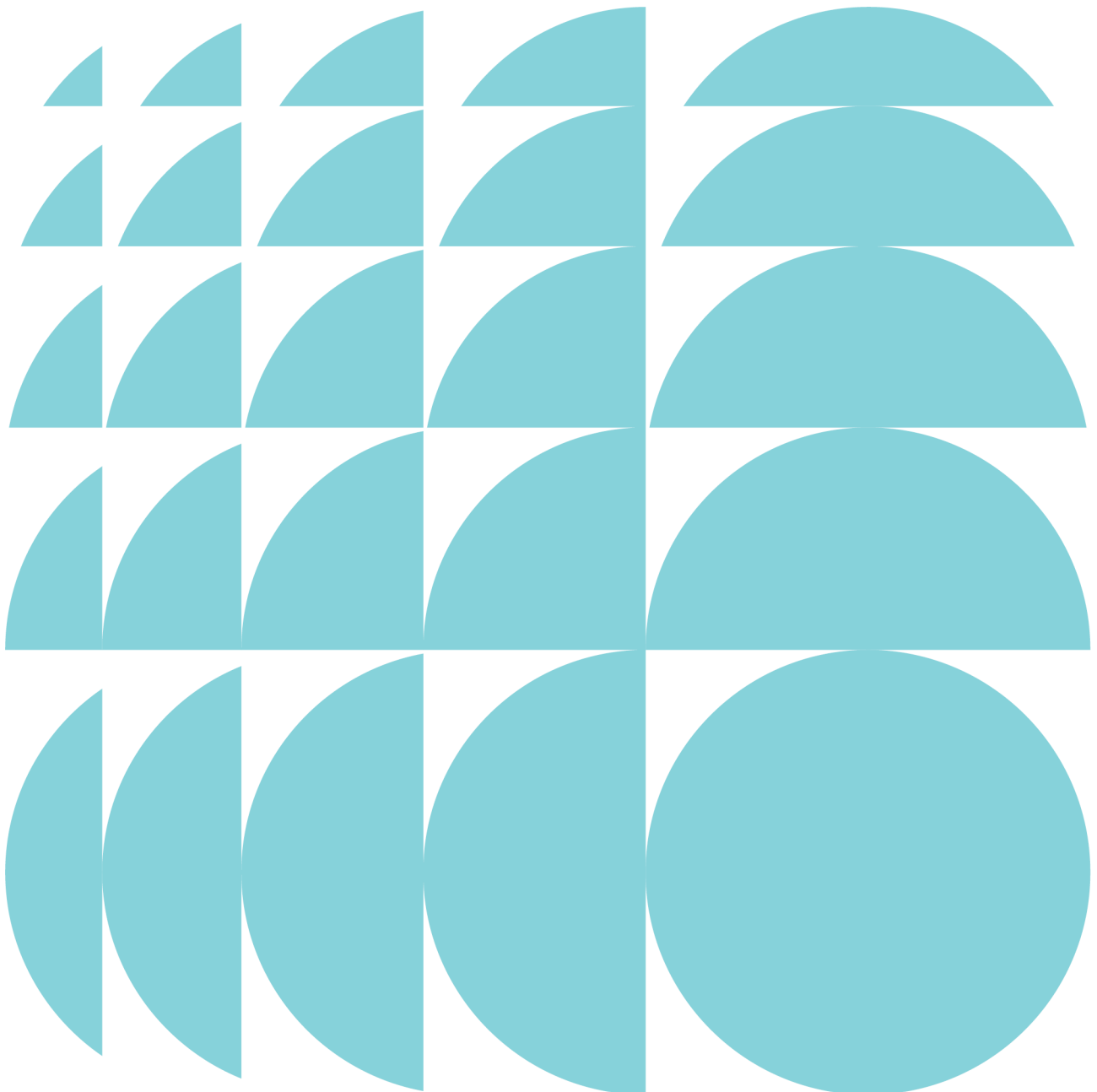


Nepean Hospital Redevelopment Project - Stage 2 SSDA

Prepared for NSW Health Infrastructure

27 August 2021 | 2210155



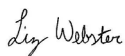
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1.0 Introduction

1.1 Overview

This Social Impact Assessment report supports a State Significant Development Application (SSDA) for the proposed Nepean Hospital Redevelopment Project – Stage 2 (SSD-16928008) at Derby Street, Kingswood, NSW. The applicant is NSW Health Infrastructure.

The purpose of this report is to analyse the potential social impacts that may arise from the development, having regard to social trends and issues affecting the local and broader surrounding areas.

This report addresses the requirement for a Social Impact Assessment (SIA) specified in the Department of Planning, Industry and Environment's Secretary's Environmental Assessment Requirements (SEARs) for the project – as set out in **Section 1.2** below. It follows the principles set out in the *Social Impact Assessment Guideline for State Significant Projects* (SIA Guideline) released by the NSW Department of Planning, Industry and Environment in July 2021 and covers the Social Impact Assessment requirement of the Penrith City Council (as described in Penrith Development Control Plan 2014, Appendix F5 Technical Information). Note that consideration of the Council's Social Impact Assessment requirements is not required by the SEARs, but has been included as a means of providing a comprehensive assessment of social impacts.

This report includes the following components:

- Project summary and site context
- Baseline analysis of the designated area of social influence of the development, including current and forecast population profile, population health profile, and existing social infrastructure networks
- Strategic policy context, including relevant state and local government drivers
- Social issues and trends relevant to the proposed development
- Community perspectives of relevance to the proposed development
- Predicted social impacts of the proposed development at this location, along with recommended mitigation and enhancement measures.
- A suggested social impact monitoring and measurement plan has also been provided – as per the NSW DPIE SIA Guideline.

1.2 Assessment scope and specification – SEARs

The Department of Planning, Industry and Environment issued Secretary's Environmental Assessment Requirements (SEARs) to the applicant on 22 April 2021 for the preparation of an Environmental Impact Statement for the proposed development. The SEARS outlines the following requirements (see **Table 1**).

Table 1 SEARs specifications and report references

SEARs	Where addressed in this report
9. Social Impacts	
<ul style="list-style-type: none"> • Provide a Social Impact Assessment prepared in accordance with the draft Social Impact Assessment Guideline 2020. Relevant Policies and Guidelines: <ul style="list-style-type: none"> • Draft Social Impact Assessment Guideline 2020 (Department of Planning, Industry and Environment) 	Section 9.0

1.3 Background

In November 2016, a major redevelopment and expansion of Nepean Hospital to 2026 was announced by the NSW Government, the Nepean Redevelopment (NR) Stage 1.

The Stage 1 Nepean redevelopment commenced in 2016, and comprises of Acute Service Tower 1 (Stage 1 Tower), Barber Avenue multi-storey carpark and Cancer Centre alterations and additions. The Stage 1 Tower construction commenced in 2019 following approval of SSD 8766 in February 2019 and is due for completion by the end of 2021.

In order to continue to provide first-class health services to Western Sydney and the Blue Mountains, cater for population growth, and provide for economic stimulus for the region, the NSW Premier announced the fast-tracking of funding for the commencement of the Stage 2 Redevelopment on 29 October 2020.

Building on the existing Nepean Hospital masterplan, and the new building / refurbishment works that are part of the Stage 2 Redevelopment presents the opportunity to improve and expand the clinical and non-clinical services on Nepean Hospital campus.

1.3.1 The Nepean Hospital

Nepean Hospital is the Peer A1 tertiary referral hospital for NBMLHD located in Penrith LGA. It is a teaching hospital with strong links to several universities including the University of Sydney, University of Notre Dame (Australia), University of Western Sydney, University of Technology Sydney, Charles Sturt University and Charles Darwin University in the Northern Territory. The Hospital functions collaboratively across the LHD Health neighbourhood to provide a network of services and continuum of care for the Nepean Blue Mountains Local Health District (NBMLHD) catchment population and beyond.

Currently, Nepean Hospital provides district level as well as high-acuity inpatient and outpatient care. Inpatient services at Nepean Hospital generally have the capacity to manage high complexity patients who require specialist care.

The Nepean Hospital Campus sits south-east of the Penrith Central Business District. It comprises a series of linked buildings which have been developed over the last 55 years. Buildings are organised according to their activity/function, with acute service concentrated at the centre of the campus. The Nepean Private Hospital is located immediately adjacent to the campus (to the north), and is connected to the Nepean Hospital building via a link bridge.

1.3.2 Nepean Hospital Redevelopment Project – Stage 2

The Stage 2 Redevelopment seeks to deliver significantly enhanced acute services, as well as a new campus main entry and drop-off area. This will provide for a total transformation of the current Nepean Hospital campus. Future expansion beyond Stage 2 has also been anticipated and allowed for within the design of this redevelopment project.

The Stage 2 Redevelopment project scope includes the following:

- Demolition within and adjacent to the Stage 2 Tower footprint (noting Stage 1 demolition approvals in part already overlap – see detailed discussion below); and
- Development of a new 7 storey tower (and adjacent 11-storey lift core). The Stage 2 Tower is proposed to be located adjacent to, and connect with, the Stage 1 Tower at most levels.

2.0 Objectives and scope of the assessment

2.1 Assessment framework and methodology

Social Impact Assessment (SIA) involves the analysis of social changes and impacts on communities that are likely to occur as a result of a particular development, planning scheme, or government policy decision. The purpose of Social Impact Assessment is to assess the impacts of the development, both positive and negative, for all stages of the project lifecycle for key stakeholders and the broader affected community.

2.1.1 Social Impact Assessment

The assessment of social impacts in this report has been based on two guidelines:

- Social Impact Assessment Guideline for State Significant Projects (NSW DPIE 2021).
- Penrith Development Control Plan 2014, Appendix F5 Technical Information (Penrith City Council, 2014).

As the proposed development classifies as State Significant Development, the DPIE Guideline has been followed as the primary basis for assessment, for the purposes of this report. The principles and key social issues to be considered in the Council's DCP have been acknowledged and comparison to the DPIE categories has been provided in the section below. Consideration of the Penrith City Council's Social Principles are not required by the SEARs, but has been included as a means of providing a comprehensive assessment of social impacts.

As outlined in the NSW DPIE SIA Guideline, social impacts vary in their nature and can be positive or negative, tangible or intangible, physically observable, or psychological (fears and aspirations). Social impacts can be quantifiable, partly quantifiable or qualitative. They can also be experienced or perceived differently by different people and groups within a community, or over time.

The assessment involves a number of steps, including a baseline analysis of the existing socio-economic environment of a defined study area or areas; identifying list of stakeholders and considering their views; scoping of relevant issues; identification and assessment of potential impacts against the specified suite of factors set out in the NSW DPIE SIA Guideline; determination of the significance of the impacts, and identification of measures to manage or mitigate the project's potential negative impacts and enhance potential benefits.

The Penrith Council's DCP Appendix F5 (2014) refers to the International Principles of SIA for the definition of social impacts assessment: *"The processes of analysing, monitoring and managing the intended and unintended social consequences, both positive and negative, of planned interventions (policies, programs, plans, projects) and any social change processes invoked by those interventions. Its primary purpose is to bring about a more sustainable and equitable biophysical and human environment."* It is proposed that a social impact assessment identifies the communities impacted, their current and future needs, issues of the local communities, and recommendations and mitigation measures. These steps are generally aligned with the principles set out in the NSW DPIE Guideline.

The methodology employed in preparing this SIA is designed to ensure that the social environment of communities potentially impacted by a project is properly accounted for and recorded, and anticipated impacts are adequately considered and assessed.

2.1.2 Social factors for assessment

The NSW DPIE SIA Guideline (2021) classifies social impacts in the following way, which forms the core basis of this assessment:

- *Way of life: how people live, get around, work, play and interact with one another each day*
- *Community: its composition, cohesion, character, how it functions, resilience, and people's sense of place*
- *Accessibility: how people access and use infrastructure, services and facilities (private, public, or not-for-profit)*
- *Culture: both Aboriginal and non-Aboriginal - people's shared beliefs, customs, practices, obligations, values and stories, and connections to Country, land, waterways, places and buildings*
- *Health and wellbeing: people's physical, mental, social and spiritual wellbeing – especially for people vulnerable to social exclusion or substantial change, psychological stress (from financial or other pressures), access to open space and effects on public health*
- *Surroundings: access to and use of natural and built environment, including ecosystem services (shade, pollution control, erosion control), public safety and security, as well as aesthetic value and amenity*
- *Livelihoods: including people's capacity to sustain themselves through employment or business*
- *Decision-making systems: the extent to which people can have a say in decisions that affect their lives, and have access to complaint, remedy and grievance mechanisms.*

Each of these categories should be assessed based both on the tangible observable impacts, as well as considering fears and aspirations of communities impacted.

The Penrith Council's DCP Appendix F5 (2014) has identified a list of possible social impacts to be considered. A comparison of social impacts specified by the Council and with those identified by NSW DPIE is shown in below in **Table 2**. Consideration of the Penrith City Council's Social Principles is not required by the SEARs, but has been included as a means of providing a comprehensive assessment of social impacts.

Table 2 Comparison of social factors in the NSW DPIE and Penrith City Council guidelines

NSW DPIE social factors	Penrith City Council – potential social impacts for consideration
Way of life	<ul style="list-style-type: none"> • Accommodation and housing • Leisure and recreation
Community	<ul style="list-style-type: none"> • Demographic and population change • Accommodation and housing • Community identity and cohesion
Accessibility	<ul style="list-style-type: none"> • Mobility and access • Community facilities and social infrastructure requirements • Needs of service age groups • Social amenity • Equity and universal design
Culture	<ul style="list-style-type: none"> • Heritage and cultural values and beliefs
Health and wellbeing	<ul style="list-style-type: none"> • Health • Leisure and recreation • Needs of service age groups
Surroundings	<ul style="list-style-type: none"> • Cohesion of the development and its surrounds • Risk perception in the community and crime and public safety • Social amenity
Livelihoods	<ul style="list-style-type: none"> • Employment • Local economic effects • Property value
Decision-making systems	<ul style="list-style-type: none"> • N/A

2.1.3 Assessment methodology

Stages in the preparation of this Social Impact Assessment are as follows:

- Baseline analysis of the existing socio-economic environment, involving:
 - Study area definition, including primary and secondary geographic areas likely to be impacted (see **Section 6.2** of this report)
 - Demographic analysis, including socio-economic characteristics of current communities and population forecast (see **Section 6.0**)
 - Review of relevant background information, along with relevant local and state policy frameworks (see **Sections 5.0** and **Section 6.0**)
- Stakeholder and community engagement: Findings of stakeholder and community consultation undertaken by Health Infrastructure have been reviewed to identify community and stakeholder aspirations and values (see **Section 7.0**).
- Scoping of issues: Analysis of potential impacts during and post-construction, with each of the directly affected communities and other stakeholders identified in relation to the way they may be affected. Both positive and negative potential issues are identified. An SIA Scoping Checklist has been prepared at the outset of this assessment, in line with the specifications of the NSW DPIE SIA Guideline (2021). This scoping process has underpinned the social impact assessment in **Section 8.0**.
- Identification of impacts as per the SIA Guideline parameters. The social impact assessment ultimately appraises the significance of each identified impact based on its duration, extent and sensitivity of impact “receivers.” This results in a social risk rating for impacts, as per the social impact significance matrix shown in **Section 8.0**.
- Identification of mitigation strategies to manage impacts and enhance benefits of the development.

2.1.4 Information sources and assumptions

- *ABS Census of Population and Housing 2016* (Australian Bureau of Statistics, 2016)
- *Building Momentum: State Infrastructure Strategy 2018-2038* (Infrastructure NSW, 2018)
- *Greater Penrith Place Strategy* (Greater Sydney Commission, 2019)
- *Greater Sydney Region Plan: A Metropolis of Three Cities* (Greater Sydney Commission, 2018)
- *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families* (NSW Health, 2014)
- *Nepean Blue Mountains Local Health District Strategic Plan* (NBMLHD, 2018)
- *Nepean Redevelopment website*, <http://nepeanredevelopment.health.nsw.gov.au/>, accessed in May-June 2021
- *NSW Health Strategic Priorities 2019-20* (NSW Health, 2019)
- *NSW State Health Plan: Towards 2021* (NSW Health, 2017)
- *Our Greater Sydney 2056: Western City District Plan* (Greater Sydney Commission, 2019)
- *Penrith Community Plan* (Penrith City Council, 2017)
- *Penrith Local Strategic Planning Statement* (Penrith City Council, 2020)
- *Premier's Priorities* (NSW Government, 2019)
- *Request For Secretary's Environmental Assessment Requirements, Nepean Hospital Redevelopment Project – Stage 2* (Health Infrastructure, 2021)
- *Social Impact Assessment Guideline, Draft* (NSW DPIE, 2020)
- *Nepean Redevelopment Stage 2 Final Business Case* (NSW Government, 2021)
- *Nepean Blue Mountains Local Health District Strategic Plan 2018-2023 - 2020 Update* (NSW Health, 2020)
- *Nepean Hospital and Integrated Ambulatory Services Redevelopment Schematic Design Report* (BVN, 2021)

Assumptions applied to complete this SIA include:

- The key findings of the background studies and technical reports are accurate.
- Socio-economic data for each study area accurately reflects the community demographic profile.
- Outcomes of the community consultation and engagement undertaken to date accurately reflect community views.
- All potential social impacts to the local community and special interest groups that can reasonably be identified have been included in this report.

A note on COVID-19: *COVID-19 is an unprecedented global health crisis and economic event that is rapidly evolving. At the current time, the research and analysis of economic and population data – such as forecasts of population or employment growth and so on – reflects a return to “business as usual” scenario, while also noting the potential impacts that may be associated with the COVID-19 virus, travel and border restrictions impacting on migration numbers, and the anticipated return to growth in economic or population indicators.*

2.1.5 SIA report author qualifications and experience:

The report authors meet the qualifications and experience criteria outlined in the *Social Impact Assessment Guideline* (NSW DPIE 2021) – i.e. have qualifications in relevant social science disciplines and/ or proven experience over multiple years and competence in social science research methods and SIA practices. Team biographies can be provided on request.

3.0 Site analysis

3.1 Site location and context

The Nepean Hospital is situated south-east of the Penrith Central Business District, in the local government area of City of Penrith, approximately 50km west of the Sydney CBD.

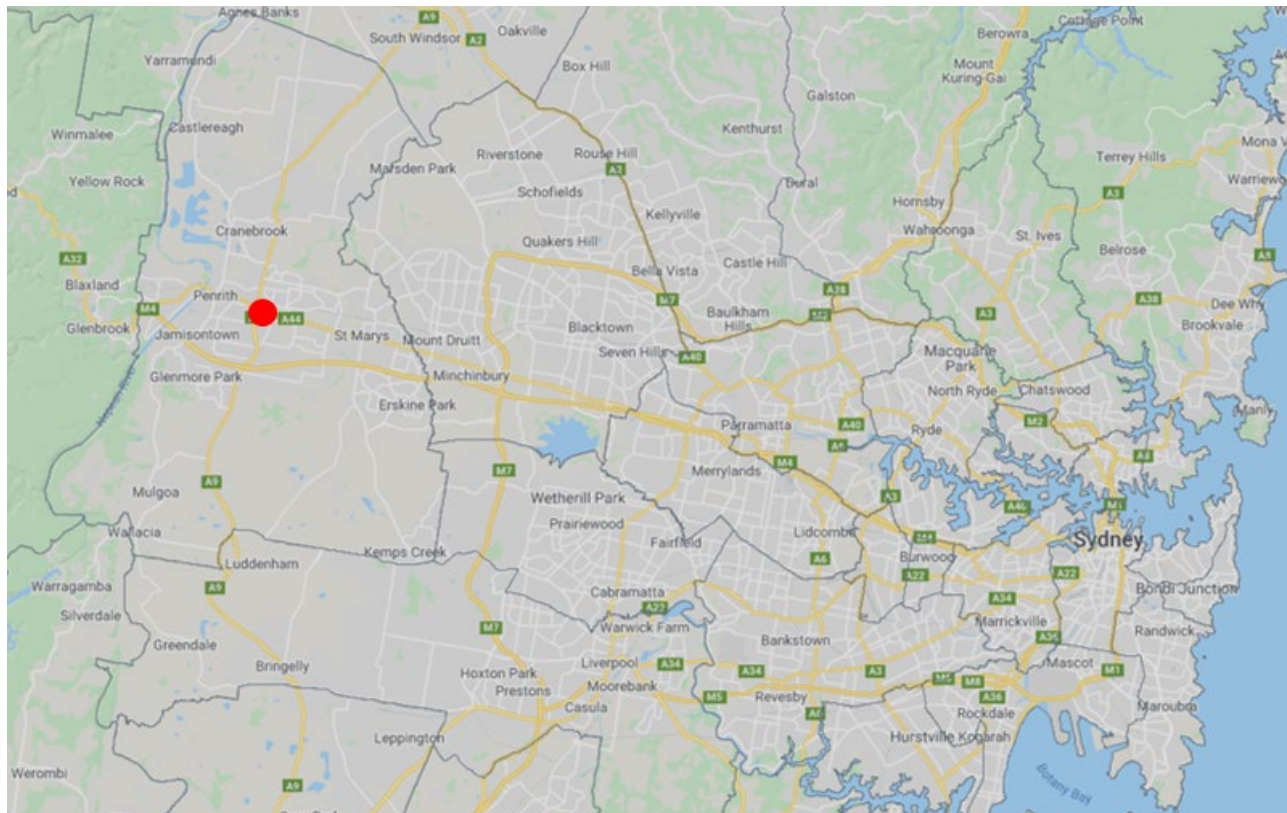


Figure 1 Site context – site location indicated in red (not to scale)

Source: Ethos Urban, Remplan

The hospital campus is generally bounded by the Great Western Highway and Barber Avenue to the north, Somerset Street to the east, Derby Street to the south and Parker Street to the west. Whilst not located on the campus, the existing Nepean Private Hospital is located immediately adjacent to the north of the campus and is physically connected to Nepean Hospital via a link bridge. **Figure 2** over page provides the location of the site.

