campbelltown
city council

25 May 2012

Director, Metropolitan and Regional Projects North
Major Projects Assessment
Department of Planning and Infrastructure
GPO Box 39
SYDNEY NSW 2001

Dear Sir/Madam

Application No.	SSD 5003
Location	Lot 6 DP 1058047
Applicant	Health Infrastructure
Consent authority	Minister for Planning and Infrastructure
Council area	Campbelltown
Proposal	Stage 1 Development, Acute Health Services Building, Campbelltown Hospital

I refer to the notice of exhibition of the State Significant Development Application relating to the Stage 1 Development, Acute Health Services Building, Campbelltown Hospital.

Council appreciates the opportunity to provide comment on this item of welcomed government investment into the health infrastructure of the Macarthur Region. The proposed development, together with the realisation of further enhancements to the Campbelltown Hospital in the future, will add significantly to the regional city centre standing of the Campbelltown/Macarthur business centre.

Council acknowledges that the Hospital is and will continue to develop as the pre-eminent public health facility for the whole of the Macarthur region, and the greater part of South Western Sydney, including much of the South West Growth Centre.

Council has reviewed the application and associated Environmental Impact Statement.

Overall, Council considers that the proposed additions to Campbelltown Hospital would have a significant positive social impact upon the community of Campbelltown and southwest Sydney. The expansion of the hospital would better serve the medical needs of Campbelltown's and the region's growing and future population.

Civic Centre Queen Street Campbelltown PO Box 57 Campbelltown NSW 2560 DX5114
Telephone 02 4645 4000 Facsimile 02 4645 4111 TTY 02 4645 4615
Email council@campbelltown.nsw.gov.au Web www.campbelltown.nsw.gov.au
ABN 31 459 914 087

Notwithstanding these beneficial outcomes, Council considers that the proposal in its current form has the potential to cause a range of significant impacts for users of the hospital as well as for the wider community, especially if the matters raised below are not addressed appropriately. Council's concerns in relation to the proposal are as follows:

Traffic issues

Access:

- The road layout within the hospital should be designed in a way that would encourage staff and the majority of visitors to leave the site via the internal road network exiting the precinct through Central Road, rather than via Parkside Crescent. This issue was discussed and agreed to in principle at pre-lodgement meetings held with Council staff. One-way aisles should be implemented in certain locations to prevent the majority of vehicles from egressing the site via Parkside Crescent.

- The traffic and parking report submitted with the application indicates that Parkside Crescent has sufficient vehicle movement capacity to absorb predicted impacts (based on RTA guidelines). However, due to the narrow width of the road, high parking demand and road geometry, the driveability of the road is reduced and should not (as described in the report) be regarded as an alternate access point to the hospital, unless widening of the carriageway is undertaken as well as improvements to the parking configuration within the road.

- Any consideration of the use of Parkside Crescent as an alternative point of access/egress to and from the hospital site must provide for substantial upgrade works to Parkside Crescent including road widening and the provision of additional car parking.

- The traffic and parking report does not consider the accessibility of car parking spaces and areas in relation to each building or area of the hospital site. Rather, the report only describes calculations of aggregate car parking demand and supply.

  Without determining the car parking demand and supply for each building and outlining where staff and visitors for each building are expected to park, there is no way for Council to be certain that car parking is adequately catered for in terms of supply and accessibility. Parts of the hospital with high car parking demand may be inadequately served by nearby car parking areas, leading to spill over into nearby streets. Conversely, car parking areas in relatively inaccessible parts of the site may be underutilised due to their isolation from areas that generate high car parking demand.

- The traffic and parking report does not mention nor considers access for plant and maintenance.

Car parking:

- Council notes that the traffic and parking report indicates that the Hospital's car parking demand is generally satisfied by on-site parking facilities. The report's estimation of **existing car parking demand** (1070 spaces overall) is considered to be unacceptably low, for the following reasons:

- A car mode share assumption of 79% has been used, with the reason being that cars have a mode share of 79% of all trips within south-western Sydney. However, Council considers it most unlikely that 79% of all trips to Campbelltown Hospital would be made by car. Comparisons with other hospitals in the traffic and parking report suggest to Council that a higher mode share would provide a more realistic reflection of existing parking demand.

  Based on the three hospitals listed, average mode share for Visiting Medical Officers is 100%, for staff 81% and for outpatients/visitors 82%. The use of a 79% mode share for cars is too low, which is supported by current observations at the site, clearly demonstrating that demand for car parking exceeds on-site supply, with significant spill over into Parkside Crescent.

- Although limited detail is provided in the traffic and parking report explaining the logic in support of the assumptions that have been adopted for existing visitor parking demand, it is noted that the demand for visitor parking is assumed to be spread across the day on a relatively even basis. However in all reality, parking demand is and will continue to be expressed in 'peaks' (the 10% of total visitors used is too low for a peak period). Claiming that the visitor car parking demand is spread relatively evenly, reduces the estimated demand for visitor car parking.

