walls and a tiled roof. The central pavilion under a pyramid hipped roof contains the entry and a short rear corridor to buildings behind. The long, slightly lower hip roof extends from both sides of the central pavilion and covers the long corridor from which most wards and other spaces in the building are accessed.

While the original footprint of brick walls is apparent, all the original openings in the brickwork have been changed with new aluminium-framed windows fitting into altered openings that have removed large areas of the original articulation of the building. All the visible brickwork is in running bond, so there is no visible evidence of earlier complex bonding techniques or slim lime mortar joints.



**Photo 3.5** Building 2 seen from View Street. This central building is the focus of the heritage listing

## 3.3 Pre-1950s Buildings at Cessnock Hospital

### 3.3.1 Landscape Item 1

The circular driveway is the most prominent landscape item of the hospital site and give a sense of grandeur to the surrounding buildings. The circle is for vehicles and the cruciform path is pedestrian. The quadrants have couch grass. It appears to have been first built in the 1930s, and surrounding infilled areas of concrete likely date from the 1960s. The spatial significance is greater than the significance of the fabric.

### 3.3.2 Building 4

This is a single-storey inter-war building with plain brick walls, a tiled roof and aluminium-framed windows. The 1944 aerial photograph shows it with a gable roof. The hip roof is likely an early post-war renovation. It has been altered and extended to the north and to the east to join Building 5.



**Photo 3.6** Building 4 was built in the 1930s

### 3.3.3 Building 5 Drinkwater Building

The Drinkwater Building is a one and two-storey brick building built for wards. A central two-storey section extends northwards from View Street, comes to a narrower section, and then enlarges again with another large ward building. A single-storey wing extends from either side of the central pavilion parallel to View Street at the front, and hipped wings extend forward and to the rear.

The front was modernised and extended forwards to View Street in the 1960s to its present form. The gables were replaced with hips, the verandah was replaced with aluminium-framed glazing under Klip-lok steel roofing, and the central pavilion was enlarged. The whole building has been abandoned for many years and is boarded up. The building contains a large amount of asbestos and is in poor condition.



**Photo 3.7** The altered front section of the Drinkwater Building (Building 5) facing View Street

### 3.3.4 Building 7 Community Health

Building 7 is single-storey complex of attached buildings with a domestic character. The building makes a transition between the institutional scale of the main hospital and the single-storey scale of detached houses off the hospital site. It was built in c 1948 with face brick walls, timber-framed sash windows and gable tiled roofs. The architectural style can be called Mid-twentieth-century Traditional Pragmatic because it uses common domestic forms and construction detailing. It has been used for drug and alcohol counselling and community health services.



**Photo 3.8** Building 7 Community Health was built c 1948

### 3.3.5 Building 8

Building 8 is a kitchen complex that has a flat roof supported by a frame on reinforced concrete columns. The reinforced concrete floor slab has a recessed brick plinth. The fenestration is aluminium-framed, with fibre-cement spandrel panels. The building is typical of the second generation of modern architects in the NSW Public Works Department.



**Photo 3.9** East view towards the rear of Building 8, facing the car park



### 3.3.6 Building 9 Sheds

The gable roofed brick sheds within the group that is Building 9 were constructed in the inter-war period and may have housing boilers, among other service functions. The eastern shed has a pediment clad in batted fibro with a boarded vent, typical of the late Arts and Crafts style. The 1944 aerial photograph shows some low-pitch roofed sheds at the eastern end of this group that were replaced with gable-roofed brick building in the early post-war era.



**Photo 3.10** The gable roofed sheds seen above were built in the inter-war period



**Photo 3.11** The eastern industrial Building 9 from the c1950s would be demolished

### 3.3.7 Building 11

Several service buildings make up Building 11. An early twentieth-century domestic scale building is the older one in the group. It has mostly gabled roofs and a skillion to the rear. It is constructed of fine red bricks with some segmented arches, typical of the early inter-war period. The roof is a modern Kilp-lok profiled steel sheet. The building has been altered and extended many times.

A fuel store was built in the mid-twentieth century, north of the earlier building. The fuel store is a single room with a loading dock. It is constructed of face brick walls, a reinforced concrete slab floor and a timber-framed skillion roof.



**Photo 3.12** The service buildings that are Building 11. The building on the right is likely from the 1920s. The post war building on the left would be demolished.



**Photo 3.13** The north-western side of the older part of Building 11 would be retained



**Photo 3.14** The post-war fuel store that is part of Building 11 would be demolished



**Photo 3.15** The early post-war storeroom that is part of Building 11 would be demolished

### **3.3.8 Building 13 Cessnock House**

The southern section of Building 13 is a Federation Arts and Crafts building that has been used as a nursing home and later for allied health services as a pathology collection point. It has a domestic scale and character typical of the 1910s. The brick front boundary fence was built in the inter-war period.