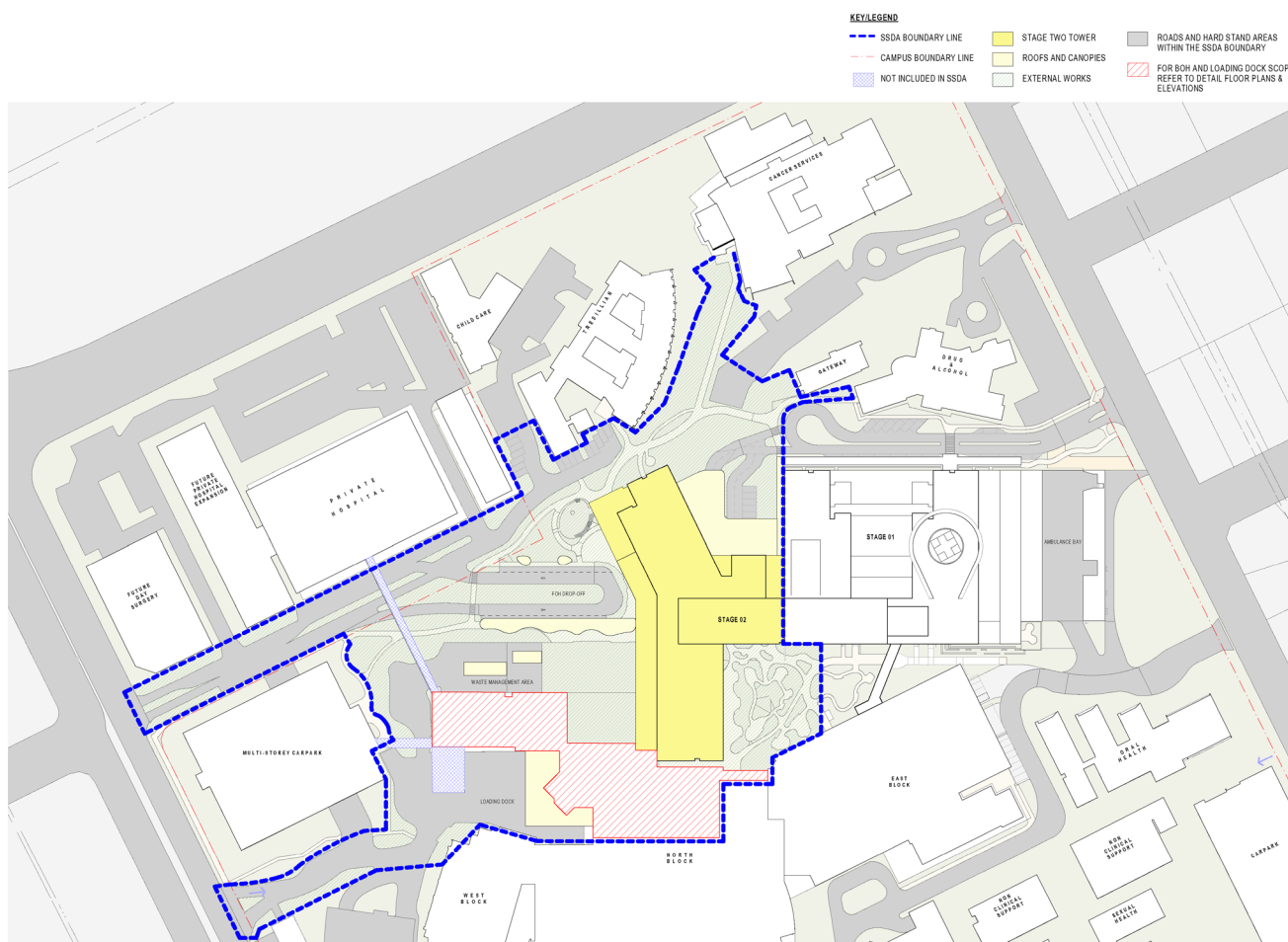


Figure 2 Site context

Source: Health Infrastructure; BVN Architecture

The Nepean Hospital is located within the Nepean Blue Mountains Local Health District (NBMLHD), which is one of 18 Local Health Districts and Speciality Health Networks in NSW. The NBMLHD is responsible for providing community health and hospital care for people living in the Blue Mountains, Hawkesbury, Lithgow and Penrith Local Government Areas (LGAs) and tertiary care to residents of the Greater Western Region (**Figure 3**).



Figure 3 Nepean Blue Mountains Local Health District, shown in blue; site location indicated in red

Source: NSW Health, Ethos Urban

3.2 Existing development

The existing campus is composed of a series of buildings linked by bridges, pathways and external covered walkways with the majority of acute services located centrally to the campus. Each building has a predominant activity or function, which in time has determined the existing clinical and non-clinical zonal breakup. **Figure 4** provides a site plan (and corresponding recent aerial photograph) of the hospital campus' buildings and the current Stage 1 Tower construction zone.

The existing hospital has developed over the last 55 years and the additions of East Block, Chapel infill, Mental Health Building, Oral Care, two multi-storey car parks and Total Asset Management (TAM) have all been completed since 2010.

The current gross floor area of the main hospital buildings, North Block, South Block, East Block and West Block is 70,605 m² (excluding Mental Health, Community Health, and other ancillary smaller building stock on the campus). The existing buildings vary in scale from one storey to six storeys. Currently, West Block and South Block are the tallest buildings at six storeys. Other remaining buildings making up the acute hospital core vary in height from two to four storeys. The outlying buildings across the eastern portion of the campus are all single storey in height, other than the multi-storey car park at the corner of Derby and Somerset Streets.

The Stage 1 Nepean redevelopment commenced in 2016, and comprises of Acute Service Tower 1 (Stage 1 Tower), Barber Avenue multi-storey carpark and Cancer Centre alterations and additions. The Stage 1 Tower construction commenced in 2019 following approval of SSD 8766 in February 2019 and is due for completion by the end of 2021. The two other earlier components of the Stage 1 Redevelopment are completed and operational.

The helipad originally located on the south-western corner of the campus has been temporarily relocated to the top of the new Barber Avenue multi-storey carpark until the Stage 1 Tower is complete. Once completed, the Stage 1 Tower will become the tallest building on the campus at 14 storeys.

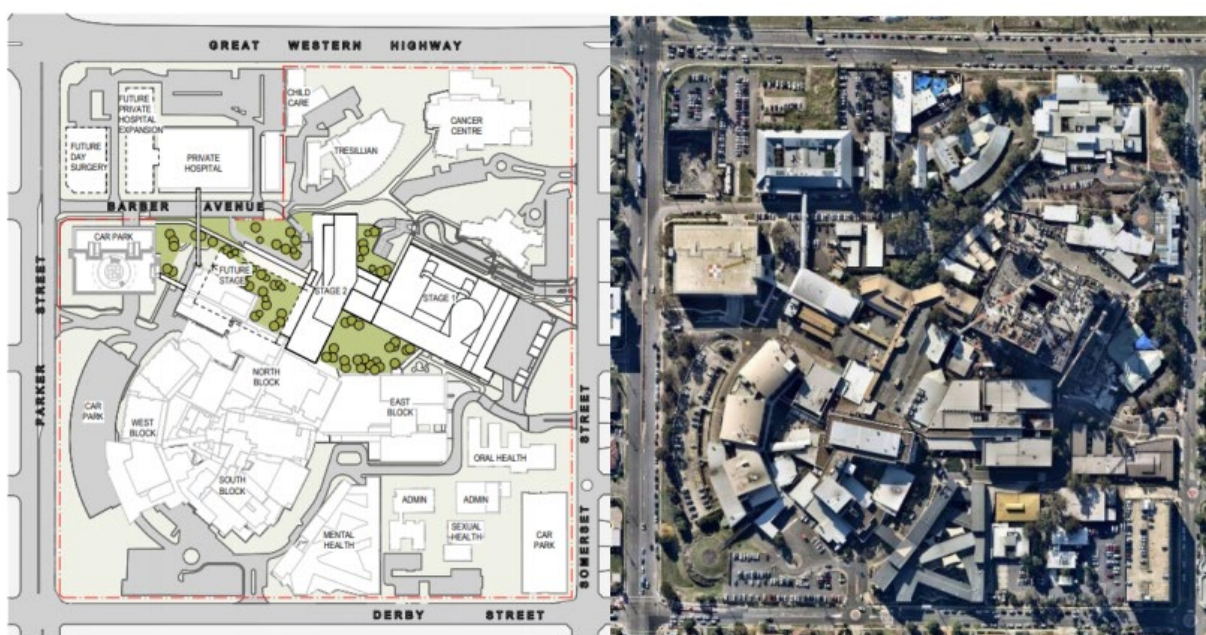


Figure 4 The Nepean Hospital site plan and corresponding recent aerial photograph

Source: Health Infrastructure; BVN Architecture; Nemap

The whole of the Nepean Hospital campus is located within a single land parcel - Lot 4 in DP 1238301. The site is owned by the Nepean Blue Mountains Local Health District on behalf of the NSW Health Administration Corporation.

The hospital campus is zoned 'SP2 – Health Services Facility' under Penrith LEP 2010.

The Stage 2 Tower footprint requires demolition of some existing buildings (noting Stage 1 demolition approvals in part already overlap), including parts of North Block and the Total Asset Management (TAM) facility (see Section 4.2.2).

Generally, the site is subject to few environmental and planning constraints. Under the LEP, the hospital campus is not subject to any height or FSR controls, is not mapped or listed as a heritage item, and is not in a heritage conservation area. Further, it is also not mapped as being subject to Natural Resources Sensitivity Land Map under the LEP or having any Scenic or Landscape Values. Flood Planning Controls under the LEP also do not apply to the hospital campus.

There are no Aboriginal cultural heritage impacts based on a recent basic AHIMS search. The NSW Biodiversity Values Map and Threshold Tool (BOSET) does not map the site / hospital campus as having any biodiversity values.

3.3 Surrounding development

The area surrounding the hospital campus is characterised by a broad range of uses, including:

- **North:** Low-density retail, comprising of largely autobody parts and repair shops, separated from the site by the Great Western Highway and the T1 Western Line heavy rail.
- **East:** Low to medium-density residential, comprising largely of low-density detached dwellings. The Kingswood Railway Station is located approximately 500m northeast of the site.
- **South:** Majority low-density detached residential dwellings, with high-density residential located immediately south, co-located with several food/beverage operators and medical practices.

- **West:** Mixed-density residential, ranging from low-density detached dwellings, to 5-storey apartment buildings.

Figures 5-7 show examples of development surrounding the hospital campus.



Figure 5 Surrounding development to the east

Source: Google Maps, 2021



Figure 6 Surrounding development to the south

Source: Google Maps, 2021



Figure 7 Surrounding development to the west

Source: Google Maps, 2021

4.0 Proposed development

4.1 Background to the Stage 2 Redevelopment

The Stage 1 Nepean redevelopment commenced in 2016, and comprises of Acute Service Tower 1 (Stage 1 Tower), Barber Avenue multi-storey carpark and Cancer Centre alterations and additions. The Stage 1 Redevelopment (Stage 1 Tower) will be completed in 2021. The two other earlier components of the Stage 1 Redevelopment are completed and operational.

In order to continue to provide first-class health services to Western Sydney and the Blue Mountains, cater for population growth, and provide for economic stimulus for the region, the NSW Premier announced the fast-tracking of funding for the commencement of the Stage 2 Redevelopment on 29 October 2020. The Stage 2 Redevelopment budget is well in excess of the \$30 million State Significant Development threshold.

Building on the existing Nepean Hospital masterplan, and the new building / refurbishment works that are part of the Stage 2 Redevelopment presents the opportunity to improve and expand the clinical and non-clinical services on Nepean Hospital campus.

4.2 Description of proposed development

The Stage 2 Redevelopment project scope includes the following:

- Demolition within and adjacent to the Stage 2 Tower footprint (noting Stage 1 demolition approvals in part already overlap), including parts of North Block and the Total Asset Management (TAM) facility.
- Development of a new 7 storey tower (and adjacent 11-storey lift core) – 49m building. The Stage 2 Tower is proposed to be located adjacent to, and connect with, the Stage 1 Tower at most levels.
- Reconfiguration of the loading dock area and back of house functions.
- Landscaping and other associated at-grade works within the Stage 2 Tower's immediate vicinity.
- Barber Avenue upgrades and link to the Stage 2 Tower's forecourt, port cochere, and front of house area.

Based on the budget announced by the Premier in October 2020, and the scale of the substantive project (the Stage 2 Tower), the proposed development will have a capital investment value well in excess of \$30 million.

The Stage 2 Redevelopment seeks to deliver significantly enhanced acute services, as well as a new campus main entry and drop-off area. This will provide for a total transformation of the current Nepean Hospital campus. Future expansion beyond Stage 2 has also been anticipated and allowed for within the design of this redevelopment project.

The proposal is expected to generate up to 830 jobs over the construction phase; and facilitate the growth and support of a skilled health related workforce in the region - the proposal is estimated to deliver 500 additional full time equivalent (FTE) staff by 2032.

Figure 8 to 11 over page show the Stage 1 Tower (presently under construction) and the proposed Stage 2 Tower - the substantive component of the Stage 2 Redevelopment.



Figure 8 Indicative artist impression of proposed development - Stage 2 Tower development to the right of Stage 1 Tower looking south-east over the campus

Source: Health Infrastructure; BVN Architecture



Figure 9 Indicative artist impression of proposed development - Stage 2 Tower development render – as viewed from the west

Source: Health Infrastructure; BVN Architecture



Figure 10 Indicative artist impression of proposed development - Stage 2 Tower development render – viewed from the north, showing its connection to Stage 1 Tower

Source: Health Infrastructure; BVN Architecture

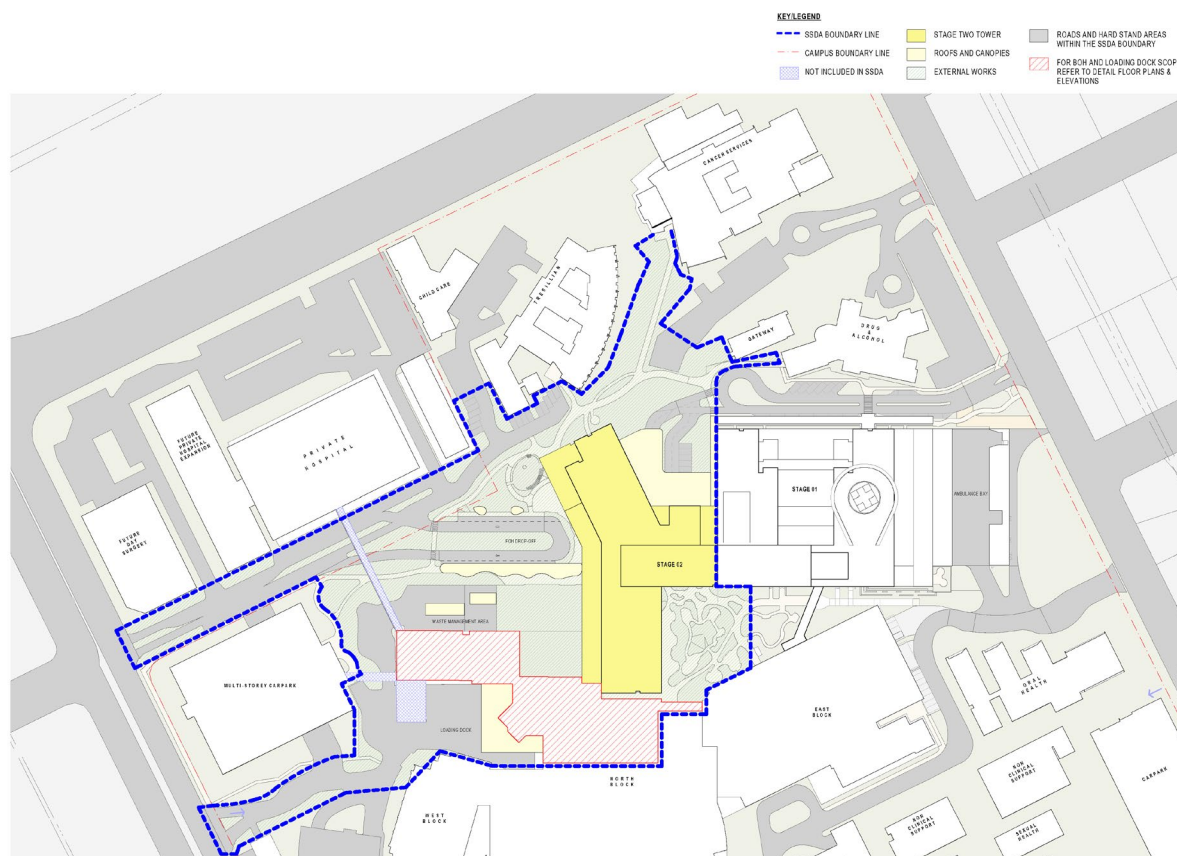


Figure 11 Proposed site plan – site context

Source: Health Infrastructure; BVN Architecture

4.2.1 Stage 2 Tower

The proposed Stage 2 Tower will be located west of, and connected to, the soon to be completed Stage 1 Tower. Portions of the North Block (north section) will be demolished with the remaining sections of the North Block (to the south of the Stage 2 Tower) to remain operational.

The proposed Stage 2 Tower follows a significant body of preceding planning work which sets out the framework for future development on the Nepean Hospital campus. This includes the following:

- The masterplan principles and aspirations outlined in the Zonal Masterplan including proposed staging, building areas, and high-level blocking and stacking;
- Functional Design Briefs and Schedule of Accommodation; and
- The Clinical Services Plan.

The Functional Design Briefs and Schedules of Accommodation describe the functional areas required in Stage 2, including departments to be provided at the Stage 2 Tower. New spaces include:

- Aboriginal courtyard/walk and multipurpose room;
- Staff courtyard;
- Outdoor flexible performance stage;
- Front of House (FOH) retail, including two food and beverage outlets;
- Education and Training Centre (including Library);
- Transit Lounge;
- Medical Imaging;
- Interventional Radiology;
- Intensive Care Unit (ICU) and Close Observation Unit (COU);
- In-Centre Dialysis and Renal Inpatient Unit;
- Paediatric In-patient Unit;
- Plant areas;
- Clinical Support areas; and
- Kitchen.