- Further, the traffic and parking report fails to address the periods of heightened car parking demand that would occur at times of staff shift changeovers.

- There does not appear to have been a traffic and parking occupancy survey undertaken after 5pm, when road traffic in the precinct would be heaviest and visitation to the hospital would be at its peak.

- The traffic and parking occupancy surveys are out-dated, having been undertaken 14 months ago and 20 months ago respectively. Council believes that the results of these surveys are unlikely to reflect the current situation.

- Council is convinced that the traffic and parking report's estimation of **future car parking demand** (1220 once the expanded hospital is operational) is excessively low, for the following reasons:

  - A car mode share of 79% has been used, with the reason being that cars have a mode share of 79% of all trips within south-western Sydney. However, it is unlikely that 79% of all trips to Campbelltown Hospital would be made by car. Comparisons with other hospitals in the traffic and parking report suggest a higher mode share should be used. Based on the three hospitals listed, average mode share for Visiting Medical Officers is 100%, for staff 81% and for outpatients/visitors 82%. The use of a 79% mode share for cars is too low, which is supported by observations of the site, which suggest that current demand for car parking exceeds supply, with significant spill over into Parkside Crescent. This "reality' is not likely to change into the future. Indeed, it is likely that mode share to private vehicles will increase, especially given that the hospital (as Council has been informed by senior hospital management

representatives) will service increasing numbers of residents from the South West Growth centre precincts and other new residential areas in the Camden area, which are not serviced by rail or other effective public transport options.

- Although limited detail is provided in the traffic and parking report explaining the logic in support of the assumptions that have been adopted for future visitor parking demand, it is noted that the demand for visitor parking is assumed to be spread across the day on a relatively even basis. However in all reality, future parking demand would occur in certain 'peaks' (the 10% of total visitors used is too low for a peak period). Claiming that the visitor car parking demand is spread relatively evenly, has the effect of reducing the estimated demand for visitor car parking. Using a more realistic figure of 50%, it is considered that there would be a more likely shortfall of in the order of 400 car parking spaces.

- Surprisingly to Council, the 'average stay length' differs between the calculations for **existing** outpatient parking demand and **future** parking demand. No explanation has been offered in the traffic and parking report to address this inconsistency. A figure of 120 minutes has been used as the 'average stay length' in calculating existing car parking demand but 90 minutes has been used as the 'average stay length' in calculating future car parking demand. This means that parking space 'turnover' would theoretically be faster and therefore peak build-up would be lower for the proposed building than is the case for the existing hospital. An average stay length of 120 minutes must be used to calculate future car parking demand, consistent with that used to calculate existing car parking demand. At present, this anomaly results in a likely shortfall in the order of 30-35 car parking spaces.

- The traffic and parking report envisages that parking demand would be contained by the introduction of strategies to promote less car dependency among staff. However, the implementation and/or success of such strategies cannot be relied upon in forecasting future car parking demand. Council would not ordinarily contemplate such information in determining parking demand associated with other development proposals.

- The traffic and parking report fails to address the periods of heightened car parking demand that would occur at times of staff shift changeovers.

- The traffic and parking report states that the on-street parking in the study catchment area for the hospital contains 105 parking spaces on Parkside Crescent. The report fails to highlight that these car parking spaces are also used by the surrounding businesses and their customers, and by users of the large public park (Marsden Park) across from the hospital.

  It is noted that the report does not use these spaces to offset the required parking for the development but it implies that parking is available within Parkside Crescent. Currently there is a very high demand for car parking within Parkside Crescent, some of which is the result of an existing undersupply of available designated car parking within the hospital. Unless the calculations for existing and future car parking demand are revised to reflect a more realistic scenario and on-site parking is provided

commensurate with this demand, spill over of parking into Parkside Crescent will continue to occur and intensify, which Council and the community cannot accept.

- Provision for car parking should be made sufficient to cater for the proposed future expansion of the inpatient facility to 120 beds.

- The traffic and parking report does not provide a breakdown of internal parking distribution with regard to the parking demand for each centre/facility within the hospital.

Development Contributions

The exemption sought to Council's Section 94A Development Contributions Plan is not supported. It is acknowledged that the proposed development will provide a material public benefit by expanding an important public facility, however, this benefit is regional in its scope and not isolated to the City of Campbelltown.

More importantly, the extent and nature of the benefit must be considered in light of the capacity of the precinct (and its inherent infrastructure such as parking and roads/intersections) to accommodate the impacts of the proposed hospital expansion. Even more so when current impacts of the hospital on that infrastructure such as Parkside Crescent (e.g. on-street car parking) have not been appropriately considered.

The proposed hospital building will increase the use of Council roads and other public facilities within and in proximity to the Regional City Centre and as currently configured, is likely to increase the traffic and car parking loads within Parkside Crescent, and the Park Central precinct in general.

