

[REDACTED]

From: [REDACTED]
Sent: Tuesday, 13 December 2022 12:49 PM
To: IPCN Enquiries Mailbox
Subject: Further comment on President Private Hospital (SSD-10320)

Thank you for the opportunity to read and comment on the DPIE's response to the IPCN's request for information regarding the redevelopment of President Private Hospital.

Important points arise from studying these documents. Firstly, clarification is required regarding the reasons behind Hotham House's failure to be listed by Sutherland Shire Council as an item of heritage significance until relatively recently. In 1993 Perumal, Murphy and Wu conducted this Shire's first comprehensive heritage study but such cursory attention was paid to Hotham House that it was misidentified as an Interwar construction (1919-1942), when it falls within the Federation period (1901-1918 — actually built 1912/13). While the report deemed the house of local significance, based purely on an external observation of architectural/aesthetic qualities, the then-owner objected to the house receiving heritage listing. Owners disinclined to being constrained by heritage controls in future attempts to alter, modify or demolish their property, or who believe heritage recognition might adversely affect property values in the event of a proposed sale, would naturally resist any listing attempts.

In preparation for Council's 2015 LEP attention again turned to Hotham House, now owned by the applicant, Macquarie Health. However, a review prepared for Council at the time noted that the items at [65 Hotham Road](#) "should not be listed as heritage items **unless an expert report nominates the criteria that would justify the listing**". The applicant and its various consultants continue to omit the important second half of this sentence in attempts to defend its antipathy towards preserving the house.

It should be clearly understood that at no time before 2019 had any thorough, detailed and expert heritage study of Hotham House been undertaken by, for — or even independent of — Council. The item had not been heritage listed, not because it had been studied and found not to qualify, **but because it had never been seriously studied and assessed**. A genuine heritage assessment requires more than cursory observation from the street. It requires internal and external examination by professional heritage architects of the item's design features and materials. It requires research by qualified historical experts, utilising primary documentary sources, to identify and assess all historical, scientific and social associations with the item. Only then can an informed decision be made about suitability for heritage listing. The investigation undertaken in 2019 by Architectural Projects was the first time anything approaching a comprehensive study had ever been made of Hotham House's history and it led to, first, an Interim Heritage Order being placed on the property, followed by amendment to the 2015 LEP to (belatedly but justifiably) include Hotham House as an item of heritage significance.

The second point which becomes glaringly obvious in studying the DPIE response material is that the applicant has consistently failed to conduct or provide design options which successfully incorporate the heritage item in the hospital redevelopment. In fact, the applicant appears at pains to provide options — when it does — which purposely **preclude** the retention/repurposing of the house. There is a great deal of tail wagging the dog, and an inability of the applicant to accept that its latest plans are so overly-ambitious, out-of-character for the immediate locale and inappropriate for the site (on grounds including, but also beyond, heritage) that they cannot be seriously considered in their present form.

Four years ago the applicant submitted a development application to Council to build a new gym and change rooms at its modest private rehabilitation/day surgery facility and to demolish Hotham House for an 18-space car park. When the application was rejected, Macquarie returned two years later with ambitious plans to create a significantly larger-scale surgical hospital, now including mental health unit, for which all designs so far have overwhelmed the site, the locale and the existing heritage item to an unacceptable degree. Physically, the site is inappropriate for the dimensions of the

proposed building(s), incorporating as it does a pronounced south-easterly fall in elevation and sited directly over a concomitant natural watercourse (now subsumed in the subterranean drainage system). It is located on main, secondary and tertiary roads all incapable of accommodating the associated increase in arriving, departing and parked vehicles. Its close proximity to long-established low-medium density housing is causing enormous concern to immediate neighbours. It may be anathema to the applicant to be required to repurpose an existing onsite heritage item, but it has to appreciate that a scaling back of its plans is necessary to enable appropriate use of the site and the successful incorporation of the heritage house. It is not a matter of the heritage item having to be sacrificed for the magnitude of the new hospital — the hospital facilities need to be downsized to proportions suitable for the several constraints of the site.

If the applicant is so focussed on providing the health facilities it has discovered are so important to Sutherland Shire, it should commence a search for a more appropriate site on which its plans can be realised.