Figure 12 North Elevation of the proposed building – Stage 2 Tower outlined in red to right of Stage 1 Tower

Source: Health Infrastructure; BVN Architecture

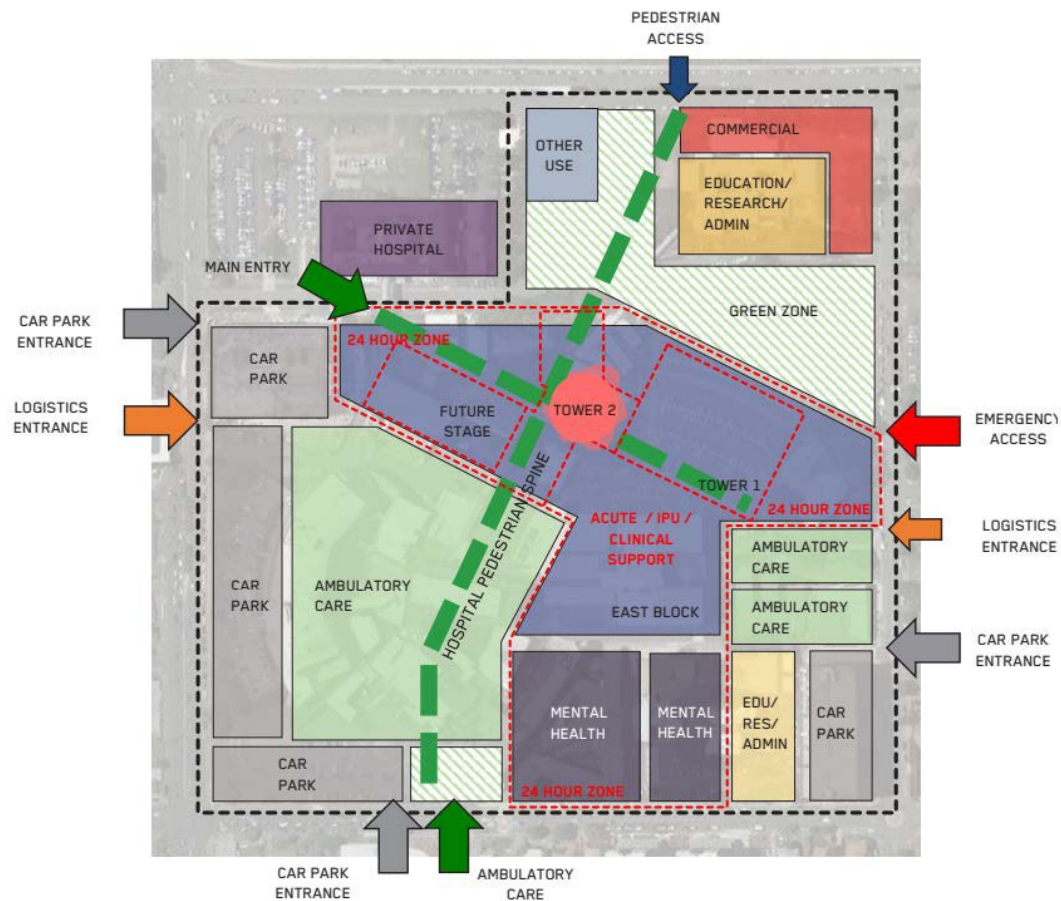


Figure 13 Nepean Hospital Zonal Masterplan

Source: Health Infrastructure



Figure 14 Stage 2 Tower axonometric view from the north-west

Source: Health Infrastructure; BVN Architecture

4.2.2 Demolition and tree removal

The overall scope of demolition works will remove the following buildings from the hospital campus:

- Hope Cottage;
- Doctors' Accommodation;
- Parts of North Block;
- Administration Building;
- TAM;
- Ancillary structures, hard stand and minor at-grade car parking areas; and the
- Northern half (and possibly the entirety) of the covered walkway from North Block to the Cancer Centre.

Some of these corresponding demolition works have already been approved under SSD 8766.

Whilst tree removal will be minimal in the context of the campus, it is anticipated a number of remnant native trees (as identified in the Stage 1 Redevelopment SSD), will require removal as they are located in the footprint of the proposed Stage 2 Tower. Accordingly, a BDAR will be required and no waiver will be sought. This is despite the lack of mapped biodiversity at, around, or near the campus.

4.3 Construction staging

Stage 1 and Stage 2 of the redevelopment are being undertaken consecutively. Stage 1 of the Nepean Hospital redevelopment is anticipated to be complete by Q1 2022, allowing many of the existing services to be relocated to the Stage 1 tower (Tower 1) for the duration of construction activities for Stage 2.

The works planned for Stage 2 of redevelopment to the Nepean Hospital campus will impact a number of buildings, some of which must be demolished. Enabling works will be undertaken to allow for the main works of Stage 2. These include:

- Relocation of the TAM facility, and then the demolition of the existing TAM building
- Relocation of Pathology department
- Demolition of the Hope Cottage and Doctor's Accommodation buildings
- Demolition of the Population Health building (currently the Stage 1 redevelopment office)
- Existing kitchen expansion in South Block
- Relocating existing departments currently within the North Block demolition zone
- Readjustment / realignment of inground services within the Stage 2 tower footprint
- Readjustment of building services within North Block to cater for the North Block Wing demolition works.

The main works of Stage 2 include:

- Setting up the main works compound and site offices
- Bulk excavation works
- Structural shoring works
- Sub-structure piling / foundation works
- Construction of the new Tower 2 superstructure (including the new hospital main entry, kitchen (shell only), patient transfer lounge, end of trip facilities, clinical support areas, staff education / training facilities, medical imaging and nuclear medicine services, interventional radiology, intensive care unit, in-centre dialysis & renal inpatient unit, and paediatrics unit)
- Construction of the upgraded Barber Avenue, inground services, internal road infrastructure and drop-off areas

- Construction of the remaining North Block corridor upgrade works, and any remaining minor fit-out works
- Construction of landscaping, wayfinding signage, lighting, etc
- Commissioning, training, and handover activities for 'Go Live' of Tower 2
- Decanting and relocation of the existing clinical departments / support services into Tower 2.

The Business Case for Stage 2 includes a Schematic Design Report which details a staging and decanting strategy, to enable the hospital operation to continue throughout the construction activities.

4.4 Design principles and elements

A series of key design principles have been developed for this project in order to improve and expand the clinical and non-clinical services on Nepean Hospital campus:

- Establish a sense of coherence;
- Promote a healing environment;
- Allow for a health promoting hospital;
- Establish a sense of identity;
- Promote a walkable campus;
- Increase campus clinical efficiency;
- Enhance building adaptability;
- Create a cohesive campus;
- Address sustainability issues; and
- Manage project risks.

A series of new build and refurbishment options were considered in the process of concept design development for the Nepean Hospital campus. A short list of options was selected that best meet both the immediate needs of the hospital function and provided future opportunities for additional expansion. The NR Stage 2 preferred option provides an efficient solution that builds on NR Stage 1 to continue to strengthen its tertiary health services role, as well as it being the principal referral hospital in the NBMLHD.

5.0 Strategic policy context

The following section identifies the key social drivers for this site, based on a review of the key state and local policies and strategies.

5.1 Key policy drivers for the development

The strategic policy review has highlighted the following key policy drivers for the development:

- **Need to expand and deliver health infrastructure to meet the needs of growing population.** Penrith LGA and the broader Western City District are projected to see a significant population growth in the coming 20 years. It is a state and local government priority to deliver infrastructure and care which meets current and future community needs to support improved health outcomes for the people of NSW.
- **Improving health and wellbeing outcomes across Western Sydney and NSW.** It is a state and local priority to expand and deliver more health infrastructure and services to support a 21st century health system and improved health outcomes for NSW. Contemporary healthcare environments are key to facilitating effective and efficient services by “supporting the latest clinician-led models of care”.
- **Supporting the transformation of Greater Penrith.** State and local governments alike recognise the role of Greater Penrith Collaboration Area in driving economic and employment outcomes in the local area and beyond. The Collaboration Area plays an important role in providing skilled job opportunities for Western Sydney residents.

The following key documents have been reviewed:

- *Premier's Priorities* (NSW Government, 2019)
- *NSW State Health Plan: Towards 2021* (NSW Health, 2017)
- *NSW Health Strategic Priorities 2019-20* (NSW Health, 2019)
- *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families* (NSW Health, 2014)
- *Building Momentum: State Infrastructure Strategy 2018-2038* (Infrastructure NSW, 2018)
- *Greater Sydney Region Plan: A Metropolis of Three Cities* (Greater Sydney Commission, 2018)
- *Nepean Blue Mountains Local Health District Strategic Plan* (NBMLHD, 2018)
- *Our Greater Sydney 2056: Western City District Plan* (Greater Sydney Commission, 2019)
- *Greater Penrith Place Strategy* (Greater Sydney Commission, 2019)
- *Penrith Local Strategic Planning Statement* (Penrith City Council, 2020)
- *Penrith Community Plan* (Penrith City Council, 2017)

A summary of the key themes of these documents are identified in **Table 3** below.

Table 3 Policy themes and implications for the development

Policy theme	Key implications for community needs	Relevant documents
Population growth, diversity, and demographic change	<ul style="list-style-type: none"> • Penrith LGA has a population of 200,000, which is expected to grow to 260,000 by 2031. The median age of residents is 34, 29% of residents are aged under 20 years, and 38.5% of households are couples with children. • Penrith Council have declared their area as 'Refugee Welcome Zone' and have made a commitment in spirit to welcoming refugees into communities and celebrating their diversity of cultures. It is a priority of the Greater Sydney Commission to consider large migrant and refugee populations when planning infrastructure. • The broader Western City District had a population of just over 1 million residents in 2016, and is expected to grow to 1.5 million by 2036, with the 65+ age groups expected to grow fastest. 	<ul style="list-style-type: none"> • <i>Penrith Community Plan</i> (Penrith City Council, 2017) • <i>Our Greater Sydney 2056: Western City District Plan</i> (Greater Sydney Commission, 2017)

Policy theme	Key implications for community needs	Relevant documents
Supporting population growth and change with investment in infrastructure	<ul style="list-style-type: none"> It is a state and local priority to ensure that services and infrastructure meet communities' changing needs now and well into the future. Planning of services and social infrastructure must recognise the changing composition of local populations and consider the overall health and wellbeing outcomes "for the community and intergenerational equity" (pg. 28, Western City District Plan). It is a priority of Penrith City Council to ensure that the NSW Government delivers the required health facilities and other social infrastructure needed in the LGA. Penrith's growing and changing community will require access to "local health services such as general practices and medial centres and regional health infrastructure such as hospitals and other health centres" (pg. 42, LSPS). 	<ul style="list-style-type: none"> <i>Our Greater Sydney 2056: Western City District Plan</i> (Greater Sydney Commission, 2017) <i>Penrith Local Strategic Planning Statement</i> (Penrith City Council, 2020)
Improving health and wellbeing outcomes across Western Sydney and NSW	<ul style="list-style-type: none"> Over the next 20 years it is expected that demand for healthcare will grow by over 50% in NSW, compared to a population growth of 28%. This is largely due to the increase in 70–84-year-olds who are the predominant users of healthcare services. The state requires "disruptive innovation" in healthcare to cope with increasing demand and deliver long-term solutions for population health (p. 168, SIS). Strategic direction five "Right care, right place, right time" in the NSW Health's Healthy, Safe and Well plan for children and young people aims to deliver best-practice care as close to home as possible, integrate health care delivery across the State, raise safety and quality standards, and promote culturally-responsive, age-appropriate care. The State Infrastructure Strategy states that there is a need to expand and deliver more health infrastructure and services to support the state's medical needs. Additionally, the strategic objective for health sector is to "Plan and deliver world-class health infrastructure that supports a 21st century health system and improved health outcomes for the people of NSW" (pg. 13, SIS). It is a priority of NSW Health to provide world-class clinical care by implementing new models to better suit the needs of patients. NSW Health facilities should deliver "truly integrated care" which is reflective of "the whole of a person's health needs, from prevention through end of life, across physical and mental health" (pg. 15, State Health Plan). The NSW Premier's Priorities include a number of priorities related to population health such as improving outpatient and community care, and improving service levels in hospitals. The NSW Premier is committed to reducing "preventable visits to hospital by 5% through to 2023 by caring for people in the community". 	<ul style="list-style-type: none"> <i>NSW State Health Plan: Towards 2021</i> (NSW Health, 2017) <i>Building Momentum: State Infrastructure Strategy 2018-2038</i> (Infrastructure NSW, 2018) <i>NSW Health Strategic Priorities 2019-20</i> (NSW Health, 2019) <i>Premier's Priorities</i> (NSW Government, 2019) <i>Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families</i> (NSW Health, 2014)
The role of health infrastructure in supporting improved wellbeing	<ul style="list-style-type: none"> It is a priority of NSW Health to "keep people healthy, out of hospital and connected to community-based care wherever possible" (pg. 28, State Health Plan). To meet evolving healthcare needs, NSW Health aims to invest in new healthcare facilities, establish healthcare precincts with public and private services, and redesign clinical service in order to meet the evolving healthcare needs of the state. Approximately 40% of NSW Health's built infrastructure is over 50 years old, necessitating major investment into upgrades and new infrastructure to cope with increasing demand. Future investment will focus on infrastructure which will improve integration between hospital and primary care and prevent unnecessary hospital readmissions and Emergency Department attendances. NSW Health identifies investment into health infrastructure as a key step toward a "21st century health system that will be sustainable, purposeful and, most importantly, deliver positive health outcomes for the people of NSW" (pg. 31, State Health Plan). 	<ul style="list-style-type: none"> <i>Building Momentum: State Infrastructure Strategy 2018-2038</i> (Infrastructure NSW, 2018) <i>NSW State Health Plan: Towards 2021</i> (NSW Health, 2017) <i>NSW Health Strategic Priorities 2019-20</i> (NSW Health, 2019)
Improving health outcomes and access to health services for the Nepean Blue Mountains Local	<ul style="list-style-type: none"> It is predicted that the number of residents aged 70-84 will increase by 166%, and the number of residents aged over 85 will increase by 250% in the NBMLHD by 2036. Increased investment in healthcare facilities will be required in this Health District in order to support a growing and ageing population. 	<ul style="list-style-type: none"> <i>Nepean Blue Mountains Local Health District Strategic Plan</i> (NBMLHD, 2018)

Policy theme	Key implications for community needs	Relevant documents
Health District (NBMLHD)	<ul style="list-style-type: none"> It is a priority of the Nepean Blue Mountains Local Health District Strategic Plan to improve the health of people and communities by delivering initiatives which address health disparities, strengthening networks for service delivery, and embracing technology for health literacy, management, support, and care coordination. 	
Greater Penrith Collaboration Area and growth of Greater Penrith health and education precinct	<ul style="list-style-type: none"> Greater Penrith accommodated for over 30,000 jobs in 2016, with most health and education jobs concentrated in the health and education precinct. It is a priority of the Greater Penrith Place Strategy to increase connections between industry, research institutes, and education providers to facilitate innovation and increased employment opportunities: "land use decisions must align with ambitions for economic growth and employment diversity" (pg. 20, GPPS). The GSC has identified the role of health and education precincts in economic growth and productivity. As health clusters evolve to precincts and innovation districts, economic productivity increases substantially. Priorities within the Greater Penrith Collaboration Area include revitalising and growing the Penrith CBD, developing a major tourist hub, protecting and expanding the health and education precinct, and improving social infrastructure. 	<ul style="list-style-type: none"> <i>Greater Sydney Region Plan: A Metropolis of Three Cities</i> (Greater Sydney Commission, 2018) <i>Our Greater Sydney 2056: Western City District Plan</i> (Greater Sydney Commission, 2017) <i>Greater Penrith Place Strategy</i> (Greater Sydney Commission, 2019)
Delivering on the vision of a 30-minute city	<ul style="list-style-type: none"> The Greater Sydney Commission's (GSC) Greater Sydney Region Plan outlines a vision of a "30-minute city", in which jobs, services and other quality public spaces are accessible within 30-minutes of people's homes. The GSC is committed to delivering a well-connected city which is safe and walkable, and which optimises community use of infrastructure. Planned expansion of the hospital will ensure that people living in the region have access to essential health infrastructure supported by improved transport connections to meet the above as well as the GSC vision for a city where people will live within 30 minutes of health facilities. 	<ul style="list-style-type: none"> <i>Greater Sydney Region Plan: A Metropolis of Three Cities</i> (Greater Sydney Commission, 2018)

6.0 Local social context

6.1 Introduction

This section provides an overview of the site and the existing social context surrounding the site. It analyses the existing social characteristics of the community within the identified study areas to better understand the potential characteristics and context of the existing community that may be impacted by the proposed development.

Key community characteristics

- **The population of the Primary Study Area (PSA) is relatively disadvantaged.** Compared with the LHD, LGA, and Greater Sydney, households in the PSA have lower median annual incomes. Similarly, the PSA has a number of pockets of relative socio-economic disadvantage according to the SEIFA index, and a higher share of residents that require assistance (8.1%) compared with Greater Sydney (4.9%).
- **The PSA has a higher share of Australian-born residents and Aboriginal and Torres Strait Islander residents.** Greater Sydney is characterised by 1.4% of the population identifying as Aboriginal and Torres Strait Islander, while in comparison, 4.5% of the PSA population identify as Aboriginal and Torres Strait Islander.
- **Households are primarily renters, with higher rates of lone-person households.** There is also a significantly larger share of households renting public housing in the PSA (15.2%) compared with the Greater Sydney average (4.2%).
- **Population of the Secondary Study Area (SSA) is expected to grow by nearly 120,000 residents to 2036, driving demand for additional health care capacity in the region to cater for various age groups and health issues.** Population projections for the SSA (Penrith City LGA) indicate that the area is estimated to grow by 118,990 additional residents between 2016 and 2036, while the NBMLHD is anticipated to grow by 135,900 additional residents over the same period.
- **The NBMLHD faces a number of health challenges.** The population of the NBMLHD is anticipated to grow and age, experiencing high rates of obesity and diabetes alongside increasing chronic diseases.
- **The site is co-located with other health and community infrastructure.** Nearby facilities include the Derby Street Family Medical Centre and the Tresillian Family Care Kingswood, both within 400m from the site. The Kingswood Railway Station is located approximately 500m from the site.

6.2 Study area definition: area of social influence

For the purposes of the Social Impact Assessment, study areas have been chosen taking into consideration the need to factor in both local social impacts and those likely to occur on a broader scale. A Primary Study Area (PSA) has been defined to represent the local community within the immediate area of the site. Two secondary study areas have also been considered necessary for the purposes of this study due to the broader impacts and benefits that the proposed development will likely have on the surrounding regional community. This includes residents living within the Penrith City LGA, and the Nepean Blue Mountains Local Health District (NBMLHD), the core patient catchment for the hospital.

The study areas have been defined using ABS Statistical Area boundaries (SA1¹ or LGA boundaries) that best reflect the identified geographical areas.

- **Primary Study Area (PSA)** - representing the local community within the immediate area of the site (within a 400-metre catchment from the site). There are likely to be localised social impacts relating to the immediate surrounds of the site, for example impacts associated with the demolition of the existing, or construction of the new building (i.e. amenity values, access, noise, air quality etc). Longer term impacts such as increased activity

¹ The ABS Statistical Areas Level 1 (SA1s) are designed to maximise the spatial detail available for Census data. Most SA1s have a population of between 200 to 800 persons with an average population of approximately 400 persons. This is to optimise the balance between spatial detail and the ability to cross classify Census variables without the resulting counts becoming too small for use. SA1s aim to separate out areas with different geographic characteristics within Suburb and Locality boundaries.

in the area are also anticipated to occur within the close proximity to the proposed development, as well as likely changes to perceptions of safety or community sense of place. For this assessment, the residents living within the SA1s intersecting with 400m radius from the subject site have been included in the analysis.

Note that the hospitals' precinct bounded by the Great Western Highway and Barber Avenue to the north, Somerset Street to the east, Derby Street to the south and Parker Street to the west make up majority of the 400m catchment, however residents within the SA1s surrounding the precinct have been included in the analysis to profile the local residents that may experience localised impacts.

- **Secondary Study Area (SSA)** –representing the Penrith City LGA, provided for benchmarking purposes as well as to understand the impacts and benefits that the proposed development will likely have on the communities of the LGA overall.
- **Local Health District (LHD) study area** - representing the broader community accessing the Nepean Hospital services. The Nepean Hospital is located within the Nepean Blue Mountains Local Health District (NBMLHD), and is responsible for providing community health and hospital care for people living in the Blue Mountains, Hawkesbury, Lithgow, and Penrith LGAs. These four LGAs make up the third study area, as well as any intersecting SA1s in the region to ensure completeness.

Maps illustrating the study areas are shown in **Figure 15-Figure 17** below, and over page.