The northern extension of Building 13 appears to have been built c1980. The western wing that is Building 12 appears to have been built in the 1960s. These extensions are not significant buildings.



**Photo 3.16** The c1960s Building 12 on the left would be removed, and the Federation Building 13 on the right would be retained

### 3.3.9 Building 15 Sheds

A row of sheds faces the north-western edge of the access drive in the rear of the hospital site. The 2006 aerial photograph shows the row of sheds extending the full length of the carpark, and a further row parallel and south of the outer row. Only the eastern half of the northern row remains. Of the remaining sheds, the western sheds were built in recent decades, and the two eastern buildings were placed there in the post-war period. The older eastern sheds have a timber frame, fibro wall cladding and corrugated steel sheet roofing. The earlier doors and sliding panel of ledged timber, and some later steel roller doors have been added. These timber sheds have detailing typical of the 1930s and may have been relocated here.



**Photo 3.17** The sheds that make up Building 15. Those on the left were built in the late twentieth century; those on the right were placed here soon after WWII. They would be demolished.



**Photo 3.18** The north-western side of the shed that are Building15. The timber windows have a 1930s character. They would be demolished.

### 3.3.10 Building 14 Mortuary

The mortuary is a small, isolated brick building with a tiled gable roof built close to Jurd Street. It was constructed in the inter-war period. The walls are brick, now painted white. A pattern of wall vents in a cross suggests a building function meeting eternity. The cement lintels over the window openings and V-jointed timber eave soffit are typical of the 1920s. The fenestration has been replaced with modern fixtures. The floor is concrete. The Marseilles-type roof tiles are likely original, but the timber roof structure has a slight sag.



**Photo 3.19** The inter-war mortuary Building 14 would be demolished

### 3.3.11 Building 17 Maternity

The maternity wing was completed in 1949 in a style typical of the 1930s. It is constructed of brick walls, original windows are timber-framed and more recent ones are aluminium-framed; the hipped roof is tiled. Flat-roofed prisms contrast with the hip roof, in a manner that references early twentieth-century Continental Modernism. One curved wall return on the east side is similar to the larger Parramatta Hospital of the same period. The repeated windows give a sense of formality, appropriate on the second largest hospital building here built before 1950.



**Photo 3.20** The south-west elevation of the maternity wing, Building 17

### 3.3.12 View Street Fencing

The fencing along View Street is constructed of brick piers with cement capping in Classical style. There are low-height walls in between and a steel pipe connecting each pier. The fence is fully rendered. The fence follows the straight alignment of View Street and facets inwards to mark the entry to the circular driveway. This fence was likely built in the first phase of the hospital and extends along the whole hospital frontage at that time to imply that the hospital would grow beyond the early phase of building contemporaneous with the fence

## 3.4 Views

Cessnock Hospital stands on a rise with a formal view from Building 2 to the south-east looking over the circular drive and over the town to the hills beyond. The site has district views to the north and west.

## 4.0 Archaeological Considerations

### 4.1 Aboriginal Cultural Heritage

The following sections are summarised from the 2023 Heritage Assessment of the Cessnock Hospital site, and consider the Aboriginal archaeological potential of the site.

#### 4.1.1 Aboriginal Archaeological Context

The available archaeological information informs the understanding of archaeological site patterning, site survival and the potential for detection of continuing archaeological sites. This information is discussed with reference to the outcomes of a search of the Aboriginal Heritage Information Management System (AHIMS) database and a summary of previous archaeological investigations in the local area.

##### 4.1.1.1 Aboriginal Heritage Information Management System

AHIMS is a database of Aboriginal places or objects for which site cards have been submitted to the NSW Heritage Office. Site cards are used to record Aboriginal sites in NSW and the submission of site cards is a requirement of the NPW Act.

A search of the Aboriginal Heritage Information Management System (AHIMS) was undertaken on 17 January 2023. No Aboriginal sites were identified during the AHIMS search.

#### 4.1.2 Visual Inspection

A visual inspection of the Site was undertaken by Alison Fenwick (Archaeologist – Umwelt) on 19 January 2022. As the site is an active hospital complex, accessibility was limited to areas of public use. Accessibility was constrained due to the presence of a helicopter landing zone within the north-western portion of the inspection area.

The inspection notes that these cleared, grassed portions have been subject to a moderate degree of fill, ground disturbance throughout the installation of services and utilities, ongoing landscaping and maintenance in the development of Cessnock Hospital complex. Although few structures are present across the development area, it is likely that it has been disturbed by prior land uses. No new Aboriginal sites and/or Aboriginal objects were identified during the survey. Should Aboriginal sites/objects be identified during development of the Hospital site, it is likely that they would be identified in a disturbed subsurface context. The overall archaeological potential of the Site is assessed as low.