Council's position is that a development contribution of 1% of the cost of works is payable to Council. With a cost of works of $108,268,425M, a development contribution of $1,082,684.25 is payable.

However, Council considers that there may be an opportunity for the proponent to work with Council to address traffic, access and parking improvements in the locality for the wider public benefit, the value of which may have some potential to offset the applicable Section 94A development contribution. Council would welcome further discussion over this option.

Streetscape

Given the location and visual prominence of the hospital site, the 'massing' and scale of the building and in particular the large areas of concrete proposed to be exposed as part of the proposed building's façade and adjacent retaining walls at street level (including that depicted on the two proposed stair towers) are of significant concern to Council. This outcome would present the building with a bland and imposing appearance with little articulation, and offer minimal visual interest as viewed from the public domain.

Council has worked hard to achieve landmark quality architectural outcomes in the Park Central precinct and often promote the area to developers and investors as the

benchmark for future architectural solutions applicable to the Campbelltown Regional City Centre.

Further, due to the large areas of concrete proposed at street level, the development does not interact positively with the street domain and presents significant opportunity for graffiti attack. Although the ground level of the building and retaining walls would be partially screened by landscaping, the urban design outcome is not satisfactory. Landscaping should not be relied upon to screen an unsatisfactory design.

The following amendments need be made to enhance the quality of the architectural outcome, and to ensure that the development does not detract, but adds value to the character of the precinct and the Campbelltown Regional City precinct:

- Glazed windows or alternative architectural devices need to be provided at street level on the building's western façade.

- The protruding stair towers require improved design and architectural treatment including articulation, additional glass and/or alternative/supplementary materials and/or colours.

- The building's roof should be redesigned to achieve an improved visual interest.

- The change in ground levels between the street and the area north of the proposed hospital building requires a better solution than a large bland retaining wall. A landscaped slope or stepped landscape area must be provided to facilitate the change in ground levels.

Hydraulic issues

- Council's preliminary flood modelling for the Birunji Creek catchment indicates that Parkside Crescent and Central Road would be inundated by floodwaters from overland flow in a 5 year ARI flood event, which can potentially affect access to and from the hospital. The operation of and access to the major public hospital in the Macarthur Region should not be constrained by flooding in any circumstance. Central Road should be upgraded to ensure that a viable access route can be maintained during flood events up to and including the Probable Maximum Flood.

- The hydrological/hydraulic information provided with the application is lacking the necessary detail to assess the impacts of the proposed development with regard to flooding. A detailed hydraulic analysis is required for the existing piped drainage network in Parkside Crescent and Central Road to determine the existing capacity of the system and subsequent ability of the proposed development to connect to these. Further, the hydraulic calculations must ensure that the 100 year ARI flood level of the appropriate downstream basin is adopted as the tail-water level control.

- A detailed hydraulic analysis due to a Probable Maximum Flood is required for the proposed major system (i.e. roads, overland flow paths and pipes) associated with the development proposal.

- The proposed piped drainage system should be designed to properly account for the future development of the overall Campbelltown Hospital site.

- In accordance with Section 4.12 (Minor System) of Volume 2 of Campbelltown (Sustainable City) Development Control Plan 2009, the nominal design for the piped drainage (minor system) should be the 100 year ARI flood with regard to access to emergency facilities.

- As the land subject of the application is affected by a 100 year ARI flood and due to the nature of the proposed development, it should be ensured that the necessary flood proofing works are considered in accordance with Appendix C (Flood Proofing Requirements) of Volume 2 of Campbelltown (Sustainable City) Development Control Plan 2009. This should consider all aspects of electrical and telecommunication supply and distribution within the site to ensure that flooding does not affect these or other critical infrastructure.

- The application proposes the use of 'EnviroPods' (i.e. baskets placed in kerb inlet pits) to capture trash, debris, and other pollutants from runoff. Council's experience with 'EnviroPods' is that this type of device is maintenance intensive and disruptive to traffic due to the dispersed nature of the installation, and it may be more cost effective to install an 'end of line' device (i.e. GPT). However, as the system will be managed by the hospital, this is a matter raised for further consideration.

- The proposal should not rely on rainwater tanks for either water quality or water quantity control.

Conclusion

Overall, it is considered that the proposed additions to Campbelltown Hospital would provide significant social benefit to the community of Campbelltown and south west Sydney, as well as enhance the healthcare facilities available to the residents of the City of Campbelltown.

However, the issues outlined above with respect to car parking, access, streetscape impact, development contributions and flooding have the potential to cause significant impacts if not addressed appropriately. Accordingly, Council requests that the issues outlined above be addressed and would be pleased to discuss these matters further with either the Department or the proponent.

If you require any further information, please contact myself on (02) 4645 4575

Yours faithfuly.

Jeff Lawrence
DIRECTOR PLANNING AND ENVIRONMENT