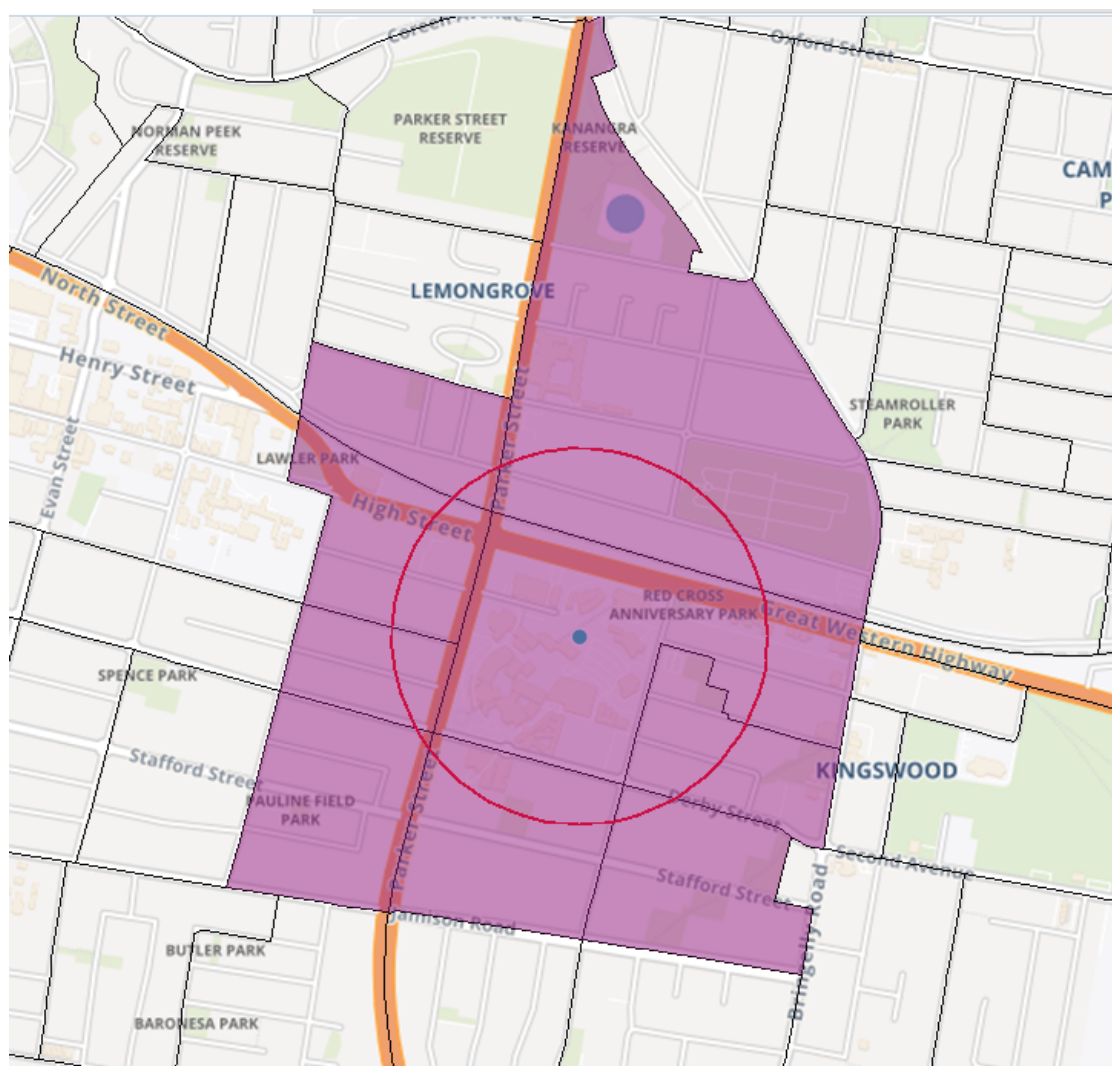


Figure 15 Primary Study Area –SA1s comprising the PSA are highlighted (400m catchment area from the site location indicated with a red circle)

Source: RemPlan, Ethos Urban

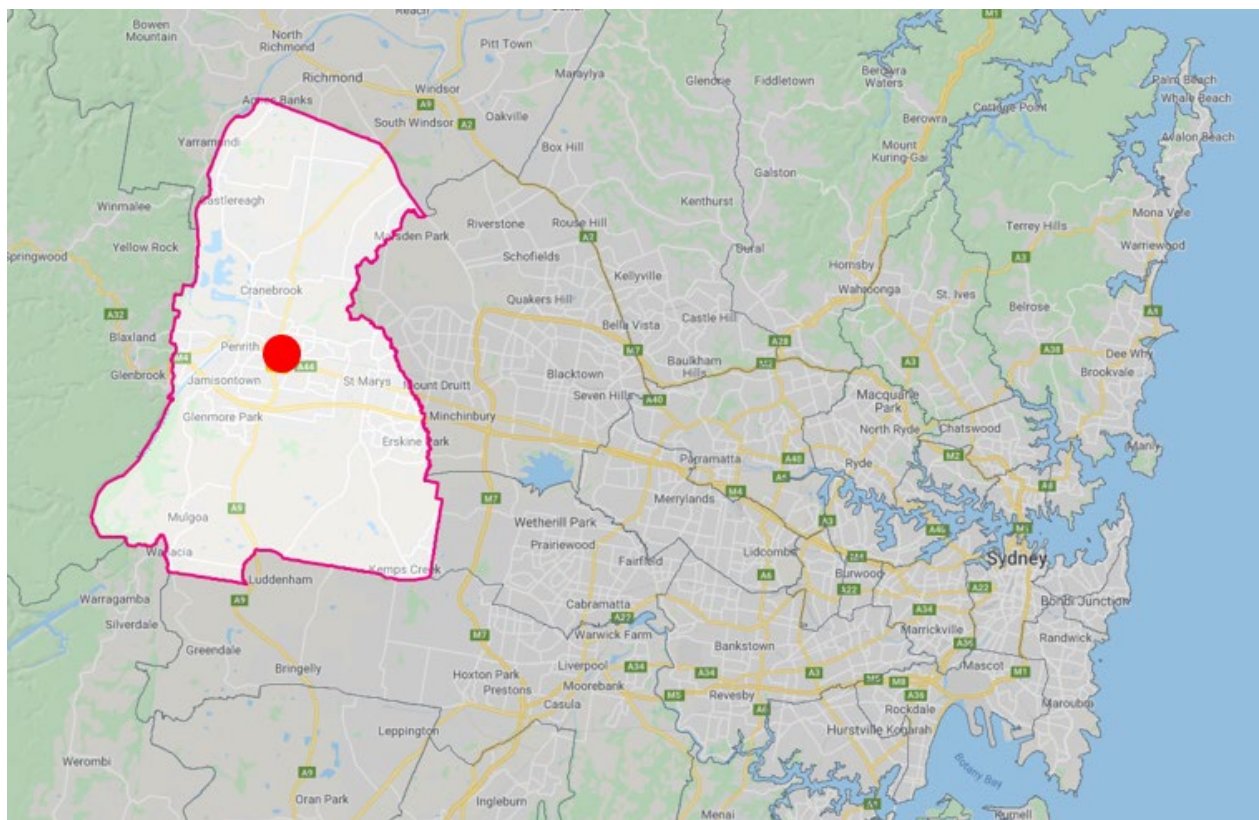


Figure 16 Approximate PSA location (indicated in red; not to scale) within the SSA, Penrith City Council area (highlighted)

Source: RemPlan, Ethos Urban

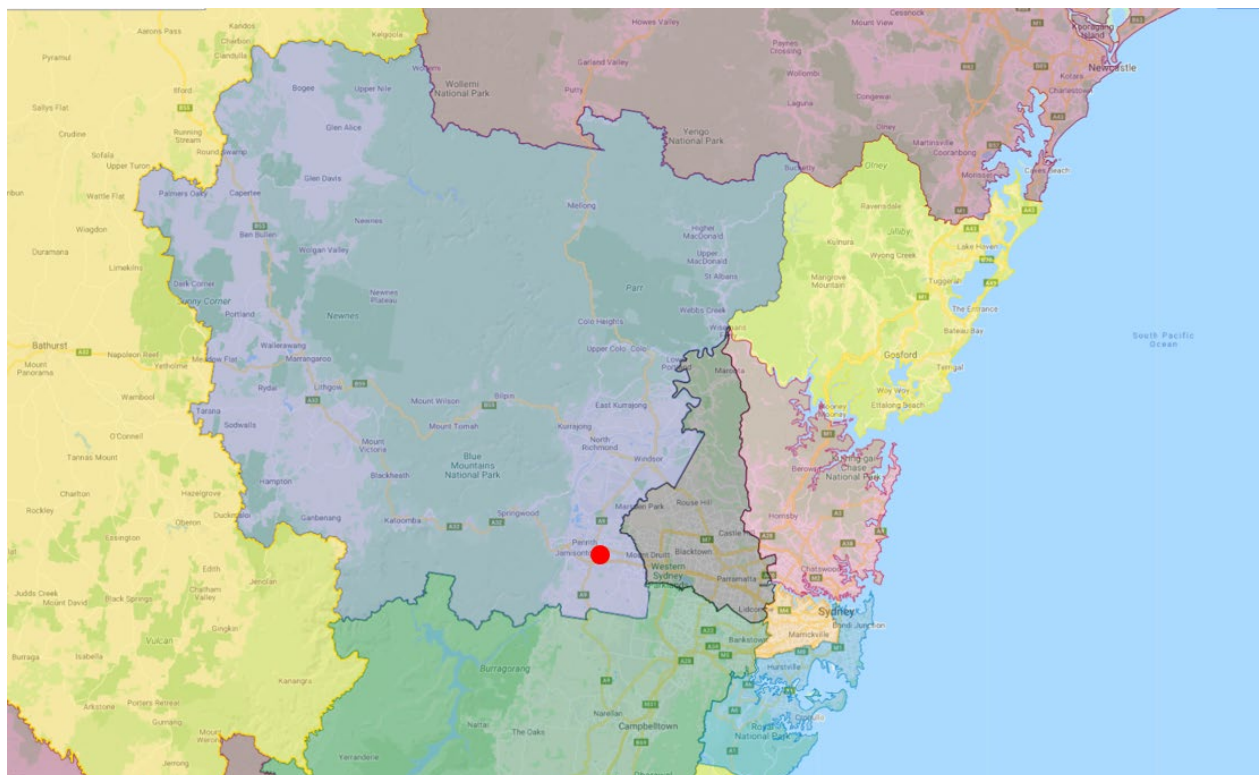


Figure 17 Nepean Blue Mountains Local Health District (in blue); Approximate PSA location shown in red (not to scale).

Source: NSW Health, Ethos Urban

6.3 Community profile: demographic characteristics

This section provides an overview of the existing social context surrounding the site. It analyses the current social characteristics of the community within the identified study areas to better understand the potential characteristics and context of the existing community that the proposed development may impact.

An overview of the demographic and social-economic profile of residents and households within the Primary Study Area is compared to the Greater Sydney benchmark in Appendix A. The findings are as follows:

- **Relatively high level of population growth** between 2011 and 2021 the population grew at an average annual growth rate of 4.6% compared to 1.8% in Greater Sydney. The population increased by approximately +1,020 persons to reach 4,190 persons in 2021.
- **Lower median household income than all other areas.** Median annual household income for the households within the Primary Study Area (\$59,870) was substantially lower than Penrith LGA (\$86,440), NMBLHD (\$82,910) and Greater Sydney (\$92,200).
- **Younger age structure** with a median age of 33 years for residents within the Primary Study Area, which is lower than the Penrith LGA (34 years), NMBLHD (37 years) and Greater Sydney (36 years).
- **Higher proportion of Australian born residents.** 61.9% of all Greater Sydney residents were born in Australia compared to 70.2% in the Primary Study Area, 77.0% in Penrith LGA, and 82.1% in NMBLHD as of 2016. The rest of the population is very diverse across all the study areas, with India, England, Philippines, and New Zealand being among the top countries of origin for overseas born residents living in the PSA, Penrith LGA, as well as the LHD.
- **Higher share of English speaking households** with 75.0% of households within the Primary Study Area speaking English, while this was well above the Greater Sydney benchmark (62.5%) it was well below the share of English speaking households in Penrith LGA (82.1%) and the NMBLHD (87.5%).
- **Lower share of household families.** Around three quarters of households in the Penrith LGA (78.2%), NMBLHD (75.5%) and Greater Sydney (73.7%) were family households in 2016. The share of families within Primary Study Area was notably lower at 61.6%. A significant number of homes in the Primary Study Area were lone person households (33.9%), compared to the Penrith LGA (19.2%), NMBLHD (21.9%), and Greater Sydney (21.7%). This variation may be able to explain the lower median household income of the Primary Study Area.
- **Slightly higher representation of Aboriginal and Torres Strait Islander residents.** The number of residents who identify as being of Aboriginal and/or Torres Strait Islander descent is notably higher in the Primary Study Area (4.5%), Penrith LGA (3.9%) and NMBLHD (3.7%), than in Greater Sydney (1.4%) overall.
- **Mostly separate housing.** Penrith LGA and NMBLHD households mostly live in separate housing (81.8% and 85.5%) while over half (57.2%) of Greater Sydney residents live in separate houses. By contrast, the Primary Study Area is characterised by a relatively large proportion of semi-detached, row or terrace houses (47.6%).
- **Very high share of renters** with a large proportion of households within the Primary Study Area renting (63.2%). This share is almost double the Greater Sydney benchmark (35.1%) and double the share of households renting in Penrith LGA (31.0%) and the NMBLHD (26.7%). There was also a larger share of households renting from a state or territory housing authority (15.2% of all households), compared to 4.2% of households in Greater Sydney.
- **High need for assistance** with 8.1% of residents requiring assistance compared to 4.9% in Greater Sydney.
- **Relative disadvantage:** The Socio-Economic Indexes for Areas (SEIFA) are produced by the Australian Bureau of Statistics to describe various aspects of advantage and disadvantage, in terms of people's access to material and social resources, and their ability to participate in society. The Index of Relative Disadvantage factors in issues such as income, employment, occupation, education, housing and English proficiency. There are various pockets across the Council area that post higher than average levels of relative disadvantage, many nearby the hospital site, depicted in **Figure 18**.

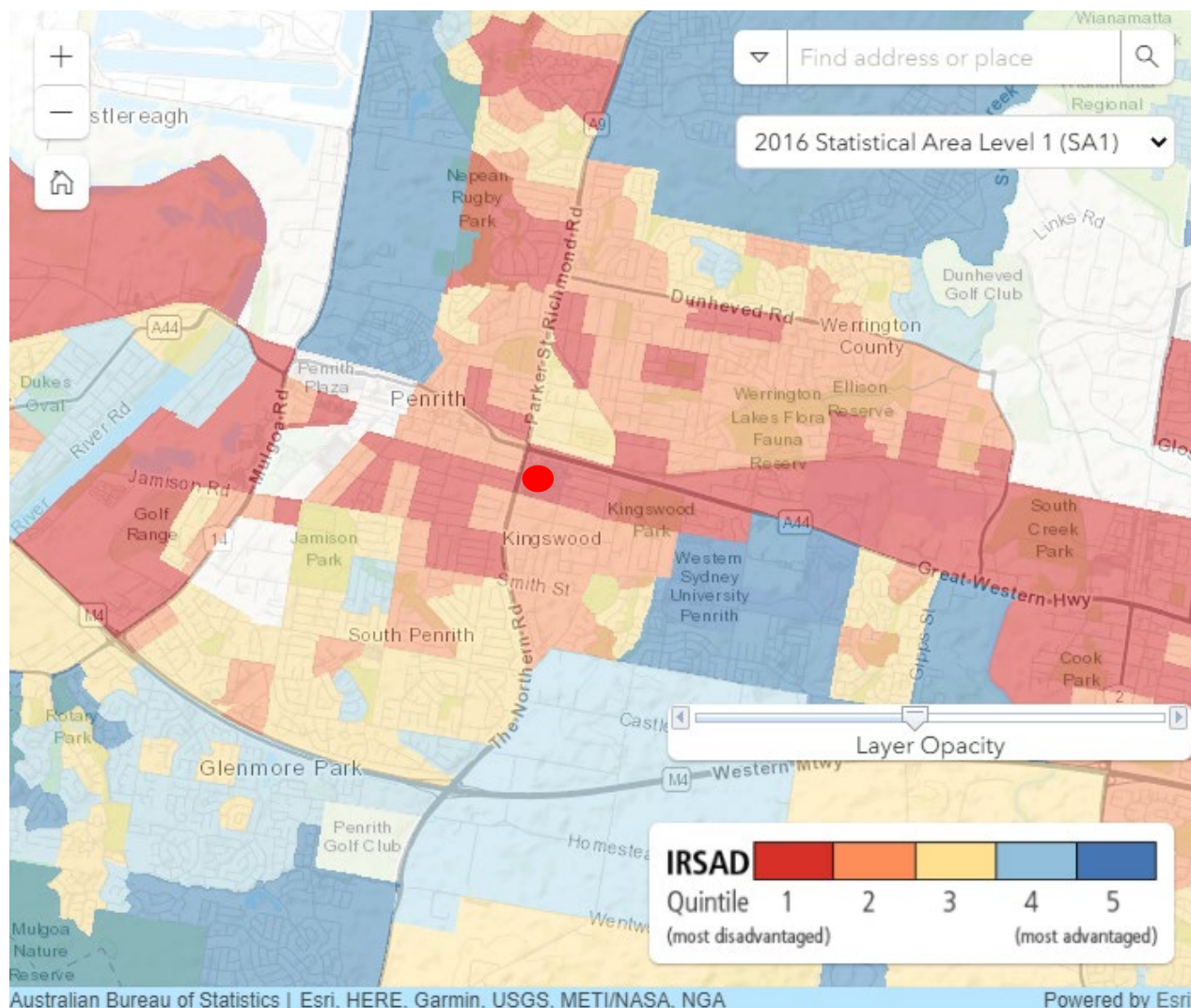


Figure 18 Relative disadvantage – focus on the Penrith area

Source: ABS Census of Population and Housing (2016)

6.4 Population forecasts

The population is projected to continue to experience high levels of growth out to 2036. Population projections based on official projections sourced from Transport for NSW, show that the Primary Study Area population is projected to increase by +2,450 persons to reach a population of 6,640 persons by 2036. This implies an average annual growth rate of 3.1% in the PSA, which is well above the Greater Sydney benchmark of 1.6% for this period. Strong population growth is also projected for Penrith LGA which is expected to increase by +7,930 persons with an average annual growth rate of 2.9%.

Table 4 Population projections, 2021 to 2036

Population	2021	2026	2031	2036	2021 to 2036
Primary Study Area	4,190	4,940	5,760	6,640	+2,450
Penrith LGA	221,970	239,510	282,900	340,960	+118,990
NMBLHD	391,600	412,970	464,490	527,500	+135,900
Greater Sydney	5,486,870	5,992,660	6,463,600	6,923,120	+1,436,250
Annual Growth					
Primary Study Area		+150	+160	+180	+160
Penrith LGA		+3,510	+8,680	+11,610	+7,930
NMBLHD		+4,270	+10,300	+12,600	+9,060
Greater Sydney		+101,160	+94,190	+91,900	+95,750
Annual Growth Rate					
Primary Study Area		3.3%	3.1%	2.9%	3.1%
Penrith LGA		1.5%	3.4%	3.8%	2.9%
NMBLHD		1.1%	2.4%	2.6%	2.0%
Greater Sydney		1.8%	1.5%	1.4%	1.6%

Source: ABS ERP 2020; TfNSW (2019); Ethos Urban

6.5 Local health profile

The Nepean Blue Mountains Local Health District (NBMLHD) is located approximately 50 kilometres west from Sydney's CBD. It is a diverse District with metropolitan, regional, and rural areas. There are four LGAs located in the NBMLHD: Penrith, Blue Mountains, Lithgow, and Hawkesbury; the major urban centre is located in Penrith. The NBMLHD provides primary, secondary, and tertiary health care for people in the area, as well as tertiary care to the residents of the Greater Western region.

A person's health is closely linked to the conditions in which they live, work, grow and play – known as the “social determinants of health”. Socioeconomic position, educational attainment, lifestyle behaviours can affect the health of individuals and communities. Health issues such as multiple morbidities and long-term conditions have found to be more prevalent in disadvantaged areas, or within certain populations.

The Final Business Case prepared for the Nepean Hospital Redevelopment Stage 2 (Stage 2 FBC) identifies socio-economic inequalities and disparities between Aboriginal and Torres Strait Islander peoples and other communities as key health challenges in the area.

Other common health challenges in the region include:

- A growing population
- Relatively large increases in the number of older people
- High smoking, obesity and stress levels
- Chronic illness is increasing
- 58% of the population are overweight or obese
- High rate of diabetes

6.6 Local social infrastructure context

A review of the existing local social infrastructure has been undertaken to inform the Social Impact Assessment and establish a baseline for the assessment of existing facilities. An overview of the local social infrastructure context is provided below, identifying key social infrastructure within a local 800m catchment of the site (a distance equivalent to a 10-15 minute walk). A map illustrating the approximate area is shown in Figure 19.

The following categories of social infrastructure relevant to the project are identified as being within walking distance of the site:

- **Community facilities**
- **Health and aged care facilities**
- **Open space**
- **Educational facilities**
- **Places of worship**

Community facilities

There is one community facility within walking distance of the site: Kingswood Neighbourhood Centre.

Health and aged care facilities

There are two health facilities within walking distance of the site: Tresillian Family Care Centre Kingswood and Derby Street Family Medical Centre, in addition to the key hospital facilities within the hospital campus.

Open space

There are ten open spaces within walking distance of the site, including Pauline Fields Park, Lawler Park, Jenkins Park, Red Cross Anniversary Park, Wainwright Park, and Doug Rennie Field.

Educational facilities

There are two schools within walking distance of the site: Penrith High School and St. Dominic's College.