### 4.2 Historic Archaeological Potential

Cessnock Hospital was constructed from 1914, and prior to this date, there are no records of any substantial or significant structures having been built at the location. As discussed in **Section 2.2**, the property upon which the Cessnock Hospital complex was constructed had been privately owned. Historical records suggest that the land was vacant.

Historical aerial imagery shows that the hospital complex has undergone a series of modifications and upgrades, and that original structures have been incorporated into these works as opposed to demolished

or removed. Any footings or structural remains from these earlier buildings have likely been absorbed by the current complex design.

Based on the available evidence, no historical archaeological remains unrelated to the hospital complex would be present within the Site. The high level of physical impact to the site throughout the development and modification of the hospital complex would have likely removed any archaeological features relating to earlier land use, had they been present.

The Site is considered to contain low to nil historical archaeological potential.

See **Section 6.0** for details relating to Statutory Heritage Listings relating to the site.

### **4.3 Management and Recommendations**

Management recommendations have been provided below to ensure that no harm occurs to any unidentified Aboriginal objects or sites within the Site.

The following recommendations are made with reference to the requirements of the NPW Act, the NPW Regulation and the due diligence code. It is noted that these recommendations are provided from an archaeological perspective only.

All persons working on site that are involved in ground disturbing works should be made aware of their obligations and requirements in relation to the relevant provisions of the NPW Act and Heritage Act

In the unlikely event that previously unidentified Aboriginal objects or sites are identified whilst carrying out works within the Site, all activities in the immediate vicinity of the identified Aboriginal object should cease and a suitably qualified archaeologist should be contacted to confirm the validity of the object. Should the object be confirmed to be of Aboriginal cultural origin, the landholder/contractor must notify Heritage NSW and may need to apply for an AHIP prior to the recommencement of further ground disturbance works in proximity to that object.

Where possible, existing areas of disturbance should be utilised during the installation of subsurface services. Such areas would include those known to have been previously impacted during the installation of water, electric, gas or additional service lines.

In the unlikely event that human remains are identified whilst carrying out works within the site, all activities in the immediate vicinity of the remains should cease and the NSW Police Department, NSW Heritage and the registered Aboriginal parties should be contacted so that appropriate management strategies can be identified.

In the unlikely event that suspected historical (non-Aboriginal) archaeological remains are discovered during works at the site, the proponent must contact a qualified heritage advisor.

Provided the above recommendations are adhered to, the proposed works within the site may proceed without any further Aboriginal cultural heritage or archaeological investigation, provided that the impacts and extent of the proposed works are consistent with those discussed in this report and outlined in the above recommendations. Works should, however, proceed with caution.



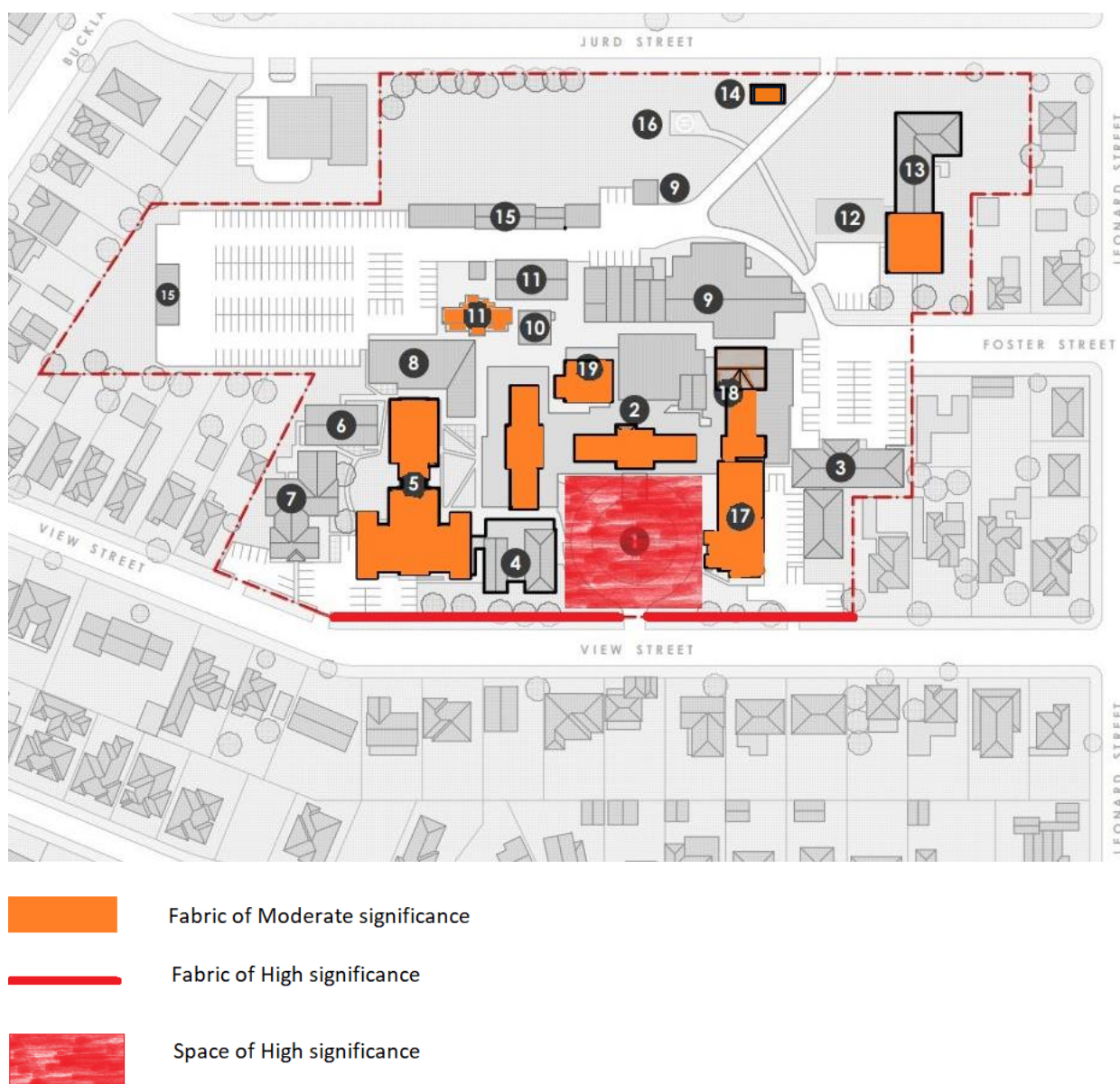
## 5.0 Assessment of Cultural Significance

