HUNTER NEW ENGLAND
NSW HEALTH

7th November 2008

Mr Sam Haddad
Director General
Department of Planning
GPO Box 39
Sydney NSW 2001

Dear Mr Haddad

Declaration under Clause 6 of the State Environmental Planning Policy (Major Projects) 2005 Manilla Combined Multi Purpose Service and HealthOne

In accordance with Section 75B of the *Environmental Planning and Assessment Act 1979* (the Act) and Clause 6 of the State Environmental Planning Policy (Major Projects) 2005 (Major Projects SEPP), NSW Health seek your opinion that the Manilla Combined Multi Purpose Service and Health One is declared to be a project to which Part 3A of the Act applies.

Background

Manilla is a small rural town accommodating approximately 2,081 of the 3,300 people in Manilla Shire. The town is 45 kilometres from Tamworth. Its main activities are as a service centre for the surrounding agricultural industries. Tourism across a wide range of ages and interests is of increasing importance, with Manilla being a world-recognised centre for paragliding and hang gliding.

Currently health services in Manilla are provided from 3 separate sites. Core services (Acute/ Subacute), community health and Home and Community Services (HACC) are provided from the hospital and Dowe Lodge (adjacent to the hospital but not directly attached). Day centre services are provided from the Manilla Senior Citizens centre building opposite the hospital. The GP's work from separate premises nearer the town centre. Long stay high aged care accommodation is provided in the hospital, in space that does not comply with current Commonwealth standards. Low care aged residential accommodation is provided from Manellae Lodge, located near the hospital but at a significantly different floor level, and managed by Tamworth Regional Council. The ambulance service operates from separate premises on the main road into town.

The Area Health Service has been planning with the local Community since 2001 to bring about substantial changes to the way health services are provided in their community. The current physical facilities have been identified as a significant impediment to providing quality integrated health services in Manilla. The existing hospital is functionally deficient and sections are in poor physical condition.

The Health Services Plan (HSP) advocates health services in Manilla that combine the concepts of both the HealthOne model and those of a Multipurpose Service (MPS) to ensure the effectiveness and sustainability of the health service into the future. This approach is supported by the Hunter New England Health (HNE Health) *Area Healthcare Services Plan, 2007.* The development of both the MPS and HealthOne models of care for Manilla has been approved by NSW Health.

Figure 1: Surrounding Locality

Proposed Works

The proposed works include the demolition of the existing hospital and the construction of a new single story facility (GFA: 3372.5sqm) on the current Manilla Hospital site. The new facility will provide a link to the existing aged care facility Manellae Lodge of which the ownership and management is to be transferred to Hunter New England Health from Tamworth Regional Council on completion of the combined MPS/HealthOne. Further to this the facility will incorporate a stand alone staff accommodation that will house up to four staff members at a time. The development will provide 26 car parking spaces to the main entrance with a dedicated drop off zone, separate ambulance access and community bus parking. A service yard and loading dock will facilitate back off house operations.

The facility will provide a fully integrated health service for Manilla by bringing together the existing hospital services, primary and community health services and aged care services, as well as General Practitioners, visiting specialists and other NGOs. The new facility will contain the following components:

- Entrance Cluster
- Emergency & Imaging Cluster
- Acute/ Sub Acute Cluster
- Primary & Community Health Cluster (HealthOne)
- Residential Aged Care Cluster
- Support Cluster
- Staff Cluster
- Staff accommodation
- External service and parking areas

The total capital investment for the proposed development is approximately $18.4 million. For your information and review attached to this document are the scheme design drawings, Schedule of Accommodation, demolition plans and detailed site (an surrounds) survey.

Strategic Planning

The Manilla Health Services project complies in a practical way with the recently released NSW State Health Plan by helping Hunter New England Area Health, local doctors and the local community respond to:

- The critical challenge of ensuring equitable access for all people as some locations are not as well served, particularly due to difficulties attracting and retaining doctors and other health professionals;
- Promoting better co-ordination of local service providers, to ensure that primary care works effectively to increase the proportion of people safely treated earlier in the community, thereby minimising the need for hospitalisation; and
- Increasing access to services in rural and remote communities through the implementation of the Better Rural Health Plan.