Places of worship

There is one place of worship located within walking distance of the site: St. Phillip's Anglican Church

6.7 Transport and access

The site is accessible via the Kingswood Railway Station (approximately 500m from the site) which is serviced by the T1 Western Line. The site is also serviced by a number of local and regional bus routes, including:

- 774 Mount Druitt to Penrith via Nepean Hospital
- 776 Mount Druitt to Penrith via St Clair
- 780 Mount Druitt to Penrith via Ropes Crossing
- 789 Luddenham to Penrith

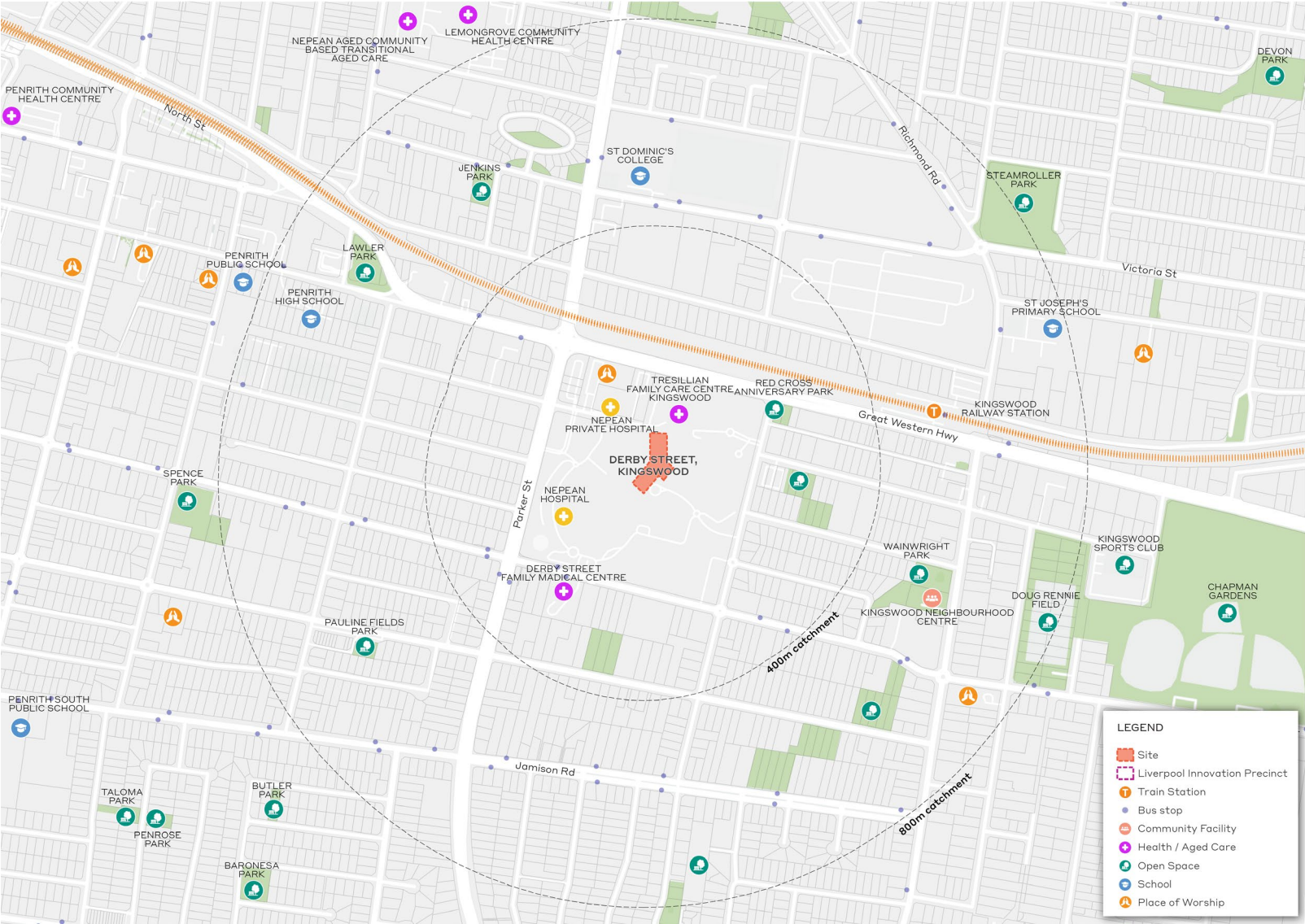


Figure 19 Social infrastructure context
Source: Ethos Urban

7.0 Local Social issues and trends

The following section provides an overview of the local social issues and trends relevant to the proposed development.

7.1 Local health issues and trends

7.1.1 Growing complexity of population health

According to the Australian Institute of Health and Welfare, Australians have higher life expectancies than ever before, yet approximately half of the population lives with at least one chronic health condition:

“Chronic conditions are an ongoing cause of substantial ill health, disability and premature death, making them an important global, national and individual health concern... Many people with chronic conditions do not have a single, predominant condition, but rather they experience multimorbidity—the presence of 2 or more chronic conditions in a person at the same time. People living with multimorbidity often have complex health needs and report poorer overall quality of life... This places a heavy demand on Australia’s health care system and requires substantial economic investment.”²

The prevalence of complex diseases is also increasing, this includes diseases which are multifactorial and can be attributed to multiple environmental or socioeconomic characteristics. Complex diseases or illnesses can also arise through the interaction of multiple genes with external factors. As Australia’s demography and disease patterns change, the population ages and the burden of chronic illness grows, the healthcare system will inevitably come under increasing pressure³.

There is a need to transform the Australian healthcare system in order to provide better care for chronic and complex health conditions, as well as better end-of-life care. The Australian Government intends to reform the national health system by increasing funding in all states and territories from \$100 billion between 2015-2020 to an estimated \$131 billion between 2021-2025. This will fund specialist hospital services, including cancer treatment, rural health, hospital infrastructure, drug and alcohol treatment, preventative, primary and chronic disease management, and mental health, in order to reduce pressure on hospitals and reduce avoidable hospitalisations.

7.1.2 Demand in the Nepean Blue Mountains Local Health District

The redevelopment of the Nepean Hospital is driven by the need to deliver adequate primary, secondary, and tertiary health services to residents of the NBMLHD.

According to the Stage 2 FBC, Nepean Hospital currently experiences an average operational occupancy rate of 95%. Significant population increase is anticipated for the natural catchment of the Hospital, including that driven by the growth as part of the Western City Plan. The NBMLHD population is also ageing, an additional significant driver for hospital activity. Projections for future service demand at the Hospital estimate that between 2017 and 2031:

- Acute overnight episodes are projected to increase by approx. 50%
- Acute day only episodes are projected to increase by approx. 40%
- Acute Paediatric overnight episodes are projected to increase by about 45%
- Acute paediatric day only activity will continue to increase, much of this growth will be managed in the Hospital in the home (HiTH) setting.
- ICU activity is projected to increase by approx. 75%
- COU activity is projected to increase by approx. 45%
- Renal dialysis is projected to increase by over 100%

² <https://www.aihw.gov.au/reports/australias-health/chronic-conditions-and-multimorbidity>

³ <https://www.mja.com.au/journal/2007/187/9/challenges-health-and-health-care-australia>

There is also need for Nepean Hospital to increase its future role delineation levels and general inpatient capacity to fill gaps in services in the NBMLHD as well as the Western New South Wales Local Health District (WNSWLHD). NBMLHD is also undertaking further work to consider the hidden impact of COVID-19 and the potential additional demand that this pandemic may generate resulting in the requirement for more services (i.e. resource utilisation) and enhanced networking arrangements between Nepean Hospital, local health facilities and broader stakeholder networks.

The existing Nepean Hospital infrastructure is aged and no longer fit for the delivery of contemporary models of care. The increasing patient comorbidity and treatment sophistication is also driving the need for consolidation of services and facilities, and there is the need to replace beds in fit-for-purpose contemporary facilities to promote clinical outcome and operational efficiencies.

The proposal therefore seeks to increase clinical service capacity to meet the projected demand and enable contemporary models of care and flexible, enhanced services to improve health outcomes in the region.

7.1.3 Extreme weather events and heat in Western Sydney and impacts on health

Climate change is expected to have a considerable effect on temperatures in Sydney, with maximum temperatures projected to increase by 0.7°C by 2030 and 1.9°C by 2070. The most severe effect will be placed on Western Sydney and the Hawkesbury region, with an additional 5-10 hot days above 35°C by 2030. The implications of this will likely involve increased risk to health, infrastructure services, and productivity, increased energy demand, and lower air quality.

Extreme heat is one of the primary causes of weather-related deaths worldwide and tends to affect specific socioeconomic groups more than others. Populations of a lower socioeconomic status have been found to be more vulnerable to extreme heat due to a lack of resources which would enable them to respond and adapt to extreme heat events. Socioeconomic factors which can aid or inhibit one's survival of extreme heat include age or condition of housing, availability of cooling amenities, and access to public parks and pools⁴. Considering the threat of climate change on population health, it is vital that planning initiatives account for the effect of extreme heat and address inequalities related to heat vulnerability.

According to NSW Office of Environment & Heritage:

“Addressing heat associated with climate change and urbanisation will require greater consideration of adaptive urban design and development. Integrating vegetated, permeable, and reflective surfaces into the built environment, and protecting existing vegetation can provide services such as shade, cooling, fresh air, reduced energy use and wind speeds, stormwater regulation, biodiversity habitat and connectivity. There is growing evidence that urban vegetation can also improve human health, extend life spans, reduce violence and vandalism, and improved cognitive development in children”⁵

7.2 Health facilities and services delivery trends

7.2.1 Improving patient and staff wellbeing through the design of health infrastructure

As the knowledge and technology regarding healthcare continues to transform at a rapid pace, it is important that healthcare facilities continue to be resilient to this progression. Healthcare facilities, especially hospitals, occupy an integral position in the health and welfare systems of cities and regions, as well as overall population health and wellbeing. A number of scholars have outlined the effect of the built environment on patient and staff wellbeing in hospitals (Brambilla, Rebecchi, & Capolongo 2019; Ulrich et al. 2008), in particular, the design of audio and visual environments, safety enhancement, wayfinding systems, patient rooms, family support spaces and staff support spaces. It can be evidenced that the design of these aspects of hospitals can positively or negatively affect the outcomes of patients, families, physicians, staff, as well as the hospital organisation.

⁴ Johnson, D. Stanforth, A. Lulla, V. & Lubner, G. 2012, 'Developing an applied extreme heat vulnerability index utilizing socioeconomic and environmental data', vol. 35, pp. 23-31.

⁵ NSW Office of Environment & Heritage, n.d. 'Urban Heat: Climate Change Impact Snapshot'.

The audio and visual environment of hospitals, consisting of noise, lighting, the orientation of windows, and the presence of gardens, art, or other aesthetic components, is considered to be impactful of patient and staff's mental wellbeing, along with visitor satisfaction. Nejati (et al. 2016) found that the "restorative qualities of indoor break spaces increase progressively with higher levels of access to nature, daylight, and outdoor environments", signalling a correlation between direct access to nature and stress relief in staff. Design features which improve connection to nature could include indoor plants, nature-related artwork, access to communal gardens, and windows or balconies with nature in view. Enhancing the restorative qualities of staff break spaces also has potential carry-over effects to patients, by allowing staff to provide better care to patients (Nejati et al. 2016). Ulrich (2002) finds further evidence for the incorporation of gardens within hospitals, evidencing that garden scenes have been able to alleviate patient anxieties within as little as 5 minutes, heighten patient and family satisfaction with the health provider, increase staff satisfaction within the workplace, and foster improvement of clinical outcomes, for example, "reducing pain medication intake and shortening hospital stays".

In relation to the environments of patients in their rooms, Schreuder, Lebesque, & Bottenheft (2016) have identified privacy, autonomy, and spatial, sensory, and social comfort as factors in determining the wellbeing of patients. A lack of privacy, both visual and auditory, is connected to feelings of discomfort and dissatisfaction among patients, while "the possibility to control the environment such as opening a window, adjusting lighting and temperature settings, closing the door, and shutting lines of sight" have been shown to decrease patient dependence on staff and decrease feelings of stress or depression. Design features which allow for greater patient control over their healing environments are thus interconnected with positive wellbeing.

The layout of patients' rooms has also been found to affect patient satisfaction, specifically regarding quality of sleep and one's sense of privacy. Moving patients from a multi-bed style room to private sleeping quarters revealed a significant improvement in their quality of sleep as the impact of environmental stimuli on sleep quality was mitigated (Pyrke et al. 2017). Other than minimizing the impact of noise, light, and other environmental stimuli, the design of hospitals to feature private rooms offers a greater sense of privacy for patients and their families. Allowing patients to have a greater sense of privacy, especially to rest and/or spend time with family or other visitors, is also likely to "produce more favourable physical and psychological conditions for restorative sleep".

7.2.2 Integrating health, research, and innovation

Across Australia, universities are increasingly investing in innovation and entrepreneurship to ensure that students are equipped with the skills they will need to succeed in the growing knowledge economy. As part of this broader shift, universities are also developing and implementing new partnership models to ensure that researchers, students, and industry are brought more closely together to catalyse new opportunities, including establishing start-ups.

The NBMLHD is committed to developing a vibrant and supportive culture of education and training for its staff, and strives for the best in innovation for the benefit of patients and the broader community. As a major teaching hospital, the Nepean Hospital is underpinned by this mission. The Nepean Blue Mountains Education and Medical Research Foundation was established in December 2019 to enable NBMLHD to achieve its vision for education and research. The Foundation will provide opportunities to support researchers and educators and provide a key avenue in attracting important funding for continued and future excellence in education and research at NBMLHD. The NBMLHD Education and Research Strategy also seeks to develop the District's role as a national and international leader in education, training, and research.

By embedding research into the clinical environment and strengthening links with clinicians and researchers, researchers are able to better understand the current clinical problems that patients are presenting with, leading to better treatment outcomes for patients. Research also enhances the education experience for the next generation of healthcare professionals.

Delivery of contemporary facilities will allow Nepean Hospital to compete at the forefront of health research and education internationally and allows the precinct to attract the best talent from an increasingly global talent pool. The proposed development is also aligned with key strategies of the *NSW State Health Plan 2021* which emphasise 'designing and building future-focused infrastructure', and 'supporting and harnessing research and innovation'.

7.2.3 Development/ growth of the Greater Penrith health and education precinct

The Greater Penrith health and education precinct, also known as The Quarter, is a key component of the Penrith Collaboration Area and contains Nepean Hospital, Nepean Private Hospital, and other specialist medical facilities. Educational facilities within the precinct include the Nepean Clinical School, as well as TAFE and Western Sydney University campuses. The Quarter aims to accommodate for 6,000 jobs over the next 10 years.

The strategic vision for the Quarter is as follows, it will become:

“A unique place where collaboration flourishes, excellence prevails and opportunities bound, not just for the people of today, but for future generations to come. A place where people come to work, live, think and play and where breakthroughs happen and connections are made”⁶.

It is a strategic priority of the Greater Sydney Commission to facilitate the maturity pathway for Penrith’s health and education precinct in order to “boost industry attraction and grow entrepreneurial and innovation-led businesses” (pg. 19). Current challenges which are inhibiting the precinct’s future growth involve accessibility and transport connections. It will be necessary to enhance accessibility and transport connections to the precinct in order to attract and retain a knowledge-intensive workforce and establish it as an international destination for education, health services, research, and adjacent technology.

⁶ <https://thequarter.org.au/>

8.0 Community and stakeholder perspectives

The following section provides an overview of the community and stakeholder consultation undertaken to inform the proposed development, including engagement activities and outcomes. The purpose of this section is to highlight user values and aspirations relevant to the proposed development.

8.1 Key findings

Community and stakeholder consultation highlighted the following key aspirations for the project:

- **Better connectivity between public transport and key facilities and services, including improved public domain and more frequent services. This is especially necessary due to the physical barrier of the Great Western Highway, separating the hospital from Kingswood Station.**
- **Improved safety, especially regarding routes between public transport and key facilities and services, including better lighting and surveillance.**
- **Improved wayfinding on the Nepean Hospital Campus, including use of digital technology.**
- **Greater amenity for patients and visitors, including more diverse food/beverage offerings with extended opening hours, entertainment and play spaces for children, and more comfortable seating.**
- **Greater community representation in the design of public space, including representation of local flora and fauna, local schools, and Indigenous communities.**
- **Improved parking facilities, including additional parking facilities, better accessibility, and affordability. This is particularly relevant for this community due to a heavy reliance on cars.**

8.2 Engagement to inform this SSDA

The following outlines the process and outcomes of community and stakeholder engagement undertaken to inform and guide this SSDA.

Engagement activities undertaken by Health Infrastructure

In 2021, NSW Health Infrastructure undertook a series of community and stakeholder engagement activities to inform the Nepean Hospital Stage 2 Redevelopment. This included the following activities:

- A series of community feedback campaigns via Social Pinpoint,
- Recruitment drive to develop an active community participation database, via telephone, email, videoconference, and other online and face-to-face mediums,
- Monthly consumer committee meetings with representation from disability, Aboriginal, multicultural, carer, elderly, and family perspectives from the Blue Mountains and Penrith areas,
- General survey regarding hospital access for patients and visitors
- Monthly newsletter and fortnightly construction updates.

**A number of other engagement activities were cancelled due to COVID-19 restrictions or postponed to occur online at a later date.*

Engagement outcomes to date

Community and stakeholder engagement activities undertaken by NSW Health Infrastructure received numerous responses across different platforms. The responses to each question have been summarised below:

Table 5: Feedback from HI engagement activities

Question/ engagement activity	Key responses
Social Pinpoint – How can we make the new Front of House (reception area and main entrance) at Nepean Hospital more welcoming and convenient for you?	<p>Operational:</p> <ul style="list-style-type: none"> - Access to WIFI - Electronic hospital directory/map - An interactive wayfinding app - Directory of services - 24/7 security presence - 24/7 concierge presence - More signage that is clear, easy to understand, and in multiple languages - Healthy and affordable food options - Volunteers/Administration/Help Desk - A golf buggy type of transport /travellator, similar to those at the airport - Cafes that stay open for longer <p>Design:</p> <ul style="list-style-type: none"> - Aboriginal artwork - Artwork by local school children - More comfortable seating - Covered/shaded outdoor areas - Covered pick-up and drop-off areas - 10-minute parking zones - A garden/outdoor space for visitors - Large, open, and light entrance - More outdoor lighting - Wider & accessible pathways and hallways - Adequate space and areas to allow for social distancing when visiting the hospital - Designated smoking and non-smoking areas - More toilets for staff and public - Fresh water dispensing/refill stations - Variety of shops to purchase food, drinks, and gifts - An entertainment/play area for children - Use of materials that are “self-sanitizing” - A charging station for phones/laptops etc. - Car-park to be more accessible - Affordable parking
Social Pinpoint – If you use public transport to get to Nepean Hospital, how can we make that journey easier for you?	<p>Operational:</p> <ul style="list-style-type: none"> - Regular bus shuttles from Penrith station, Kingswood Station, Hawkesbury District Health Service, and Berkshires Park - Frequent bus services from all surrounding suburbs - A light rail from Penrith Station to Kingswood Station, parallel to train line that stops inside the hospital grounds and circles back. - Better access to cross the Great Western Highway from Kingswood i.e., pedestrian lights or a crossing bridge - An additional crossing to the hospital from Kingswood Station - More parking - Free parking

Question/ engagement activity	Key responses
	<ul style="list-style-type: none"> - A daily, regular, reliable, and easy to find bus shuttle service with safe, and easy-to-find drop-off/ pick-up points throughout the hospital's campus, including key places, such as Nepean Cancer Care Centre, all of the official hospital entrances, and so on - Covered shelters at those stops, with seating, good lighting, and a weather-resistant frame for up-to-date timetables. These shelters could also be taxi ranks and pick-up areas - A pedestrian bridge over the highway that connects to the block the hospital - More public transport drop offs at the entrance - Restore the old bus stop in the Somerset Street and bring more frequent service with busways - Restore bus services and run regular buses to and from or past the hospital to all surrounding suburbs and stations from 5am to 11pm <p>Design:</p> <ul style="list-style-type: none"> - Make sure all pathways are of a low gradient and can easily be accessed by people with walking difficulties - Handrails for steeper sections of the path - Don't use pavers, as these move over time - Clear signage directing the way to the bus stop - Pram accessibility - Better lighting with CCTV and emergency help points from Kingswood Station all the way to the hospital. People need to feel safe - Better lighting in surroundings street - Roundabout for Cam and Cambridge Street intersection as it gets busy during peak times - The hospital needs to include state of the art data management. It should be a paperless hospital that includes a risk-based Integrated patient tracking and care capability
Social Pinpoint – What type of art would you like to see in Nepean Hospital's new front entrance?	<ul style="list-style-type: none"> - Artwork by local Australian and Aboriginal/Indigenous artists - Artwork by children (local school students) and people with disability - Artwork that celebrates the hospital staff or is made by hospital staff - Historical/educational artwork i.e., a montage of the history of Nepean Hospital - Artwork that shows the natural flora and fauna local to the area - Artwork from a range of multicultural local artists
General survey – To help make our campus accessible and easy to get around, please rank the following options from most important to least important (1 being the most important option)	<p>The most popular response ranking:</p> <ol style="list-style-type: none"> 1. Interactive, digital maps that show you where you are on campus 2. A free shuttle bus service with pick-up and drop-off points around the campus, Kingswood Station, and Derby Street Bus Stop 3. Volunteer/information desks at key access points around the hospital 4. Signs that show the waking distance and time from one area to another 5. Comfortable seating and rest areas 6. Brochures that tell you where the closest parking station is located for each hospital service

8.3 Outcomes of broader LGA-wide consultation undertaken by Penrith City Council

Penrith City Council has recently undertaken multiple consultation projects to support the development of Council priorities and strategies. The following documents have been reviewed to identify key community priorities:

- *Community Plan* (Penrith City Council, 2017)
- *LSPS and LEP Review Engagement Report* (KJA Consultants, 2019)

Community Plan (Penrith City Council, 2017)

To inform their Community Plan, Penrith City Council undertook a series of engagement activities in order to confirm that their current community outcomes were still relevant and find out what the community deemed as emerging key issues. Some of these activities included community meetings, an online consultation portal, public exhibitions, advisory panels, business forums, and school workshops. The top three emerging key issues were identified as **roads & bridges, parking, and planning & development**.

