Response to Submissions

Mona Vale Community Health Centre (SSD 6160)

Coronation Street, Mona Vale

Submitted to NSW Department of Planning and Environment
On Behalf of Health Infrastructure

July 2014 ■ 13371

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1.0 Introduction

A State Significant Development Application for the new Mona Vale Community Health Centre at Mona Vale Hospital made under Part 4.1 of the *Environmental Planning and Assessment Act 1979* was publicly exhibited between 6 March 2014 and 4 April 2014.

In total, 16 submissions were received in response to the public exhibition of the application. This included submissions from government agencies and authorities, and the general public, as follows:

- Government authorities and agencies:
  - Pittwater Council
  - NSW Office of Environment and Heritage
  - NSW Environment Protection Authority
  - Roads and Maritime Services
  - Sydney Water
  - Transport for NSW
- Members of the public – 10 submissions.

The Department of Planning and Environment (the Department) has also prepared a letter setting out the requirement to respond to the submissions, including those matters requiring specific responses.

This report, prepared by JBA on behalf of Health Infrastructure, sets out the responses to the issues raised during the public exhibition period and details the modifications made to the proposal in response to community feedback and resulting from design development.

A detailed response to each of the issues identified in individual submissions is provided in **Appendix A**. **Section 2.0** sets out the detailed response to key issues.

This report should be read in conjunction with the Environmental Impact Statement prepared by JBA dated 17 February 2014 and accompanying information as relevant.

2.0 Key Issues and Proponent's Response

This section of the report addresses the key issues raised by the Department, Council and the general public during the public exhibition of the SSDA. A detailed response to each of the issues is provided in **Appendix A**, with only those matters considered worthy of further discussion addressed in the following sections.

2.1 Built Form and View Loss

A number of public submissions raised concern regarding the height of the proposed building and the potential for the new building to result in the loss of views currently obtained in a northerly direction from private dwellings to the south of Coronation Street.

Taking into account the feedback from the community received during the public exhibition period, Health Infrastructure and the project architect have worked to reduce the proposed building height whilst ensuring that the new facility will meet the operational needs of staff and patients of the Northern Sydney Local Health District. As described in **Section 3.1**, this has resulted in a reduction in the overall building height by 1.4 metres bringing the overall maximum building height down from 14.1m (as exhibited) to 12.7m (as amended). In addition, the roof will be sloped down towards the north, improving views past the proposed building to the north.

The amendments to the building envelope represent a 10% reduction in the maximum building height, which has been achieved through the re-planning of internal services and reduced floor-to-floor heights on Ground Level and Level 1. The amendments minimise the building bulk above the street level of Coronation Street whilst ensuring that internal spaces are capable of meeting the operational needs of the community health services proposed to be located within the building.

A revised building height study has been prepared which illustrates the benefits of the amended design in reducing the visual impacts of the new building (**Appendix C**). **Figure 1** below illustrates the impacts of the proposed amendment on indicative views from the rear of dwellings on the northern side of Cook Terrace. **Figure 2** illustrates the impacts of the proposed amendment to the building envelope from the road carriageway on Coronation Street.

The proposed amendment would significantly improve views past the proposed community health building and reduce the overall visual impact compared to the exhibited proposal.

Before: As exhibited

After: Parapet height reduced by up to 1.4m from exhibited building

Figure 1 – Comparison of exhibited and amended building envelope – rear of Cook Tce dwellings
Source: McConnel Smith & Johnson

Before: As exhibited

After: Parapet height reduced by up to 1.4m from exhibited building

Figure 2 – Comparison of exhibited and amended building envelope – Coronation St street level
Source: McConnel Smith & Johnson

2.2 Parking and Traffic

A number of submissions by the public raised concerns regarding the existing parking and traffic conditions surrounding Mona Vale Hospital, as well as the proposed provision of on-site parking to service the new Community Health Centre.

NSW Roads and Maritime Services did not raise any issues with the proposed application. Transport for NSW raised no objection and requested that the detailed Construction Traffic Management Plan addresses the impacts and mitigation measures to ensure that access to public transport infrastructure is not adversely affected by the proposed development.