### 5.1 Assessment Against Significance Criteria

A full assessment of how the site relates to the criteria established by Heritage NSW is provided in the 2023 Heritage Assessment of the site by Umwelt. A summary is provided here.

### 5.2 Significance Gradings Table

The following Table 1 describes the relative significance gradings of built heritage elements at the site.



**Figure 5.1** Diagram showing the more significant elements of fabric at Cessnock Hospital. Elements not coloured in orange or red have little or no heritage significance.

Base drawing by Fitzpatrick & Partners

## 5.3 Statement of Assessed Heritage Significance

The earliest building at Cessnock Hospital is so altered that it retains no original visible fixtures or finishes. It does not demonstrate Federation health services or social practises. This building is the focus of the heritage listings, but a careful analysis of the building shows that it does not satisfy the criteria for heritage listing at a state or local level for any criteria. The establishment of the hospital took the common pattern with combined support from government and the community. However, the remaining fabric does not demonstrate this. The hospital is not known to be connected to the work of outstanding individuals. The original building has no aesthetic significance. Several inter-war and mid twentieth-century buildings and the View Street fence have some aesthetic significance, but not necessarily enough to satisfy a heritage listing.

The front fence along View Street remains from the early period of the hospital as a grand gesture and local landmark, though it has been diminished by removal of the main gates. The front fence has heritage significance and may meet the threshold for listing as a local heritage item. The circular driveway contains no fabric of high significance, but it is a significant space that gives some sense of grandeur to the hospital layout.

## 5.4 Gradings of Significance for Building Fabric

The following section provides a graded assessment of significance for components of the hospital site so that the relative significance of spaces and elements can be understood for their contribution to the cultural significance of the place. Different components of a site make a different relative contribution to the site's overall significance. The significance of individual components can only be understood in relation to the role they play in creating and explaining the quality, character, meaning, history and use of the place.

The gradings provided below indicate the significance of spaces and elements relative to each other and to the overall significance of the place.

### 5.4.1 Definitions

These gradings are based on the gradings included in now NSW Heritage's guideline Assessing Heritage Significance (2001). An explanation of the gradings used in this assessment is provided below.

#### ***Exceptional***

These spaces/elements are of exceptional cultural significance for historic, aesthetic, scientific or social values. They include rare or outstanding building fabric and retain an exceptional degree of integrity and intactness from their original construction or later significant period. They play a crucial role in the overall significance of the place.

#### ***High***

These spaces/elements are of high cultural significance. This may include fabric from the original construction of the building which has now been altered somewhat, or significant fabric from later alterations. The integrity of these elements may have been compromised by alteration/ modification, but their contribution to the overall significance of the site remains strong.

### **Moderate**

These spaces/elements are of medium cultural significance but are of lesser cultural significance in the overall significance of the place. They may have been compromised by later, less significant modifications. They may be later developments that play some role in supporting the overall significance of the place.