The following community outcomes were established by the engagement activities and adopted in the Community Plan:

- **We can work close to home** – Helping our community find a local job that suits them,
- **We plan for future growth** – Making sure we can get from place to place safely and easily, whether we drive, walk, cycle, or ride the train or bus,
- **We have safe, vibrant places** – Making sure our public spaces are safe, pleasant places to be,
- **We care for our environment** – Protecting our air and water quality, and our natural areas,
- **We are healthy, and share strong community spirit** – Supporting the physical and mental health of our community
- **We have confidence in our Council** – Putting our values into action: accountability, respect, and innovation.

LSPS and LEP Review Engagement Report (KJA Consultants, 2019)

KJA was commissioned by Penrith City Council to undertake engagement activities to inform Perith's Local Strategic Planning Statement (LSPS) and Local Environmental Plan (LEP). The outcomes of this engagement have been summarised below:

Table 6: Feedback from LGA engagement for LSPS and LEP

Question	Key responses
What do you value most about your local area/Penrith City?	<ul style="list-style-type: none"> - Many respondents were happy with the standard of current infrastructure given the level of demand. Specific infrastructure that people were satisfied with included: <ul style="list-style-type: none"> o Availability of medical and health services o Good schools o Good university o Maintenance of existing infrastructure o Plenty of public transport connections o Improved roads and easy access to the M4 and surrounding areas o Fast train connections to Sydney CBD - The sense of community and cultural pride was very apparent in the survey responses. Comments around the sense of community, happiness and pride in the region were the most common in response to this question. Respondents loved the lifestyle, history, natural environment, and fellow community members. - Residents appreciated the preservation of the rural and country-town feel to the community, with large blocks and green space – while still maintaining suitable density for convenience and infrastructure.

Question	Key responses
	<ul style="list-style-type: none"> - It was suggested that the geographic diversity of the area creates a lot of varied work opportunities for people, particularly in the service, hospitality, and primary industry sectors. Some residents were supportive of the rapid growth and emerging opportunities for work, especially in the new airport, but also in emerging the restaurant and café culture. - The location of Penrith at the foot of the Blue Mountains and along the river with many natural areas to explore is very valued by most respondents. The Nepean River was highlighted as a valued asset and planning to make river the focus of recreational life was widely endorsed. The rural and agricultural areas are valued by community living in more densely populated areas in the region.
What is the greatest need in your local area/Penrith City?	<ul style="list-style-type: none"> - Parking was a key area of interest for respondents, with concerns about availability and cost of parking in the CBD area close to shops and transport connections. Some residents were also concerned with parking and accessibility close to other points of interest in the LGA. - Many residents thought additional road infrastructure was needed to support future development in Penrith LGA, as well as increased demand on road infrastructure due to the airport and growing commercial demand in the area. - Respondents highlighted their reliance on personal vehicles as an issue, highlighting the challenge of connecting the city centre with rural outskirts of the LGA. The need for improved and more efficient public transport was raised. - Slow waiting times for Ambulance services was also raised.
What are the greatest challenges that our community will face over the next 20 years?	<ul style="list-style-type: none"> - Many comments were concerned about the potential for continued population growth to outweigh infrastructure development. Respondents made reference to population growth impacts on road infrastructure (i.e., congestion), parking, health services, schools, parks and crime management. - Changes in the demographic profile of the area was raised as a potential challenge. The need to maintain an equitable and connected community was highlighted as a priority for some.
What do you think Council should prioritise over the next 20 years?	<p>The most popular response ranking:</p> <ol style="list-style-type: none"> 1. Infrastructure 2. Transport/connectivity 3. Employment 4. Housing 5. Open space and recreation 6. Social, cultural and community facilities 7. Environment 8. Tourism 9. Agriculture 10. Other

8.4 Data quality considerations

We note that the community and stakeholder perspectives are primarily based on engagement activities that require an active interest to participate. This may lead to over-representation of the voices of certain community or stakeholder groups (e.g. older women are more likely to have time and interest to participate in community meetings) and underrepresentation of others, and may hence be biased to an extent.

However, the Council and Health Infrastructure approaches appear well considered and engagement activities broad enough to gauge and represent a range of community views to adequately inform the Social Impact Assessment.

9.0 Social Impact Assessment

9.1 Assessment framework and scope

As the proposed development classifies as a State Significant Development, this SIA has been prepared based on Social Impact Assessment Guideline for State Significant Projects (NSW DPIE 2021) to address the SEARs. Social factors and matters identified in the *Penrith Development Control Plan 2014 Appendix F5 Technical Information* (Penrith City Council 2014) have been considered as part of the analysis (see comparison tables of the social factors of the DPIE and Council guidelines in **Section 2.0**).

This assessment considers the potential impact on the community and social environment should the social impacts envisaged occur, compared to the baseline scenario of the existing use of the site and social context.

The purpose of this social impact analysis is to:

- Identify, analyse and assess any likely social impacts, whether positive or negative, that people may experience at any stage of the project lifecycle, as a result of the project
- Investigate whether any group in the community may disproportionately benefit or experience negative impacts and proposes commensurate responses consistent with socially equitable outcomes
- Develop social impact mitigation and enhancement options for any identified significant social impacts.

Ultimately, there can be two main types of social impacts that may arise as a result of the proposed development. First, direct impacts can be caused by the project which may cause changes to the existing community, as measured using social indicators, such as population, health and employment. Secondly, indirect impacts that are generally less tangible and more commonly related to matters such as community values, identity and sense of place. Both physically observable as well as psychological impacts need to be considered.

This study identifies the following key social factors relevant to the assessment of social impacts of the project:

- Way of life
- Health and wellbeing
- Accessibility
- Community
- Culture
- Surroundings
- Livelihoods

Impacts on decision-making systems were identified as negligible as part of the SIA Scoping stage and have therefore not been assessed in detail in this report.

9.2 Key affected communities

This assessment covers both the Primary Study Area (PSA), which is expected to experience social impacts associated with the temporary construction activities and some of the future operational impacts, as well as the broader social localities (Penrith City Council and the Nepean Blue Mountains Local Health District) that are likely to experience the resulting benefits from the operational phase of the project. These study areas are shown in **Section 6.0**.

Key communities to experience social impacts and/ or benefits of the project can be grouped as follows:

- Hospital communities (staff, volunteers, suppliers etc)
- Patients attending the health facilities within the hospital precinct, their carers and visitors
- Teachers and trainers
- Neighbouring residents
- Neighbouring businesses
- Local area workers
- Visitors to other health care facilities, institutions, and businesses within walking distance of the area
- Users of Great Western Highway, and Parker Street
- Users of Kingswood Station
- Temporary construction workers in the area.

9.3 Impact assessment factors and responses

The following section sets out the assessment of social impacts arising from the proposed development and recommended responses, including measures to enhance social benefits and mitigate potentially negative impacts, across the suite of factors set out in the DPIE SIA Guideline. The assessment has been based on the information available to date, and is primarily a desktop study, informed by a review and analysis of publicly available documents relevant to the precinct.

9.3.1 Evaluation principles

The SIA Guideline classifies social impacts in the following way, which forms the core basis of this assessment:

- **Way of life:** *how people live, get around, work, play and interact with one another each day*
- **Community:** *its composition, cohesion, character, how it functions, resilience, and people's sense of place*
- **Accessibility:** *how people access and use infrastructure, services and facilities (private, public, or not-for-profit)*
- **Culture:** *both Aboriginal and non-Aboriginal - people's shared beliefs, customs, practices, obligations, values and stories, and connections to Country, land, waterways, places and buildings*
- **Health and wellbeing:** *people's physical, mental, social and spiritual wellbeing – especially for people vulnerable to social exclusion or substantial change, psychological stress (from financial or other pressures), access to open space and effects on public health*
- **Surroundings:** *access to and use of natural and built environment, including ecosystem services (shade, pollution control, erosion control), public safety and security, as well as aesthetic value and amenity*
- **Livelihoods:** *including people's capacity to sustain themselves through employment or business*
- **Decision-making systems:** *the extent to which people can have a say in decisions that affect their lives, and have access to complaint, remedy and grievance mechanisms.*

The evaluation includes a risk assessment of the degree of significance of risk, including the envisaged magnitude (duration, extent, severity, sensitivity), likelihood, and potential to mitigate/enhance and likelihood of each identified impact. The social impact significance matrix provided within the SIA Guidelines Technical Supplement (see **Table 9**) has been adapted for the purposes of undertaking this social and impact assessment.

Each impact has been assessed and assigned an overall risk that considers both the likelihood of the impact occurring and the consequences should the impact occur. The assessment also sets out recommended mitigation, management and monitoring measures for each identified matter.

Magnitude of impact generally considers the following dimensions:

- **Extent** - Who specifically is expected to be affected (directly, indirectly, and/or cumulatively), including any vulnerable people? Which location(s) and people are affected? (e.g. near neighbours, local, regional, future generations).
- **Duration** - When is the social impact expected to occur? Will it be time-limited (e.g. over particular project phases) or permanent?
- **Severity or scale** - What is the likely scale or degree of change? (e.g. mild, moderate, severe)
- **Intensity or importance** - How sensitive/vulnerable (or how adaptable/resilient) are affected people to the impact, or (for positive impacts) how important is it to them? This might depend on the value they attach to the matter; whether it is rare/unique or replaceable; the extent to which it is tied to their identity; and their capacity to cope with or adapt to change.
- **Level of concern/interest** - How concerned/interested are people? Sometimes, concerns may be disproportionate to findings from technical assessments of likelihood, duration and/or intensity.

Table 7 Defining magnitude levels for social impacts

Magnitude level	Meaning
Transformational	<ul style="list-style-type: none"> Substantial change experienced in community wellbeing, livelihood, infrastructure, services, health, and/or heritage values; permanent displacement or addition of at least 20% of a community.
Major	<ul style="list-style-type: none"> Substantial deterioration/improvement to something that people value highly, either lasting for an indefinite time, or affecting many people in a widespread area.
Moderate	<ul style="list-style-type: none"> Noticeable deterioration/ improvement to something that people value highly, either lasting for an extensive time, or affecting a group of people.
Minor	<ul style="list-style-type: none"> Mild deterioration/ improvement, for a reasonably short time, for a small number of people who are generally adaptable and not vulnerable.
Minimal	<ul style="list-style-type: none"> Little noticeable change experienced by people in the locality.

Table 8 Defining likelihood levels of social impacts

Likelihood level	Meaning
Almost certain	Definite or almost definitely expected (e.g. has happened on similar projects)
Likely	High probability
Possible	Medium probability
Unlikely	Low probability
Very unlikely	Improbable or remote probability

Table 9 Social impact significance matrix

Likelihood	Magnitude				
	Minimal	Minor	Moderate	Major	Transformational
Very unlikely	Low	Low	Low	Medium	Medium
Unlikely	Low	Low	Medium	Medium	High
Possible	Low	Medium	Medium	High	High
Likely	Low	Medium	High	High	Very high
Almost certain	Low	Medium	High	Very high	Very high

Source: NSW DPIE, 2021, *Technical Supplement - Social Impact Assessment Guideline for State Significant Projects*.

9.4 Impact assessment factors and responses

9.4.1 Way of life

Potential impacts

During construction:

- Temporary negative way of life impacts associated with the noise, dust, vibration, and visual impacts resulting from construction activities at the site. The impacts may disproportionately impact following groups:
 - Staff, teachers/trainers, and students at the Nepean Hospital campus: There may be impacts to the usual working and learning environment and routines (e.g. noise or vibration may be disrupting activities in the adjacent Stage 1 tower, Tresillian Family Care Centre Kingswood, North Block, East Block, and Nepean Private Hospital buildings.)
 - Surrounding residents, workers, and businesses, however it is noted that the Stage 2 footprint is contained within the interior of the Nepean Hospital campus and does not directly interface with the surrounding area.
 - Visitors to the hospital, including patients and their carers who may be experiencing illness or distress. They may be more sensitive to these impacts associated with the construction phase as a result.

Note that detailed assessments have been provided with the EIS in relation to noise, vibration, and air quality.

- Potential temporary negative way of life impacts due to altered/disrupted hospital activities associated with changes to work, learning, and care environments during construction. The impacts may disproportionately impact the T.A.M. department, Pathology department, and other services within the Stage 2 site footprint who will be relocated for the duration of Stage 2 works.

It is noted that a comprehensive Staging & Decanting Strategy has been prepared to ensure that regular campus operations continue throughout the construction phase and avoid a reduction in capacity.

- Potential temporary negative way of life impacts associated with changes to wayfinding at the Nepean Hospital campus during Stage 2 works. This may result in feelings of frustration and inconvenience as well as increased travel times among staff and visitors at the campus. This may disproportionately impact patients and their carers accessing hospital services who may not be familiar with the campus or with temporary changes to the location of some services, and who may be experiencing illness or disability that impairs mobility.
- Potential way of life impacts for staff, patients, and visitors of the Hospital, as well as surrounding residents and Kingsway users associated with access, traffic, and parking changes during construction at the site, including:
 - Possible changes to preferred mode of transport choice for workers, residents, patients, and others accessing the buildings surrounding the construction site.
 - Possible disruption and changes to way of life associated with increased traffic, reduced parking, pressure on parking from construction workers accessing site, truck movements associated with the construction activity on the site, which may result in increased inconvenience or road safety issues in the area.
- Potential way of life impacts associated with cumulative construction impacts, i.e. an extended period of disruption due to changed road conditions, noise, dust and changed wayfinding. Campus staff, teachers/trainers and students, local workers, long-term/ repeat patients and neighbouring residents in the PSA may experience “construction fatigue” due to the consecutive nature of Stage 1 and Stage 2 works to the Nepean Hospital campus, which will ultimately result in disruption over a number of years, in addition to construction of new apartment buildings on Greater Western Hwy, Parker Street, and Derby Street.

During operation:

- Improvements to clinical working, learning, and care environments of the Nepean Hospital campus associated with the delivery of high quality, contemporary health facilities, e.g. enhanced acute care services, new medical imaging facilities, new ICU & COU spaces, and new radiology services.
- Delivery of staff and visitor amenities and other non-clinical spaces, e.g. end of trip facilities and transit lounge, staff courtyard, new staff education and training centre and library, retail spaces, and landscaping. Specifically, the creation of an Indigenous courtyard/walk and multipurpose room, and new front of house facility that contains wayfinding infrastructure, and incorporates art and placemaking strategies, have potential to enhance comfort and convenience and staff and visitor satisfaction.

Potential impacts

Improvements to amenities for patients and visitors, including expanded food/beverage offerings, spaces for children, and more comfortable seating, is a key issue according to community engagement.

Wayfinding is a key issue at the site according to the findings from community engagement and it is noted that a Signage & Wayfinding Strategy has been prepared to ensure the benefits of an improved wayfinding system are maximised. A Change Management Plan has also been prepared for the Project which addresses changes to wayfinding and a Campus Wayfinding Working Group has been established to support staff and visitors through these changes.

- Cumulative improvements to the working, learning, and care environment resulting from Nepean Hospital Redevelopment. In particular, completion of Stages 1 and 2 Redevelopment will result in acute services concentrated in a central zone that achieves vertical connection and increases efficiency. This is in contrast with the current layout of facilities, which are disjointed and results in poorly coordinated care and patient journeys according to HI. Moreover, current facilities are ageing and not compliant with contemporary construction codes and there is limited capacity for education and training on campus.

Responses / mitigation measures

During construction:

- Mitigation measures set out in the Construction Management Plan will be implemented to reduce the impacts associated with noise and vibration and visual amenity during the construction phase.
- Implement the Staging & Decanting Strategy developed for the project to minimise disruption to the hospital activities.
- Implement the Communications & Engagement and Change Management Plan developed for the Project ensuring that all stakeholders (incl. surrounding residents, workers, patients, carers, visitors, and other stakeholders) are made aware of the timing and likely impact of the construction period and their concerns and needs and addressed throughout the process. Opportunities for feedback and to ask questions should also be provided.

During operation:

- Explore opportunities to incorporate patient/visitor feedback and priorities into the amenity and design of non-clinical spaces and wayfinding. The Arts and Culture Strategy and Signage & Wayfinding Strategy were informed by engagement with stakeholder and the community, and these should be implemented with special consideration given to spaces for children, seating, and food and beverage options, and spaces for children.
- Implement the Change Management Plan developed for the Project to support the transition from the current working environment to the future working environment delivered by the proposed development to ensure that positive impacts to way of life are maximised.
- Develop an Operational Plan of Management to monitor the impact of the expanded hospital operations on staff and other stakeholders.
- The new FOH area, transit lounge, staff courtyard, outdoor stage, and Indigenous walk/courtyard and multipurpose room seek to encourage social interaction and improve the comfort and amenity of the hospital (particularly for Aboriginal staff, patients, and visitors). Explore opportunities to maximise the value of this space through programming and activation that invite workers, students, visitors to the precinct and the broader community (e.g. ceremonies and performances).

Summary:

Overall impact	<p>Overall improved access to high quality health care facilities at the Nepean Hospital would have a significant positive benefit to way of life. The redevelopment of the site, if impacts associated with construction are well mitigated (e.g. staging plan to minimise disruption), will ensure positive social way of life outcomes for the community.</p> <p>Negative social impacts associated with way of life are medium during construction, but low during operation:</p> <ul style="list-style-type: none"> • Construction: Medium (possible moderate) • Operation: Low (unlikely minimal)
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Potential impacts	
Duration	Short term construction impacts with longer term positive benefits associated with improved contemporary health and support facilities on this site.
Severity/ sensitivity	High sensitivity to impacts - due to construction taking place in "live" hospital environment and presence of people likely to be experiencing illness, disability, distress; and presence of health care staff working in high-responsibility jobs and to demanding shift schedules.
Extent	Construction impacts would likely impact staff, patients, carers, visitors, teachers/trainers and students, surrounding residents, local workers, people accessing Kingswood Station in the PSA. Provision of improved health care facilities would benefit residents of and workers living across the SSA (Penrith City), in the NBMLHD, and beyond.
Potential to mitigate/enhance	Construction impacts would need to be proactively mitigated due to the sensitivity of users of the site and communities directly affected. During operation, there is a high ability for workers, teachers/trainers and students, patients, and visitors to adapt to new facilities on the site, due to their proposed quality and design.

9.4.2 Health and wellbeing

Potential impacts

During construction:

- Temporary negative health and wellbeing impacts for campus staff, patients, carers, visitors, teachers/trainers and students, surrounding residents, local workers associated with construction dust, noise, and vibrations. Many visitors to the Nepean Hospital campus (i.e. patients and their carers) are likely to be experiencing physical and/ or mental illness, disability or distress, and may be therefore disproportionately impacted by construction impacts (e.g. visitors with existing respiratory conditions impacted by dust and resting patients disturbed by noise).

Note that detailed assessments have been provided with the EIS in relation to noise, vibration, and air quality.

- Potential temporary impacts to the accessibility of health services on the Nepean Hospital campus site associated with changes to the location of some services, wayfinding, and vehicle and pedestrian routes. These impacts are due to construction taking place in "live" hospital environment.

It is noted that a comprehensive Staging & Decanting Strategy has been prepared to ensure that operations continue throughout the construction phase and disruptions to health services or any reductions in service capacity are avoided. A Wayfinding Working Group has also been established to support staff and visitors through changes to wayfinding.

- Potential cumulative impacts to health and wellbeing associated with prolonged disruption of the Nepean Hospital campus resulting from the Nepean Hospital Redevelopment Stages 1 and 2 works over a period of several years. There is also ongoing construction in the PSA, with apartment buildings recently constructed on Great Western Hwy, Parker Street, and Derby Street. This may cause local residents psychological distress, however, it is noted that the Stage 2 footprint is contained within the interior of the Nepean Hospital campus and does not directly interface with the surrounding residential area. The cumulative impacts of construction in the area (outside the Hospital campus) should therefore be minimal.

It is noted that a Change Management Strategy has been prepared that outlines a four-step Change Management Process to support staff, visitors, patients, teachers/trainers, students, and other stakeholders throughout the course of the Project.

During operation:

- Positive health and wellbeing impacts associated with increased capacity and quality of health infrastructure at this site. Changes to the health infrastructure at the site include:
 - Additional inpatient beds in ICU & COU spaces
 - Additional operating theatres and procedures rooms
 - New Interventional Radiology suite

Potential impacts

- New Cardiac Cath suite incorporating EP lab
- New entry points for patients

According to HI, the new and enhanced clinical and non-clinical spaces created through Stage 2 are anticipated to allow the hospital to improve patient flows, reduce length of stays, provide more timely surgeries and other care services, improve positive staff and visitor experiences (including vulnerable populations) and better meet increasing demand for services. The new/enhanced spaces will meet modern standards in health care, comply with contemporary building codes, and facilitate innovative models of care.