The NSW Department of Planning and Environment requested clarification of a number of matters relating to traffic and parking within the site, being:

- *clarification regarding whether the traffic intersection analysis includes traffic generated from recent developments within the hospital site;*
- *clarification regarding whether the traffic generation patterns and car parking requirements of the existing 3, 400 sqm of community health uses on the site will remain unchanged or would be altered following the proposed redevelopment;*
- *further consideration given to resolving vehicle access arrangements prior to determination of the application, including identification of possible solutions to resolving potential vehicle conflict between emergency vehicles and other vehicles accessing the site;*
- *details regarding parking provision for service vehicles; and*
- *clarification regarding whether car parking spaces are to be provided for fleet vehicles or for staff parking.*

AECOM has prepared an addendum statement responding to the key issues raised in the submissions (**Appendix D**) and these matters are addressed in the detailed response to submissions included at **Appendix A** and as relevant in the following sections.

Parking Provision and Impacts on On-Street Parking

A number of submissions raised concerns regarding the availability of on-street parking in the vicinity of Mona Vale Hospital, particularly on Narrabeen Park Parade, Melbourne Avenue and Cook Terrace where on street parking is not time-limited. Many of these submissions related to existing issues, particularly heavy demand for parking on weekends by beach-goers and commuter parking for those boarding bus services that run along Mona Vale Road and those in proximity to Mona Vale Hospital. These parking issues relate to a range of different existing user groups and are not solely attributable to the use of Mona Vale Hospital.

Health Infrastructure will continue to engage and work with Pittwater Council on the parking provisions within and around the site. It will then be open to Pittwater Council to implement parking restrictions on the local roads in question if it is satisfied that the parking issue requires resolution.

The Community Health Centre is proposed to accommodate the majority of services already present on the subject site either within the existing community health building or in other areas of Mona Vale Hospital. There will be no change in the parking demand generated by these uses, and the parking assessment by AECOM finds that the proposed on-site parking provision associated with the proposed building is sufficient to meet the needs of future staff and patients.

During construction, parking will be provided on-site for construction workers, with the location to be detailed in a detailed Construction Management Plan to be prepared by the appointed contractor.

Coronation Street Access Point

The ambulance entry to the Emergency section of Mona Vale Hospital is located immediately adjacent to Coronation Street to the west of the proposed Community Health Centre site. The shared access arrangement for emergency vehicles and general hospital traffic via this access point to Coronation Street is already in place and has been operating successfully without incident for a number of years. The period of operation has included periods when the access point has been used for construction vehicle access to the main hospital site, such as during the construction of the recently completed Assessment and Rehabilitation Unit. Given that this access point to Coronation Street is currently operating satisfactorily without vehicular conflict, further amendments to the hospital access arrangements are not considered to be necessary.

A mitigation measure was included at Section 6.0 of the EIS which will ensure that site stakeholders including NSW Ambulance Service were and will continue to be actively consulted during the construction phase in order to minimise impacts on access for emergency vehicles.

Parking restrictions on local roads are a matter for Pittwater Council. It is noted that Council does not currently operate a residential parking permit system, however notwithstanding this the identified issue has been raised with Pittwater Council.

Bus Routes

Re-routing of local bus networks was raised as a matter of concern in a number of submissions. Health Infrastructure will continue to engage and work with Pittwater Council, Transport for NSW and RMS on the matter of local bus routing.

2.3 Aboriginal Heritage

The submission by the Office of Environment and Heritage (OEH) raised concern that the submitted documentation did not address the Director General's Requirements which require the EIS to address the following policy documents:

- Draft Guidelines for Aboriginal Cultural Heritage Impact Assessment and Community Consultation 2005; and
- Aboriginal Cultural Heritage Consultation Requirements for Proponents 2010.

The requirements of these guidelines are addressed in the following sections.

Draft Guidelines for Aboriginal Cultural Heritage Impact Assessment and Community Consultation 2005

The Draft Guidelines for Aboriginal Cultural Heritage Impact Assessment and Community Consultation 2005 identify a multi-step assessment process for assessing Aboriginal cultural heritage impacts comprising a preliminary assessment (Step 1) followed by a more detailed assessment where this is deemed to be necessary. Relevantly, the guidelines state that:

> *If following a preliminary assessment, it is determined that Aboriginal cultural heritage values are not likely to occur on the proposed development site, no further assessment is required. This conclusion, and the rationale for this*

finding, must be documented in the preliminary information and subsequent application submitted for determination.

If Aboriginal cultural heritage values are likely to be affected by the proposal proceed to next step.

A Preliminary Aboriginal Cultural Heritage Assessment (Step 1) has now been prepared by Biosis to address the requirements of the Draft Guidelines for Aboriginal Cultural Heritage Impact Assessment and Community Consultation 2005. This assessment is included at **Appendix E**.