### **Little**

These spaces/elements are of low cultural significance. This may include fabric associated with recent or less significant alterations and additions. They play a minor role in the overall significance of the place.

### **Intrusive**

These spaces and elements are intrusive to the cultural significance of the subject site. They include unsympathetic alterations and additions where new elements have adversely affected significant fabric or the overall legibility of the site’s cultural significance. These spaces and elements are damaging to the site’s cultural significance.

**Table 1 Schedule of Built Heritage Elements by Significance**

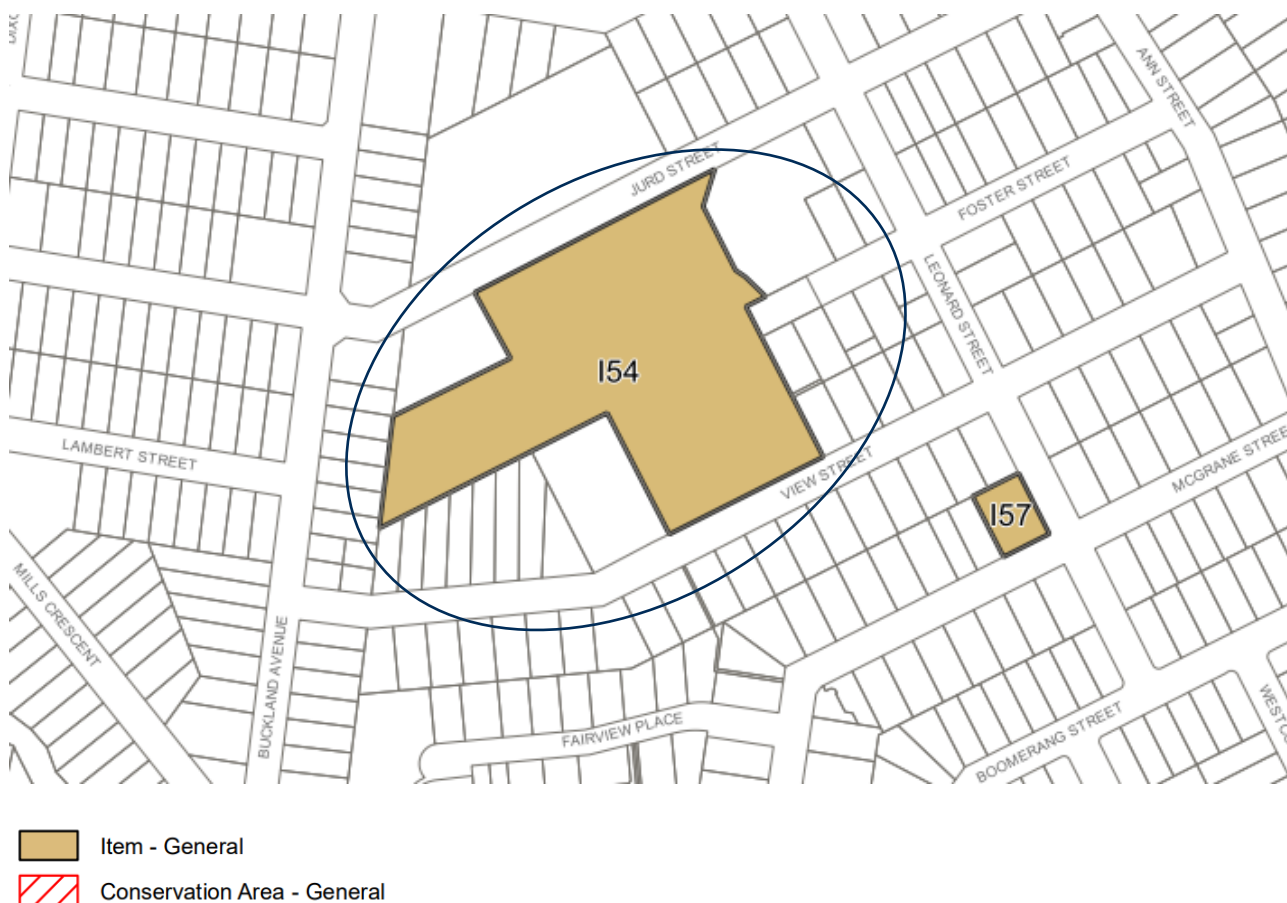
Exceptional	Nil.
High	Masonry fencing along View Street, The space only of the circular driveway
Moderate	Buildings 2, 5, 11, 13, 14, 17, 18, 19
Little	Other buildings and spaces
Intrusive	No elements are intrusive. There are no elements whose removal would enhance the heritage significance of the whole.