To assist in the compliance with policies and pre-requisites consideration has been given to the following relevant state-wide service policies and programs in the development of service delivery options:

- *Integrated Primary and Community Health Policy 2007-2012, NSW Health*
- *NSW Health, Integrated Primary Health and Community Care Services – A partnership approach to healthcare. 2005*
- *Future Directions for NSW Health – Towards 2025*
- *A New Direction for NSW – State Health Plan Towards 2010, NSW Government*
- *A Framework for Change NSW Ministerial Advisory Committee on Health Services in Smaller Towns (Sinclair Report)*
- *Healthy People 2005- New Directions for Public Health in NSW*
- *Improving Health Care for People With Chronic Illness: A Blueprint For Change 2001-2003*
- *NSW Chronic Care Program: Phase Two 2003-2006 Executive Summary*
- *Better Rural Health Plan*
- *Framework for integrated support and management of older people in the NSW*
- *Health care system 2004-2006 "to improve opportunities for all older people to remain as independent and healthy as possible and able to participate in community life"*

For small rural and remote communities, flexible service models need to be developed which are more client-focussed and responsive to communities' needs and offer better integration of services. This is congruent with the model proposed. Furthermore it is envisaged that in line with NSW health policy directives, people working in teams create greater collaboration across disciplines, departments and health services. By centrally locating like services together, this will be achieved.

The Manilla Health Service project also responds to the Hunter New England Strategic Directions (2006-2010), which was completed in August 2006 and addresses the strategic directions for NSW Health at a more local level. The role prepared in this document is fully aligned with the Area's service plan for Manilla and surrounds.

The Manilla project will bring together GPs, community health workers, allied health and other medical professionals in a "one stop shop" as one of the State Government's integrated MPS/HealthOne NSW centres. These centres relate to the goals of the NSW State Plan by:

- State Plan Priority S1: Improve access to quality healthcare
- State Plan Priority S2: Improve survival rates and improve quality of life for people with potentially fatal or chronic illness through improvements in healthcare
- State Plan Priority F4: Embedding the principle of prevention and early intervention into Government service delivery
- State Plan Priority F5: Reduced avoidable hospital admissions

Site & Development Studies

Several site/development related studies and investigations have already taken place which form part of the combined Service Delivery Plan/Project Definition Plan (SPP/PDP) which was prepared in March 2008. For your information a brief summary as to the findings of each study has been included below. Full reports are available on request.

Heritage: Manilla Hospital is listed as an item of environmental heritage in the Manilla Shire Council Local Environmental Plan (LEP) 1988. A heritage assessment has been conducted and concluded that the Manilla hospital site (land only), has been assessed as having local heritage significance due to the continuing occupation by health facilities since the early 1900's, whilst the current hospital buildings have little or no heritage significance as a result of numerous renovations in varying styles over the years. The heritage report concluded that the heritage significance is therefore associated with the site and its history rather than the built environment.

Hazardous Material: The existing buildings were found to contain some asbestos containing materials, synthetic mineral fibres and lead based paint. These findings are representative of a building of this age. All hazardous material will be removed under the demolition contract in accordance with statutory requirements.

Geotechnical/Contamination: The site consists of alluvial soils and rock at variable depths. Fill was encountered to depths exceeding 2m during the geotechnical investigations primarily on the northern and eastern sides of the site. This fill was generally located along the northern and eastern sides of the site. The fill in areas around the top of the existing embankment particularly on the northern side of the site was classified as unstable and uncompacted and consisted of building rubble including asbestos. Works expected to be undertaken to prepare the site for the proposed development include the following:

- Grub and clear existing vegetation
- Reduce ground level to the design levels which may include removal of rock
- Salvage and reinstate suitable fill materials and relocate on site as required
- Import suitable fill material if required
- Identify the extent and remove from site unstable fill materials on the edge of the embankments including treatment of in ground asbestos
- Reinstate stable compacted fill material to the edge of the embankment.
- Stabilise any identified unstable embankments of natural ground as required

It is expected that the siltstone material as described in the geotechnical report will be encountered during the site preparation. This being the case part of the building slab will be founded on this material as default. Due to the nature of the site being uneven, the requirement of fill being used to achieve design levels and the instability of the embankment and close proximity of the building to it, it is expected that all building slabs for the hospital will be required to be piered to or founded on this siltstone material to avoid any differential settlement of the building.
Further to this a detailed Geotechnical/Environmental report has been commissioned and will be completed by early December 2008.