- Positive health and wellbeing impacts associated with the provision of new education and training facilities at the site. According to HI, there is currently limited space for tertiary education activities at the Nepean Hospital campus. Stage 2 will create a dedicated, centralised, and accessible education and training area that will enable improved student and staff outcomes and result in flow-on benefits to the health and well-being of patients.
- Positive health and wellbeing impacts associated with delivery of staff amenities and other clinical and non-clinical support spaces, e.g. transit lounge, staff education and training facilities, retail, and courtyards and landscaping. Stage 2 includes the creation of a staff courtyard, outdoor performance stage, Indigenous walk/courtyard, and Indigenous multipurpose room. These spaces in particular have potential to deliver the following health and wellbeing benefits:
 - Access to green space and fresh air contributes to positive mental and physical health outcomes and is an important cultural element for the Aboriginal and Torres Strait Islander community to be able to connect with Country.
 - Indoor and outdoor open spaces can encourage social interaction and provide opportunities to connect with other members of community (including hospital workers, patients, carers, local residents, and visitors to the area).
 - Flexible, private, semi-private and comfortable spaces can support parent mental health and wellbeing.

According to HI, the new and enhanced non-clinical spaces created through Stage 2 are anticipated to allow the hospital to better attract and retain motivated staff and improve access and experiences of rural/remote communities and vulnerable community members.

- Potential positive health and wellbeing impacts associated with increased uptake of active transport modes. A Green Travel Plan has been prepared which seeks to ensure that travel to/from the site will be safer and more sustainable. It includes strategies for increasing journeys to work by public transport and cycling, and encouraging staff and visitors to walk as part of their journey. This aligns with the findings from community engagement, which noted demand for better connectivity to public transport and improved safety for active travel modes.
- Cumulative impacts to health and wellbeing impacts of the Nepean Hospital Redevelopment project associated with improved access and increased capacity of health services in the SSA (Penrith City) and in the NBMLHD. This aligns with state and local policy objectives to improve health and wellbeing outcomes. Much of the current infrastructure at the Nepean Hospital campus is ageing and is not compliant with contemporary building codes. Stages 1 & 2 will result in an upgraded campus that is better fit-for-purpose, with improved circulation and efficiency of services. The redevelopment will also result in increased spaces for education and training for tertiary education providers and students, which will likely generate flow-on positive impacts to health and wellbeing in the SSA and NBMLHD.

Responses / mitigation measures

During construction:

- Mitigation measures set out in the Construction Management Plan will be implemented to reduce the impacts associated with noise, dust, vibration, and visual amenity during the construction phase.
- Implement the Staging & Decanting Strategy developed for the project to minimise disruption to the hospital activities.
- Implement the Communications & Engagement and Change Management Plan developed for the Project ensuring that all stakeholders (incl. surrounding residents, workers, patients, carers, visitors, and other stakeholders) are made aware of the timing and likely impact of the construction period and their concerns and needs and addressed throughout the process. Opportunities for feedback and to ask questions should also be provided.

During operation:

Potential impacts

- Implement the Change Management Plan developed for the Project to support the transition from the current environment to the future environment delivered by the proposed development to ensure that positive impacts to health and wellbeing are maximised.
- Implement the Green Travel Plan to encourage use active transport modes for travel to/from the site through improvements to connectivity and safety.
- Develop an Operational Plan of Management to monitor the impact of the improved/ expanded health services on stakeholders and the NBMLHD community.
- Explore opportunities to incorporate staff and consumer feedback and priorities into the design of non-clinical spaces such as the courtyards, noting that an Arts and Culture Strategy has been prepared which was informed by consultation with stakeholders.
- Consider further opportunities to enhance staff and patient access to green to green space and fresh air to improve health and wellbeing of precinct consumers and staff.
- Continue to undertake collaborative and shared governance of the Nepean Hospital Campus and strengthen ongoing partnerships between Health Infrastructure, NBMLHD, Penrith City, tertiary education providers at the site, the Tresillian, and the Nepean Private Hospital to identify opportunities to enhance positive benefits to health and wellbeing.

Summary:

Overall impact	<p>Overall improved health facilities at the Nepean Hospital site would have a significant positive benefit to health and wellbeing, and are highly likely. The Stage 2 works, if impacts associated with construction are well mitigated, will ensure positive health and wellbeing outcomes for the community.</p> <p>Negative social impacts associated with health and wellbeing are medium during construction, but low during operation:</p> <ul style="list-style-type: none"> • Construction: Medium (possible moderate) • Operation: Low (unlikely minimal)
Duration	Construction impacts are temporary. Operational benefits are long term.
Severity/ sensitivity	High sensitivity to impacts - due to construction taking place in "live" hospital environment and presence of people likely to be experiencing illness, disability, distress; and presence of health care staff working in high-responsibility jobs and to demanding shift schedules.
Extent	<p>Construction impacts would likely impact staff, patients, carers, visitors, teachers/trainers and students, surrounding residents, local workers, people accessing Kingswood Station in the PSA.</p> <p>Provision of improved health care facilities would benefit health and wellbeing of residents and workers living across the SSA (Penrith City), in the NBMLHD, and beyond</p>
Potential to mitigate/ enhance	Construction impacts would need to be proactively mitigated due to the sensitivity of users of the site and communities directly affected. During operation, there is a high ability for workers, teachers/trainers and students, patients, and visitors to adapt to new facilities on the site, due to their proposed quality and design.

9.4.3 Accessibility

Potential impacts

During construction:

- Temporary negative impacts to accessibility of the site and PSA associated with establishment of the construction site, noting that the construction is taking place in "live" hospital environment. For example, establishment of hoarding and changes to the streetscape and traffic flows associated with the construction phase, and increased traffic and truck movements. This includes potential impacts to access to other health services surrounding the site, including Nepean Private Hospital, Tresillian Family Care Kingswood, and Derby St Medical Centre. Many visitors to the Nepean Hospital campus (i.e. patients and their carers) are likely to be experiencing physical and/ or mental illness, disability or distress, and may be therefore disproportionately impacted by construction impacts (e.g. patients with limited mobility).

It is noted that a comprehensive Staging & Decanting Strategy has been prepared to ensure that regular campus operations continue throughout the construction phase and avoid disrupting access to services and facilities.

- Potential temporary negative impacts associated with changes to wayfinding and parking for the duration of Stage 2 construction works. These may result in increased travel times and feelings of inconvenience and frustration.

It is noted that the Change Management Plan addresses temporary changes to wayfinding and a Campus Wayfinding Working Group has been established to support staff and visitors through these changes, and the Stage 2 Traffic and Parking Strategy prepared for the Project states that temporary losses in parking resulting from construction works will be addressed elsewhere on campus to avoid a reduction in spaces throughout the construction phase.

- Potential for cumulative negative impacts from construction to accessibility of the site and immediate surrounds resulting from consecutive Stages 1 and 2 of the Nepean Hospital Redevelopment, as well as new apartment buildings on Great Western Hwy, Parker St, and Derby St.

During operation:

- Positive impacts associated with improved accessibility of health and education facilities at the Nepean Hospital campus. Key impacts include:
 - Positioning of the Stage 2 Tower enhances the access to and from the Nepean Hospital Campus in relation to existing public transport infrastructure and car parking facilities.

– Changes to Barber Avenue that will improve road safety and present a more formal entry point

– Direct access to a new Pathology Department and associated maternity drop-off area

These positive impacts will particularly benefit visitors to the site with disabilities that impact their mobility.

- Improved accessibility of health services and facilities in the SSA and NBMLHD. Improved accessibility associated with the delivery of:
 - Additional inpatient beds in ICU & COU spaces
 - Additional operating theatres and procedures rooms
 - New Interventional Radiology suite
 - New Cardiac Cath suite incorporating EP lab
 - New entry points for patients
- Positive impacts associated with improved accessibility of public open space resulting from delivery of new courtyard and landscaped areas under Stage 2.
- Positive impacts associated with improved access to active transport infrastructure at the site, including new pedestrian links, end-of-trip facilities, and a transit lounge, which would enhance the accessibility of the site via walking, cycling, or public transport. This is supported by the Green Travel Plan and aligns with the findings from community engagement, which highlighted support for better connectivity between the site and public transport, and upgrades to support safe active transport. It will be important that the Green Travel Plan is implemented to effectively support active transport choice, as community engagement noted that there is heavily reliance on cars in the community and associated demand for additional parking facilities (which will not be delivered despite increased capacity of the site.)

Potential impacts

- Potential benefits associated with delivery of health uses at an accessible location, close to bus stops and Kingswood Station, daily living needs, and in an area with a high proportion of low-income and lone-person households and social housing residents who may have increased health care needs. This would contribute towards achieving the Greater Sydney Commission's vision of a "30-minute city" where services, employment and infrastructure are easily accessible to housing.

Responses / mitigation measures

During construction:

- Mitigation measures set out in the Construction Management Plan will be implemented to reduce the impacts associated with accessibility during the construction phase, including changes to parking and access, and increased traffic and truck movements.
- Implement the Staging & Decanting Strategy developed for the project to minimise disruption to access to services and facilities.
- Implement the Communications & Engagement and Change Management Plan developed for the Project ensuring that all stakeholders (incl. surrounding residents, workers, patients, carers, visitors, and other stakeholders) are made aware of the timing and likely impact of the construction period and their concerns and needs and addressed throughout the process. Opportunities for feedback and to ask questions should also be provided.

During operation:

- Implement the Change Management Plan developed for the Project to support the transition from the current environment to the future environment delivered by the proposed development to ensure that positive impacts to accessibility are maximised.
- Implement the Green Travel Plan to encourage use active transport modes for travel to/from the site through improvements to connectivity and safety. Explore further opportunities to enhance pedestrian and active transport connections between the site and surrounding area, particularly to/from Kingswood Station, to encourage accessing the site using active transport and to promote physical activity.
- Explore opportunities to activate public space delivered on the site in ways that are welcoming to all community members and can encourage social interaction between workers, patients, and visitors.
- Community engagement indicates that there is particular interest in use of digital technology in wayfinding to improve the accessibility of the site. Consider further opportunities to incorporate this solution into proposed wayfinding at the site, noting a Signage & Wayfinding Strategy has been prepared for the site. However noting that some users of the site may be less ready to use digital wayfinding solutions only (e.g. elderly patients), and legible wayfinding and in person customer service may be more appropriate and should also be available.
- Continue to undertake collaborative and shared governance of the Nepean Hospital Campus and strengthen ongoing partnerships between Health Infrastructure, NBMLHD, Penrith City, tertiary education providers at the site, the Tresillian, and the Nepean Private Hospital to identify opportunities to enhance positive benefits to accessibility (e.g. coordinated Access & Inclusion strategy across the campus and between the site and surrounding neighbourhoods).

Summary:

Overall impact	<p>Overall improved access to high quality health facilities and services at the Nepean Hospital site would have a significant positive benefit to accessibility and are highly likely.</p> <p>Negative social impacts associated with accessibility are medium during construction, but low during operation:</p> <ul style="list-style-type: none"> • Construction: Medium (possible minor) • Operation: Low (unlikely minimal)
Duration	Construction impacts are temporary. Operational benefits are long term.

Potential impacts	
Severity/ sensitivity	Moderate to high sensitivity to impacts - due to construction taking place in "live" hospital environment and presence of people likely to be experiencing illness, disability, distress.
Extent	Construction impacts would likely impact staff, patients, carers, visitors, teachers/trainers and students, surrounding residents, local workers, people accessing Kingswood Station in the PSA. Provision of improved health care facilities would benefit access to health infrastructure and jobs for residents and workers living across the SSA (Penrith City), in the NBMLHD, and beyond.
Potential to mitigate/ enhance	Construction impacts (e.g. impacts on traffic, entry points) would need to be proactively mitigated due to the sensitivity of users of the site and communities directly affected. During operation, there is a high ability for workers, teachers/ trainers and students, patients, and visitors to adapt to new facilities on the site, if the Green Travel Plans, and Wayfinding Strategies are successfully implemented.

9.4.4 Livelihoods

Potential impacts
<p><u>Construction phase:</u></p> <ul style="list-style-type: none"> Positive impacts associated with increased access to employment opportunities within the construction sector during the construction phase. While these jobs will be temporary, project based work is typical to the sector. It is estimated that 830 jobs will be generated over the construction period. Potential positive impacts associated with improved viability of businesses in the area resulting from trade from construction workers (for example for cafes and shops in Kingswood). Possible cumulative impacts to residential properties close to the site, due to ongoing construction activity in the area. However, it is noted that the Stage 2 works are contained within the interior of the Nepean Hospital campus and will therefore not directly interface with residential areas. <p><u>Operational phase:</u></p> <ul style="list-style-type: none"> Significant positive impacts to livelihoods associated with contributing towards the ongoing transformation of the Nepean Hospital campus. State and local government policy supports the economic and employment growth of the Greater Penrith Collaboration Area, recognising the key role that the area plays in providing skilled job opportunities for Western Sydney residents. It is noted that community engagement identified employment opportunities across diverse sectors as highly valued by the local community. Positive impacts to livelihoods associated with delivery of new employment opportunities at The Nepean Hospital. It is expected the proposed development would deliver 500 additional full time equivalent (FTE) staff by 2032. This includes new employment opportunities across a number of health sectors as well as other sectors such as cleaning and maintenance, retail, and food and beverage services associated with the new/enhanced spaces to be delivered under Stage 2. Provision of employment opportunities at this site would also support the Greater Sydney Commission's vision for a "30-minute city" where jobs and services are provided close to homes. Potential positive impacts associated with improved learning and training opportunities at the site with flow-on effects to future employment outcomes for campus staff and students. Potential impacts associated with improved viability of other businesses in the area associated with concentration of employment uses and increased number of patients and visitors at this site, including flow on positive impacts to businesses located along the Great Western Hwy.
Responses / mitigation measures
<p><u>During construction:</u></p>

Potential impacts

- Mitigation measures set out in the Construction Management Plan will be implemented to reduce the impacts to local businesses and residential areas associated with disruption during the construction phase.
- Implement the Communications & Engagement and Change Management Plan developed for the Project ensuring that all stakeholders (incl. surrounding residents, workers, patients, carers, visitors, and other stakeholders) are made aware of the timing and likely impact of the construction period and their concerns and needs and addressed throughout the process. Opportunities for feedback and to ask questions should also be provided.

During operation:

- Explore opportunities for socially sustainable procurement methods which prioritise employment of local residents in the SSA (Penrith City). Further social procurement principles could be considered to amplify social impact, for example, the inclusion and employment of trainees, people from vulnerable backgrounds and/or underrepresented groups, both for the construction and operational phase of the site, where appropriate.
- Continue to undertake collaborative and shared governance of the Nepean Hospital Campus and strengthen ongoing partnerships between Health Infrastructure, NBMLHD, Penrith City, local businesses, and tertiary education providers at the site to identify opportunities to enhance positive benefits to livelihoods (e.g. through integrated education and training programs).

Summary:

Overall impact	<p>Provision of new contemporary health care facilities at this location would have a significant positive benefit to livelihoods, and are highly likely. The redevelopment of the site, if impacts associated with construction are well mitigated, will ensure positive social outcomes in terms of increased employment opportunities and improved viability of local businesses.</p> <p>Negative social impacts associated with livelihoods are low, both during construction and operation:</p> <ul style="list-style-type: none"> • Construction: Low (unlikely minimal) • Operation: Low (unlikely minimal)
Duration	Operational benefits are long term, construction benefits are temporary.
Severity/ sensitivity	Will depend on characteristics of contractors and workers employed at this site
Extent	<p>Construction phase would likely mostly impact the construction sector (where contractors can be hired from the LGA, and beyond), and provide some benefits to businesses within the PSA.</p> <p>Whilst it is a vision of both state and local governments to provide employment opportunities closer to home, the number of jobs provided within the new health care facilities and supporting businesses would likely impact workers further across the SSA and NBMLHD.</p>
Potential to mitigate/ enhance	High if local and social procurement methods are successfully applied.

9.4.5 Community, including its composition, cohesion, character, sense of place

Potential impacts

During construction:

- The construction period may disrupt the existing local community surrounding the site, including:
 - Impacts to composition associated with:
 - Changes to the size of the local community may be experienced during construction, with an increased number of construction workers in the local area. The construction period is forecast to generate 830 jobs.

However noting that a cohort of construction workers are already present on this site associated with the Stage 1 construction of the hospital.
 - No change to the composition of the local resident population during construction, as the site currently functions as a hospital, and therefore has no resident population.
 - Potential impacts to how the community functions associated with:
 - Establishment of a major construction site which may impact daily routines and networks of Nepean Hospital campus staff, patients, carers, visitors, teachers/trainers and students, surrounding residents, local businesses and workers, people accessing Kingswood Station.
 - Impacts to sense of place: some surrounding residents, students, teachers/trainers, repeat patients, and staff may have connections and memories associated with the site that would be disrupted by enabling and construction works, and demolition to some of the existing buildings. This includes changes to wayfinding and access and the configuration of services at the site to facilitate Stage 2 redevelopment.

During operation:

- Potential changes to composition and size of The Nepean Hospital communities associated with the increased capacity of the hospital and delivery of a new tower building, which would increase the number of staff, patients, visitors, and volunteers accessing the site, leading to changes in the composition of the community of the campus.
It is expected the project would deliver 500 additional FTE jobs at the site, with potential flow-on effects in employment generation in the surrounding area.
However, it is noted that the expansion of The Nepean Hospital is aligned with strategic drivers for the future of the area, and that the provision of infrastructure and services to meet a growing population is a key community priority identified in Penrith City engagement outcomes.
- Potential positive impacts to community cohesion and sense of place for the staff, patients, and visitors of the Nepean Hospital community associated with the delivery of high quality non-clinical spaces to support increased opportunities for social interaction and networks. Consultation identified that improved amenity of The Nepean Hospital for patients and visitors is a key priority. Spaces to support community cohesion include:
 - End-of trip-facilities and transit lounge
 - FOH retail (food and beverage and convenience/speciality shops)
 - Staff courtyard
 - Indigenous courtyard/walk and multipurpose room
 - Outdoor performance stage

These spaces provide opportunities to engage both actively and passively, as well as opportunities for community events and activities.
- Potential benefits to community cohesion associated with increased provision of landscaped open space (i.e. courtyards and green links) enabling for people to meet and gather. This space would incorporate landscaping, wayfinding, native planting, and elements of Aboriginal cultural heritage. Provision of spaces that reflect the community, including Aboriginal cultural heritage values, is a key message from engagement.

Potential impacts

- Potential impacts to sense of place associated with the demolition and permanent loss of the Hope Cottage, part of North Block, the current T.A.M. building, Population Health Building, and Doctor's Accommodation Building. Some staff, repeat patients, trainers/teachers and students may have connections and memories associated with these spaces.
- Potential cumulative impacts to sense of place for staff, students, and teachers/trainers at the site associated with consecutive Stages 1 and 2 of redevelopment at the site, which will result in a period of significant disruption and change over several years.

It is noted that a Change Management Strategy has been prepared for the Project to support the transition from the existing environment to the new environment and ensure that community cohesion and sense of place are ultimately protected/enhanced as a result of redevelopment.

Responses / mitigation measures

During construction:

- Mitigation measures set out in the Construction Management Plan and Change Management Plan will be implemented to reduce the impacts associated with changes to community function, character, and sense of place during the construction period.
- Implement the Communications & Engagement and Change Management Plan developed for the Project ensuring that all stakeholders (incl. surrounding residents, workers, patients, students, carers, visitors, and other stakeholders) are made aware of the timing and likely impact of the construction period and their concerns and needs and addressed throughout the process. Opportunities for feedback and to ask questions should also be provided.

During operation:

- Explore opportunities to incorporate staff and visitor feedback and priorities into the design of non-clinical spaces that support community interaction.
- The new FOH area, transit lounge, staff courtyard, outdoor stage, and Indigenous walk/courtyard and multipurpose room seek to encourage community cohesion and sense of place (particularly for Aboriginal staff, patients, and visitors). Explore opportunities to maximise the value of this space through programming and activation that invite workers, students, visitors to the precinct and the broader community (e.g. ceremonies and performances).
- Implement the Change Management Plan developed for the Project to ensure that benefits to support the transition from the current environment to the future environment delivered by the proposed development to ensure that positive impacts to community and sense of place are maximised and potential negative impacts minimised.
- Continue to undertake collaborative engagement with Health Infrastructure, NBMLHD, Penrith City, tertiary education providers at the site, other health service providers in the area, local businesses and workers, and surrounding residents to identify opportunities to enhance positive benefits to community cohesion.

Summary:

Overall impact	<p>Overall improved high quality health care facilities at The Nepean Hospital would have a significant positive benefit to community. The refurbishment and expansion of the site, if impacts associated with construction are well mitigated, will ensure positive social outcomes for the broader community.</p> <p>Any negative social impacts on the community composition and cohesion are medium during construction, but low during operation:</p> <ul style="list-style-type: none"> • Construction: Medium (possible minor) • Operation: Low (unlikely minimal)
Duration	Short term construction impacts with longer term benefits associated with improved clinical facilities and public space at this site.