## 6.0 Statutory Heritage Status

### 6.1 Heritage Status

Cessnock Hospital is listed as an item of local heritage significance on Schedule 5 of the *Cessnock Local Environmental Plan, 2011* (LEP) as heritage item I54. In an update, the ambulance station in the north-west corner of the curtilage mapped below is now excluded from the hospital listing. The ambulance station contains one recent building only. The ambulance station site is outside the zone of proposed works.

Other heritage listed items in the vicinity of the subject site are visually and physically separated from the site by intervening development and local topography. This includes the former Glenmore Private Hospital that is heritage item I57 at 41 McGrane Street. This single-story building (now a dwelling) is out of sight from Cessnock Hospital.



**Figure 6.1** Extract from Heritage Map HER\_006CA showing the heritage curtilage of Cessnock Hospital. The site is circled by Umwelt.

Source: *Cessnock Local Environmental Plan, 2011, Heritage Map HER\_006CB*

## 6.2 Heritage Listings of Cessnock Hospital

### 6.2.1 City of Cessnock Heritage Study 1992-93

The following Statement of Significance for Cessnock Hospital was taken from the City of Cessnock Heritage Study 1992-93 inventory form by Penelope Pike, Meredith Walker and Associates.

*Of historic and social significance demonstrating the focus of community activity and the strength of self-help organisations in mining towns where facilities and basic services were lacking.*

SHR Criteria a) Historical Significance

*This item is assessed as having an associative value at a local level.*

SHR Criteria d) Social Significance

*This item is assessed as having an associative value at a local level.*

The 1992-93 heritage inventory by Penelope Pike, Meredith Walker and Associates noted that the architectural style is “Federation, altered”. They noted that they did not inspect the interior. Pike and Walker found the hospital to have ‘associative historic’ significance at a local level, and ‘Associative Social’ significance at a local level. They found that the hospital did not have aesthetic significance.<sup>3</sup>

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<sup>3</sup> City of Cessnock Heritage Study 1992-93 inventory form by Penelope Pike, Meredith Walker and Associates. Ref number 286

## 7.0 The Proposal

The proposed development, designed by Fitzpatrick +Partners Architects is focussed on the construction and operation of a new two-storey clinical services building on the site's northern portion, and refurbishment works to other building including:

- Demolition of the smaller buildings in the north of the site, including the mortuary building, sheds and minor service buildings, all located well north of the group of more significant buildings.
- Realignment of internal roads and a new primary vehicular and pedestrian entrance to the hospital campus from Jurd Street.
- Refurbishment of the existing at-grade car park.
- Installation and realignment of selected services.
- Installation of ancillary development including, but not limited to, lighting and signage.
- Landscaping.
- New kerb, gutter and road resurfacing on Jurd Street.

The intention of the proposal is to provide ongoing and satisfactory health services to the people of the Cessnock district.



**Figure 7.1** Westerly rendering of the Cessnock Hospital Redevelopment from Jurd Street

*Fitzpatrick +Partners*

## 7.1 Documentation Evaluated

The following drawings, prepared by Fitzpatrick +Partners Architects, were reviewed as part of the preparation of this report:

Drawing No.	Drawing Title	Issue	Date
CHR-AR-REF-100000	Existing Site Plan	03	3 October 2024
CHR-AR- REF -010001	Site Plan	03	3 October 2024
CHR-AR- REF -010003	Demolition Plan	03	3 October 2024
CHR-AR- REF -100000	Ground Floor	03	3 October 2024
CHR-AR-REF-100100	Level 1	03	3 October 2024
CHR-AR-REF-100200	Level 2 Plant	03	3 October 2024
CHR-AR-REF-100300	Roof	03	3 October 2024
CHR-AR-REF-120100	North & East Elevations	03	3 October 2024
CHR-AR-REF-120101	South & West Elevations	03	3 October 2024
CHR-AR-REF-120102	Inward Facing Elevations	03	3 October 2024
CHR-AR-REF-120103	North-South Sections	03	3 October 2024
CHR-AR-REF-120101	East-West Sections	03	3 October 2024
CHR-AR-REF-990001	Materials & Finishes	03	3 October 2024
CHR-AR-REF-990002	Materials & Finishes	03	3 October 2024
CHR-AR-REF-990003	External Signage	03	3 October 2024
CHR-AR-REF-990050	CGI - Jurd Street View	03	3 October 2024
CHR-AR-REF-990051	CGI - Main Entry View	03	3 October 2024
CHR-AR-REF-990052	CGI - Courtyard View	03	3 October 2024

## 8.0 Assessment of Heritage Impact

### 8.1 Introduction

This Statement of Heritage Impact has been prepared in response to the impact assessment criteria in the following documents: the *Cessnock Local Environmental Plan (LEP) 2011*, the Cessnock Development Control Plan (DCP) 2011 and the NSW Heritage Division guidelines, *Altering Heritage Assets and Statements of Heritage Impact*, contained within the NSW Heritage Manual.