Ecological Sustainable Design (ESD): An ESD report has been prepared with the following recommendations identified. The design is to follow ESD principles and be energy efficient by utilising the following:

- Efficient building orientation;
- Window size and placement for natural lighting and solar control;
- Efficient lighting design;
- Use of energy efficient fittings and equipment;
- Efficient shading protection;
- Efficient mechanical ventilation systems;
- Efficient water heating;
- Insulation to walls and roof;

- Water harvesting;
- Skylight/solar to be utilised, or similar;
- Appropriate roof structure & eaves; and
- Natural ventilation/draft/stacks/building purge and whirly birds as required.

The following recommendations have been assessed by the design team and are being incorporated in the evolving design.

Existing site services: A survey and condition inspection of the existing site services has been carried out by a suitable qualified consultant. Several recommendations were given with respect to required upgrades of the existing services. As the existing facility is to be demolished these recommendations are now redundant as the new facility will include the provision for new services. The development will also incorporate the installation of a stand alone hot water service to Manellae Lodge (neighbouring aged care facility) as this is currently serviced by the existing hospital's coal fired boiler.

Aboriginal impact: An Aboriginal Impact Statement has been completed and identifies that the health needs of the Aboriginal community in the Manilla area have been taken into account in the planning to date. An Aboriginal representative has been established in the Planning and Development Committee and a consultative process will continue with the local Aboriginal community throughout the ongoing project planning.

Land title and zoning: The hospital site (lot 14 DP 814059) is owned by NSW Health and is large enough for the new facilities, whilst Manellae Lodge (lot 13 DP 814059 and lot 172 DP 595749) is on land owned by NSW Health but leased to Council until 2051 with an option to renew for 60 years. This lease will have to be extinguished before development commences. A small portion of Manellae Lodge is on land owned by Council which will need an uncomplicated boundary realignment. A lot plan has been attached as appendix H. All of the above mentioned lots are zoned 2V (residential village or urban zone). The Manilla Local Environmental Plan (LEPP) 1988 is silent on the permissibility of developing a hospital under this zoning. However as the current hospital has existed on this site since 1904 existing use rights are expected to deem this proposal as permissible.

Application of Part 3A

The proposed development is considered to be a Major Project under Part 3A of the Act on the basis that it falls within Schedule 1 of the Major Projects SEPP which sets out the classes of development that qualify as Major Projects, specifically Group 7 "Health and Public Service Facilities" Part 18 "Hospitals". Part 18 states that:

(1) Development that has a capital investment value of more than $15 million for the purpose of providing professional health care services to people admitted as in-patients (whether or not out-patients are also cared for or treated there), including ancillary facilities for:
- *(a) day surgery, day procedures or health consulting rooms, or*
- *(b) accommodation for nurses or other health care workers, or*
- *(c) accommodation for persons receiving health care or for their visitors, or*
- *(d) shops or refreshment rooms, or*
- *(e) transport of patients, including helipads and ambulance facilities, or*
- *(f) educational purposes, or*
- *(g) research purposes, whether or not they are used only by hospital staff or health care workers and whether or not any such use is a commercial use, or*
- *(h) any other health-related use.*

(2) *For the purposes of this clause, professional health care services include preventative or convalescent care, diagnosis, medical or surgical treatment, psychiatric care or care for people with disabilities, care or counselling services provided by health* care professionals.

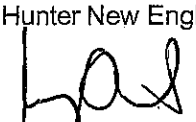
Request for Director Generals Requirements

Given the capital investment value of the Manilla Combined MPS/HealthOne facility is greater than $15 million, and the proposal includes facilities outlined above NSW Health request that the project be considered under Part 3A of the Act.

If the Minister is of the opinion that the proposal is a Major Project to which Part 3 of the Act applies, Health Infrastructure formally request that the Department of Planning issue Director Generals requirements to facilitate the preparation of the Environmental Assessment under section 75H of the Act.

I trust that the following information is sufficient. However, if you require any additional information, please do not hesitate to contact our consultant Leone McEntee on 02 9661 8019 or 0410 432 505. We would be happy to meet with your Department to discuss the proposal at any time.

Yours Sincerely
Hunter New England Area Health Service



Nigel Lyons
Chief Executive

Attachment A: Detailed Survey (existing)
Attachment B: Site Plan
Attachment C: Roof Plan
Attachment D: Roof Plan (Plant)
Attachment E: Elevations
Attachment F: Schedule of Accommodation
Attachment G: Demolition Plan
Attachment H: Land Title