Potential impacts	
Severity/ sensitivity	High sensitivity to impacts, as changes to the site would impact visitors to the hospital who may be experiencing illness, disability or distress, and/or health care staff working in high-responsibility jobs and to demanding shift schedules.
Extent	Construction impacts would likely impact worker profile, and to a lesser extent the resident profile, in the PSA. Provision of non-clinical spaces, including public open spaces, would likely benefit staff, students, teachers/trainers, patients and visitors to the site, who would live across the broader SSA (Penrith LGA), or beyond.
Potential to mitigate/ enhance	Construction impacts would need to be proactively mitigated due to the sensitivity of users of the site and communities directly affected. During operation, there is a high ability for workers, teachers/ trainers and students, patients and visitors to adapt to new facilities on the site, due to their proposed quality and design.

9.4.6 Culture: shared beliefs, customs, values and stories, and connections to land, places, buildings

Potential impacts
<p><u>Construction phase:</u></p> <ul style="list-style-type: none"> Potential negative impacts to the community's connection to place and heritage associated with demolition of existing buildings on this site (Hope Cottage, part of North Block, the current T.A.M. building, Population Health Building, and Doctor's Accommodation Building), and other temporary impacts associated with the construction period, which would result in changes to the appearance and functionality of the site and may disrupt place narratives associated with the site. <p><u>Operational phase:</u></p> <ul style="list-style-type: none"> Potential impacts to connections to place associated with refurbishment and expansion of the existing Nepean Hospital site. This includes construction of a new 7-storey tower building, replacing the existing Hope Cottage, part of North Block, the current T.A.M. building, Population Health Building, and Doctor's Accommodation Building. It is noted that a Statement of Heritage Impact was prepared for the Project which identified no heritage items on the hospital grounds. However, some trainers/teachers and students, staff, and repeat patients may have connections and memories associated with these components of the site that would be disrupted by the loss of these facilities. <p>It is noted that a Change Management Strategy has been prepared for the Project to support the transition from the existing environment to the new environment and ensure that connection to the site and community values are ultimately protected/ enhanced as a result of redevelopment.</p> <ul style="list-style-type: none"> Positive impacts to connection to place associated with the delivery of improved clinical and non-clinical spaces of a high technical and architectural quality. The new FOH area, transit lounge, staff courtyard, outdoor stage, and Indigenous walk/courtyard and multipurpose room have the potential to significantly contribute to positive connections to the Stage 2 footprint site and to Country. The outdoor stage would create a space for ceremonies and events to create new shared customs and stories at the site. Potential positive impacts to connection to place associated with delivery of courtyards and landscaped areas within the Stage 2 footprint, incorporating native plantings, public art, wayfinding, and other elements. The design and proposed landscape of open space areas achieves the greater representation of local flora and fauna, the local community, and Indigenous communities that engagement highlighted as a key priority for Stage 2 redevelopment. Positive impacts to culture associated with incorporating significant Aboriginal design elements within the proposed development, which would assist in maintaining connection to Aboriginal cultural heritage through spaces that respond sensitively to cultural needs and artwork that explores cultural stories and identity. Positive impacts associated with the incorporation of paediatric artwork for children and their carers, and the use of art-making workshops with the public to generate artwork that better reflects the community, which aligns with community engagement feedback for Stage 2 redevelopment.

Potential impacts

It is noted that an Arts and Culture Strategy has been prepared for the Project that was informed by engagement with Aboriginal groups and the community, and this will guide the incorporation of artwork and Indigenous cultural heritage values for Stage 2 works.

- Potential cumulative impacts to connection to place and culture for staff, students, and teachers/trainers at the site associated with consecutive Stages 1 and 2 of redevelopment at the site, which will result in a period of significant disruption and change over several years.

However, there is also opportunity for the redevelopment of the site to contribute to positive narratives of the Nepean Hospital campus as a major contributor to the national and international leadership in education, training, and research of the NBMLHD.

It is noted that a Change Management Strategy has been prepared for the Project to support the transition from the existing environment to the new environment and ensure that culture is ultimately protected/enhanced as a result of redevelopment.

Responses / mitigation measures

During construction:

- Mitigation measures set out in the Construction Management Plan will be implemented to reduce the impacts associated with changes to culture and community connection at the site during the construction period.
- Implement the Communications & Engagement and Change Management Plan developed for the Project ensuring that all stakeholders (incl. surrounding residents, workers, students, patients, carers, visitors, and other stakeholders) are made aware of the timing and likely impact of the construction period and their concerns and needs and addressed throughout the process. Opportunities for feedback and to ask questions should also be provided.
- Ensure that spaces are welcoming to staff, patients and visitors from various cultural backgrounds, and spaces are available to accommodate cultural needs (e.g. prayer room).

During operation:

- Incorporate Aboriginal and Torres Strait Islander cultural heritage into the design and artwork of new spaces, as set out in the Arts and Culture Strategy.
- Incorporate community culture and values into the design and artwork of new spaces, as set out in the Arts and Culture Strategy.
- Implement the Change Management Plan developed for the Project to ensure that benefits to support the transition from the current environment to the future environment delivered by the proposed development to ensure that positive impacts to culture are maximised and potential negative impacts minimised.
- Continue to undertake collaborative engagement with the Nepean hospital community, local Aboriginal communities, and residents and workers in the surrounding community to identify opportunities to enhance positive benefits to culture through the Project.

Summary:

Overall impact	<p>Overall improved high quality health care facilities and community spaces at The Nepean Hospital would have a significant positive benefit to culture. The refurbishment and expansion of the site, if impacts associated with construction are well mitigated, will ensure positive social outcomes for the broader community.</p> <p>Negative social impacts associated with culture are low during construction and operation:</p> <ul style="list-style-type: none"> • Construction: Low (unlikely minor) • Operation: Low (unlikely minimal)
Duration	<p>Changes to the appearance of the site that may impact on some people's sense of place would be permanent. Operational benefits of the development are long term.</p>

Potential impacts	
Severity/ sensitivity	High sensitivity to impacts, as changes to the site would impact visitors to the hospital who may be experiencing illness, disability or distress.
Extent	Construction impacts would likely impact stakeholders within the PSA. Operational benefits have the potential to enhance connection to culture for visitors, staff and patients from across the SSA and beyond.
Potential to mitigate/ enhance	<p>Construction impacts would need to be proactively mitigated due to the sensitivity of users of the site and communities directly affected.</p> <p>During operation, there is a high ability for workers, teachers/trainers and students, patients and visitors to adapt to new facilities on the site, due to their proposed quality and design.</p>

9.4.7 Surroundings – amenity

Potential impacts
<p><u>During construction:</u></p> <ul style="list-style-type: none"> Temporary negative impacts on the amenity of the area associated with dust, noise, vibration due to construction activity. It is noted that the construction is taking place in a "live" hospital environment and patients and visitors are considered as sensitive receivers. The patients and carers visiting the facilities may be experiencing disabilities, illness and/or distress that may be particularly sensitive to construction-related disruption. <p>Note that detailed assessments have been provided with the EIS in relation to noise, vibration, and air quality.</p> <ul style="list-style-type: none"> Potential impacts to the community's connection to place and heritage associated with demolition of existing buildings on this site (Hope Cottage, part of North Block, the current T.A.M. building, Population Health Building, and Doctor's Accommodation Building), and construction of a new 7-storey building, which would result in changes to the appearance of the site. Temporary potential negative impacts associated with changes to the streetscape and appearance of the site due to construction activities, equipment, and waste. The establishment of hoarding and changes to the streetscape associated with the construction phase may have an adverse effect on: <ul style="list-style-type: none"> Visual and aesthetic value of the area associated with significant construction works to construct a new 7-storey tower at the site. Perceptions of night-time safety in the area – for the health-care staff working night-time shifts in the hospital as well as patients and carers needing to access the site (e.g. for emergencies) during the night. Changes to wayfinding and access around the campus, that may cause inconvenience and disruption to patients, students, teachers/trainers, visitors, and staff working at the site. Potential temporary negative impacts associated with changes to work and care environments due to construction taking place in "live" hospital environment. <p>It is noted that a comprehensive Staging & Decanting Strategy has been prepared to ensure that impacts to amenity are minimised throughout the construction phase.</p> <p><u>During operation:</u></p> <ul style="list-style-type: none"> Positive impacts associated with improvements to the amenity of work, education, and care environments at the Nepean Hospital campus, associated with provision of contemporary and high-quality new and refurbished clinical and non-clinical spaces and buildings designed to a high architectural standard. Current facilities are ageing and not compliant with contemporary construction codes and there is limited capacity for education and training on campus. Impacts associated with changes to the visual amenity of the site with the delivery of the new build component of the project, particularly the construction of a new 7-storey tower. This is higher than the existing facilities in the Stage 2 works footprint and will contribute to a more dense Nepean Hospital campus with an increased built form, scale, and massing. This will impact views from surrounding higher-density developments on Derby Street, Great Western Hwy, and Parker St.

Potential impacts

- Positive impacts associated with improved public spaces, including outdoor courtyards, green links, and other landscaped areas, at the site from Stage 2 redevelopment. New links will also contribute to the pedestrian amenity of the area by providing increased active transport infrastructure internal to the site that improves permeability and facilitates movement through the site to/from the surrounding area. Principles for the provision and design of these spaces include:
 - Retention of existing trees and landform
 - Expand on green links
 - Create and experiential pedestrian network
 - Spaces that connect people to nature
 - Integrate WSUD
 - Landscape visual connection
- Potential improved perceptions of safety associated with improved pedestrian infrastructure and increased activation of the site associated with an increased number of patients and workers on the site, accessing the site and other services in the area. This may be valuable for hospital staff who may be working shift hours and need to access and move around the site during late night hours. It is a key community and stakeholder priority to improve the safety of pedestrian routes at the site and better link the site to the surrounding area.
- Potential cumulative impacts to surroundings associated with the increased capacity of the site resulting from Stages 1 and 2 of Redevelopment, including increased noise, traffic and pedestrian movements associated with expanded hospital operations at this site. The Traffic and Parking Strategy prepared for the Project notes that the surrounding road network is already nearing capacity, and an increase in traffic activity surrounding the site would therefore risk the need for road/intersection upgrades. Moreover, no additional parking facilities will be provided at the site despite an increase in operational capacity. It is therefore important that active transport mode choices are encouraged to/from the site among staff, students, and visitors (wherever possible). Findings from community engagement underscore this need, as they identified that there is heavily reliance on cars in the community and associated demand for additional parking facilities to be delivered.

Responses / mitigation measures

During construction:

- Mitigation measures set out in the Construction Management Plan will be implemented to reduce the impacts associated with amenity at the site and surrounds during the construction period.
- Implement the Communications & Engagement and Change Management Plan developed for the Project ensuring that all stakeholders (incl. surrounding residents, workers, students, patients, carers, visitors, and other stakeholders) are made aware of the timing and likely impact of the construction period and their concerns and needs and addressed throughout the process. Opportunities for feedback and to ask questions should also be provided.

During operation:

- Explore opportunities to incorporate staff and consumer feedback and priorities into the design of clinical and non-clinical spaces to maximise improvements to the amenity of the work, learning, and care, and visitor environment.
- Implement the Green Travel Plan to encourage use active transport modes for travel to/from the site through improvements to connectivity and safety. Explore further opportunities to enhance pedestrian and active transport connections between the site and surrounding area, particularly to/from Kingswood Station, to encourage accessing the site using active transport and reduce reliance on cars.
- Implement the Change Management Plan developed for the Project to ensure that benefits to support the transition from the current environment to the future environment delivered by the proposed development to ensure that positive impacts to amenity are maximised and potential negative impacts minimised.
- Continue to undertake collaborative engagement with the Nepean Hospital campus community and with residents and workers in the surrounding community to identify opportunities to enhance positive impacts to amenity through the Project

Potential impacts

- Develop an Operational Plan of Management to monitor the impact of the Nepean Hospital campus redevelopment on the amenity of the area.

Summary:

Overall impact	<p>Provision of high quality health facilities at this location would have a significant positive benefit to surroundings. Positive impacts of the proposed development are highly likely, if strategic and design briefs are executed well, and negative impacts are mitigated during construction (e.g. staging plan to minimise disruption).</p> <p>Negative social impacts associated with surroundings are medium during construction, but low during operation:</p> <ul style="list-style-type: none"> • Construction: Medium (possible moderate) • Operation: Low (unlikely minimal)
Duration	Impacts related to construction activities (e.g. dust, noise, hoardings) are temporary. Whilst operational benefits due to delivery of high quality building and spaces are long term, changes to the appearance of the site would however also be permanent.
Severity/ sensitivity	Moderate to high sensitivity to impacts - due to construction taking place in "live" hospital environment and presence of people likely to be experiencing illness, disability, distress, and presence of health care staff working in high-responsibility jobs and to demanding shift schedules.
Extent	Construction impacts would likely impact workers, patients, carers, teachers/trainers, students, residents and visitors to the site; improved surroundings and amenity would affect users of the site and workers and visitors from the broader SSA or LHD to the site.
Potential to mitigate/ enhance	Construction impacts would need to be proactively mitigated due to the sensitivity of users of the site. During operation, there is a high ability for workers, patients, teachers/trainers, students, and visitors to adapt to new facilities on the site, due to their proposed quality and design.

9.5 Monitoring and management framework

To monitor and measure the ongoing impact of the proposed development on relevant stakeholders and the surrounding community, the following framework is recommended:

During construction

- Development of a Construction Management Plan that includes complaints handling procedure for identifying and responding to community issues related to construction impacts.
- Implement the Staging & Decanting Strategy developed for the project to minimise disruption to the hospital activities related to construction impacts.
- Implementation of the Change Management Strategy and Communications & Engagement Plan developed for the Project that detail the processes and communication strategies to ensure that key stakeholders are advised and consulted about major changes and disruptions, and the process for providing feedback and further consultation during the Project.

During operation

- Continued consultation with relevant stakeholders, as identified by Health Infrastructure, to identify emerging social issues and trends.
- Development and implementation of an Operational Plan of Management that mandates data collection (e.g. user surveys) to enable ongoing monitoring of the performance of the proposed facilities over time.

10.0 Concluding comments

The following key findings and recommendations have been developed through an assessment of a range of evidence and community perspectives on the proposed development, through the lens of the social factors set out in the NSW DPIE Social Impact Assessment Guideline 2021, which has been applied as a best practice approach.

Each category of impact is appraised with a significance of the impact based on the likelihood, consequence and social risk rating. Overall, the level of impacts range from low to medium, with no significant negative impacts identified in relation to the proposal.

Key challenges identified with the proposed development relate to:

- Temporary impacts to surroundings and amenity during the construction phase of the Stage 2 redevelopment. Changes to amenity may relate to environmental factors such as noise, traffic and parking, vibration, views, and air quality. As the surrounding context of the development is also undergoing significant redevelopment activity, users of this site may be more sensitive to cumulative impacts to surroundings resulting from Stages 1 and 2 of redevelopment. These impacts will be managed in accordance with legislation and regulation, through a Construction Management Plan.
- Temporary impacts to accessibility and way of life associated with disruption to the working, learning, and care environment due to the construction phase, such as changes to wayfinding, pedestrian accessibility and daily routines for workers, students, patients, visitors, and other users of the site. As the Stage 2 redevelopment site is located in a 'live' hospital environment, some users to the site may be experiencing illness, disability or distress that may make them more sensitive to changes to accessibility and routines.

Key social benefits identified with the proposal relate to:

- Positive impacts to way of life and amenity associated with improvements to clinical and non-clinical working, learning, and care, and visitor environments of the Nepean Hospital. The proposal would deliver high quality, contemporary health facilities, including enhanced acute care services, new medical imaging facilities, new ICU & COU spaces, and new radiology services. Non-clinical spaces include end-of-trip facilities and transit lounge, staff courtyard, new staff education and training centre and library, retail spaces, and landscaping.
- Positive health and wellbeing impacts associated with increased capacity and quality of health infrastructure at this site. The new and enhanced clinical spaces created through Stage 2 are anticipated to allow the hospital to improve patient flows, reduce length of stays, provide more timely surgeries and other care services, improve positive staff and visitor experiences (including vulnerable populations) and better meet increasing demand for services. The new/enhanced spaces will meet modern standards in health care, comply with contemporary building codes, and facilitate innovative models of care. Education and training facilities at the site will also be improved, resulting in flow-on benefits to the health and well-being of patients.
- Positive impacts associated with improved accessibility of health and education services in the SSA and NBMLHD through addition of services and increased capacity of existing services. The proposal would also improve the accessibility of the site via active transport, car, and public transport.
- Positive impacts to livelihoods associated with contributing towards local employment, education and training opportunities, and viability of local businesses. It is expected the proposed development would deliver 500 additional full time equivalent (FTE) staff by 2032. State and local government policy supports the economic and employment growth of the area.
- Potential positive impacts to culture, community cohesion, health and wellbeing, and sense of place for the staff, patients, and visitors of the Nepean Hospital community associated with the delivery of high quality non-clinical spaces to support increased opportunities for social interaction and networks, including landscaped open spaces. Specifically, the creation of an Indigenous courtyard/walk and multipurpose room, and new front of house facility that contains wayfinding infrastructure, and incorporates art and placemaking strategies, have potential to enhance comfort and convenience and staff and visitor satisfaction, celebrate culture, and encourage connection to Country.

The overall long-term impact of the proposed development is considered to be positive, and potential negative impacts can be mitigated through implementation of a robust Construction Management Plan and ongoing consultation with the local community and relevant stakeholders.

Appendix A. Demographic Profile

Table 10 Demographic profile

Source: ABS, 2016; Ethos Urban

Category	Primary Study Area	Penrith LGA	NMBLHD	Greater Sydney
Median household income (annual)	\$59,870	\$86,440	\$82,910	\$92,200
Variation from Greater Sydney median	-35.1%	-6.2%	-10.1%	n/a
% of Households earning \$2,500pw or more	11.5%	25.9%	25.2%	31.8%
<u>Age Structure</u>				
Median Age (years)	33.0	34.0	37.0	36.0
<u>Household Composition</u>				
<i>Couple family with no children</i>	17.6%	22.9%	24.8%	23.8%
<i>Couple family with children</i>	23.2%	39.2%	36.5%	37.5%
Couple family - Total	40.9%	62.1%	61.3%	61.3%
One parent family	19.0%	14.9%	13.4%	11.1%
Other families	1.7%	1.2%	0.8%	1.3%
Family Households - Total	61.6%	78.2%	75.5%	73.7%
Lone person household	33.9%	19.2%	21.9%	21.7%
Group Household	4.5%	2.6%	2.6%	4.6%
<u>Dwelling Structure (Occupied Private Dwellings)</u>				
Separate house	40.0%	81.8%	85.8%	57.2%
Semi-detached, row or terrace house, townhouse etc.	47.6%	11.8%	9.5%	14.0%
Flat, unit or apartment	12.4%	6.0%	4.1%	28.2%
Average household size	2.4	2.9	2.7	2.8
<u>Tenure Type (Occupied Private Dwellings)</u>				
Owned outright	16.1%	26.7%	31.8%	30.0%
Owned with a mortgage	20.2%	41.8%	41.0%	34.2%
Rented	63.2%	31.0%	26.7%	35.1%
<i>State or territory housing authority</i>	15.2%	4.2%	3.3%	4.2%
<u>Need for Assistance</u>				
With Need for Assistance	8.1%	5.2%	5.1%	4.9%
<u>Top 5 Countries of Birth</u>	<u>400m Study Area</u>	<u>Penrith LGA</u>	<u>NMBLHD</u>	<u>Greater Sydney</u>
1	Australia (70.2%)	Australia (77.0%)	Australia (82.1%)	Australia (61.9%)
2	India (7.3%)	England (3.3%)	England (4.1%)	China (5.0%)
3	England (3.0%)	New Zealand (2.1%)	New Zealand (1.8%)	England (3.4%)
4	Philippines (2.9%)	Philippines (2.1%)	Philippines (1.3%)	India (2.9%)
5	New Zealand (2.2%)	India (2.0%)	India (1.2%)	New Zealand (1.9%)
<i>Aboriginal and Torres Strait Islanders</i>	4.5%	3.9%	3.7%	1.4%
<u>Top 5 Languages Spoken at Home</u>	<u>400m Study Area</u>	<u>Penrith LGA</u>	<u>NMBLHD</u>	<u>Greater Sydney</u>
1	English (75.0%)	English (82.1%)	English (87.5%)	English (62.5%)
2	Punjabi (2.2%)	Arabic (1.7%)	Arabic (1.0%)	Mandarin (5.1%)
3	Indo Aryan - other (1.7%)	Tagalog (1.1%)	Tagalog (0.7%)	Arabic (4.3%)
4	Tagalog (1.6%)	Hindi (0.9%)	Maltese (0.6%)	Cantonese (3.1%)
5	Hindi (1.4%)	Punjabi (0.9%)	Hindi (0.6%)	Vietnamese (2.2%)