### 8.2 Evaluation of the Guidelines of the NSW Heritage Division

The following assessment is based on the assessment criteria set out in the Heritage Division publication, 'Statements of Heritage Impact', contained within the NSW Heritage Manual. The standard format has been adapted to suit the circumstances of this application.

The following aspects of the proposal respect or enhance the heritage significance of the item or conservation area for the following reasons:

- The Cessnock Hospital Redevelopment would retain the buildings, structures and spaces of high significance and most buildings of moderate heritage significance. No physical impact will be made with the southern precinct of the hospital site that has the most heritage significance of the site. The new building has been carefully located in the northern part of the hospital site where the lowest concentration of structures with heritage significance lies.

*The following aspects of the proposal could detrimentally impact on heritage significance. The reasons are explained as well as the measures to be taken to minimise impacts:*

- The removal of the mortuary building would cause the loss of a building with moderate heritage significance. This impact could be ameliorated with a photographic archival recording of this small building.

#### 8.2.1 Demolition of a Building or Structure

- *If demolition is proposed, why is it necessary?*
- *Have options for retention and adaptive re-use been explored? If yes, set out why these options have been discarded?*
- *Has technical advice for demolition been obtained?*
- *Identify and include advice about how significant elements, if removed by the proposal, will be salvaged and reused.*

#### Comment:

The Cessnock Hospital Redevelopment would cause the demolition of the inter-war period mortuary building (building 14), which was previously assessed by Umwelt as having Moderate heritage significance. This loss is sustainable for the heritage significance of the hospital site that is a local heritage item.



The proposed demolition of buildings 9 (north one only), 11 (north one only) and 15 would cause the loss of minor service buildings from the post-war period that have little heritage significance. The removal of these buildings would cause little adverse impact on the heritage significance of the site.

### 8.2.2 Major Additions

- *How is the impact of the addition on the heritage significance of the item to be minimised?*
- *Can the additional area be located within an existing structure? If not, why not?*
- *Will the additions tend to visually dominate the heritage item?*
- *Are the additions sited on any known, or potentially significant archaeological deposits? If so, have alternative positions for the additions been considered?*
- *Are the additions sympathetic to the heritage item? In what way (eg form, proportions, design)?*

#### **Comment:**

The new hospital building would have a larger footprint than any existing building at the Cessnock Hospital. The proposed height of two habitable storeys would be similar to several existing hospital buildings on the site, such as the Drinkwater Building and the Maternity Building. There would also be a second floor of mechanical equipment over a minority of the new building's footprint.

The new building would be built on lower land than the older hospital buildings seen from View Street, so it is unlikely to be seen from View Street. The highly significant front fence and driveway circuit by View Street would continue to be seen with little likelihood of the new hospital building being seen as the background to these older structures in views from the public domain. The new building has been designed to not dominate the more significant buildings of the hospital site in views from View Street.

The new building would be located on land assessed by Umwelt archaeologists as having low potential to contain archaeological resources.

### 8.2.3 New Landscape Works and Features (Including Carparks and Fences)

- *How has the impact of the new work on the heritage significance of the existing landscape been minimised?*
- *Are works to the landscape or pathways necessary to comply with the access requirements of the Disability Discrimination Act 1992?*
- *Has evidence (archival and physical) of previous landscape work been investigated? Are previous works being reinstated?*
- *Has the advice of a consultant skilled in the conservation of heritage landscapes been sought? If so, have their recommendations been implemented?*
- *Will any known or potential archaeological relics be affected by the landscape works? How will this be mitigated? Has advice been sought from a suitably qualified archaeologist?*
- *Do the proposed works impact views to, from and within adjacent heritage items?*

**Comment:**

The redevelopment design takes care to retain the trees offset from the Jurd Street rear boundary. The design would build over a substantial area of grass that grows on fill. These grassed areas have little heritage significance. The landscape space of highest significance on the site, the entry driveway circuit accessed from View Street, would be retained. The redevelopment would not cause the loss of significant landscape from the Cessnock Hospital site.

New areas of hardstand for carparking and driveway would be built around the new building, replacing some grassed surfaces. However, the landscape design has new areas of grass and the planting of new trees on the south-west and south-east sides of the new hospital building. The redevelopment would provide more trees on the site than at present, and so would have a positive impact on the hospital landscape.

#### **8.2.4 Works adjacent to a heritage item or within the heritage conservation area (listed on an LEP)**

- *Will the proposed works affect the heritage significance of the adjacent heritage item or the heritage conservation area?*
- *Will the proposed works affect views to, and from, the heritage item? If yes, how will the impact be mitigated?*
- *Will the proposed works impact on the integrity or the streetscape of the heritage conservation area?*

**Comment**

Cessnock Hospital is not adjacent to any other heritage items. The nearest heritage item is at 41 McGrane Street, heritage item number I57, which is a Federation house that is out of sight from the hospital. The Cessnock Hospital Redevelopment will have no impact on this heritage item.

#### **8.2.5 Heritage Objectives of the Cessnock LEP 2011**

The proposed Cessnock Hospital Redevelopment is acceptable, from a heritage perspective, for the following reasons:

- The most significant buildings, other structures and landscape spaces of Cessnock Hospital will be retained. The development has been placed in the north-west of the hospital site where there is the least concentration of structures with heritage significance, while still accessible to the existing hospital buildings.
- The Redevelopment retains views between the public domain and the more significant buildings along View Street.
- There will be very little change to the public interpretation of the heritage significance of Cessnock Hospital arising from the redevelopment.

## 8.3 Heritage Objectives of the Cessnock LEP 2011

The proposal is consistent with the relevant heritage objectives of the *Cessnock LEP 2011*, which are:

### 5.10 Heritage conservation

#### (1) Objectives

The objectives of this clause are as follows:

- (a) to conserve the environmental heritage of Cessnock,
- (b) to conserve the heritage significance of heritage items and heritage conservation areas, including associated fabric, settings and views,

## 8.4 Heritage Guidelines of the Cessnock DCP 2010

The Cessnock DCP 2010 supports the *Cessnock LEP 2011* by providing additional objectives and development standards for heritage properties.

### 8.4.1 General Heritage Provisions

The proposed development is generally consistent with the objectives of the Cessnock DCP 2010 that relate to heritage and are set out in the following DCP Sections. Many sections of the DCP are written to manage heritage items that are houses or shops, so many provisions do not relate to a broad-scale hospital.

DCP Provision	Design Response
<p><i>12.7.2 Siting, Setback and Orientation</i>  <i>Generally, alterations or additions shall occur at the rear of the existing building to minimise visual impact on the street frontage of the building</i></p>	<p>Complies. The redevelopment would be located at the rear of the hospital site. There may be no visual impact in views from View Street.</p>
<p><i>12.7.3 Size and Scale</i>  <i>An alteration or addition shall not be of a size or scale which overwhelms or dominates the existing building, substantially changes or destroys its identity or changes its contribution and importance in its surrounds.</i></p>	<p>The Cessnock Hospital Redevelopment would be set behind and separated from the group of more significant buildings at the hospital. This group of more significant buildings would not be dominated by the development. The function of the more significant buildings.</p>

## 9.0 Recommendations and Conclusion

### 9.1 Recommendations

The recommendations outlined below are being addressed as part of a Development Application (DA) for Category One remediation works. These remediation works are being carried out concurrently and will be completed prior to the commencement of any scope of works associated with the Review of Environmental Factors (REF).

To mitigate any potentially adverse impacts from the Cessnock Hospital Redevelopment, Umwelt makes the following recommendations.

R1 - A Photographic Archival Recording of the mortuary building should be carried out prior to the proposed demolition.

R2 – An Interpretation Strategy should be prepared for Cessnock Hospital, and carried out as an Interpretation Plan in the new hospital building.

### 9.2 Conclusion

The largest allotment at Cessnock Hospital (Lot 2 in DP1173784) is a local heritage item. The earliest building (Building 2) at the site was constructed in 1914 but it is heavily altered.

The Cessnock Hospital Redevelopment would place a new building on the north-west side of the site, which is set lower and away from the group of early twentieth-century hospital buildings that have the most heritage significance on this site. The mortuary building is the only structure of at least moderate heritage significance that would be removed in the redevelopment. The heritage significance of the Cessnock Hospital site can be sustained with the removal of the mortuary building and other structures of little heritage significance because all other buildings of moderate or high significance will be retained.

In reviewing the heritage impact of the Cessnock Hospital Redevelopment, Umwelt determines that:

- The extent and nature of the potential heritage impact is low-moderate and the development will not have significant adverse impact on the heritage significance of the heritage item that is the hospital site or the wider environment.
- Potential heritage impacts can be appropriately mitigated and managed to ensure that there is minimal effect on the environmental heritage of the locality.

This Statement of Heritage Impact for the Cessnock Hospital Redevelopment is submitted as a Review of Environmental Factors (REF) seeking planning approval under Part 5 of the *Environmental Planning & Assessment Act*.

**Umwelt**

A handwritten signature in black ink, appearing to read 'Brad Vale', written in a cursive style.

**Brad Vale**

Principal Heritage Consultant

E | [bvale@umwelt.com.au](mailto:bvale@umwelt.com.au)

# References

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