Based on a review of the existing site conditions and an understanding of historical Aboriginal utilisation of the region, Biosis conclude that the potential for Aboriginal cultural material to be present within the project area is assessed as very low. In accordance with the Draft Guidelines for Aboriginal Cultural Heritage Impact Assessment and Community Consultation 2005, their Step 1 assessment finds that no further assessment is required under the guidelines.

The requirements of the Draft Guidelines for Aboriginal Cultural Heritage Impact Assessment and Community Consultation 2005 have therefore been satisfied.

Aboriginal Cultural Heritage Consultation Requirements for Proponents 2010

Health Infrastructure has engaged Australian Museum Consulting to undertake formal consultation with the Aboriginal community in order to address the requirements of the Aboriginal Cultural Heritage Consultation Requirements for Proponents 2010. The consultation process takes at least 15 weeks to complete, following which the findings will be documented and submitted to the Department. The submission of details of the completion of this consultation can be imposed as a condition of consent to be satisfied prior to the commencement of construction.

3.0 Amendments to Exhibited Proposal

The following sections identify the key changes to the proposed Community Health Centre at Mona Vale Hospital compared to the exhibited State Significant Development Application.

Amended Architectural Drawings prepared by McConnel Smith and Johnson detailing the proposed Community Health Centre building (as amended) in full are provided at **Appendix B**.

3.1 Reduced Building Height

As noted in **Section 2.1** above, the maximum building height of the proposed development has been reduced by 1.4m from 14.1m (as exhibited) to 12.7m (as amended). **Figure 3** below illustrates the proposed reductions in building height in sectional form, showing the reduction in parapet height and roof form from the exhibited proposal (shown in blue).

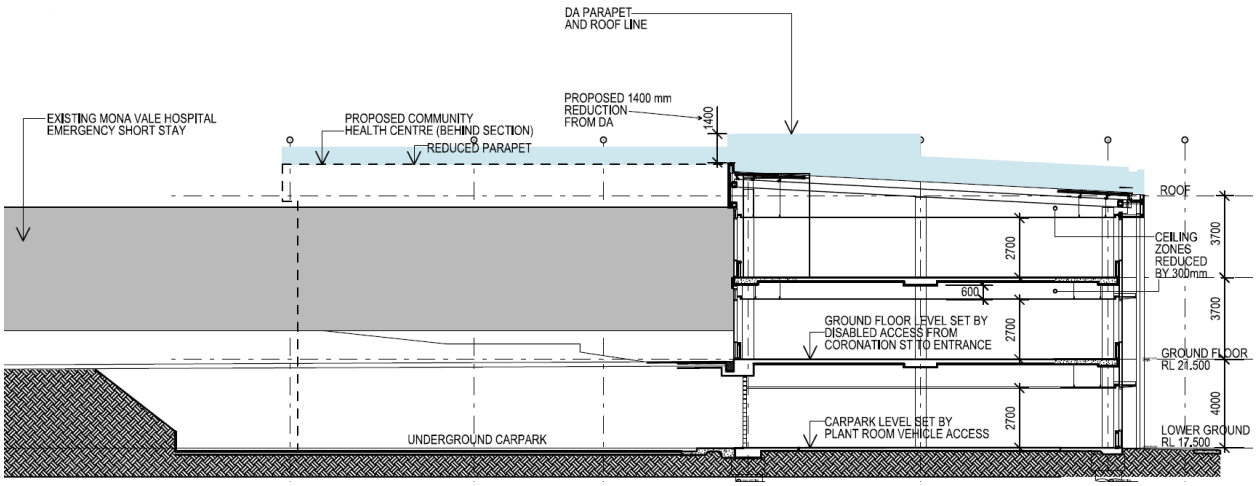

Figure 3 – Reduction in building height from exhibited proposal
Source: McConnel Smith and Johnson

3.2 Minor Internal Layout Reconfiguration

A number of minor amendments have been made to the internal building configuration and layout, with minor changes to the layout of internal rooms and storage areas. This will not change the character of the building or generate any new or adverse impacts.

3.3 Relocation of Plant Equipment

The amended Architectural Drawings add detail regarding the location of the emergency backup generator which was detailed in the exhibited Electrical Services Report (Appendix G of EIS). A concrete pad and brick enclosure will be provided adjacent to the north-west corner of the proposed building (away from residences) with appropriate acoustic shielding to ensure that noise emissions comply with the recommendations and mitigation measures identified in the Noise and Vibration Impact Assessment prepared by AECOM (Appendix M of EIS).

To reduce building height, visual clutter and operational noise, the plant room has been repositioned from the roof in the lower ground car park area. Plant rooms will be acoustically treated to minimise noise transmission to the building. The emergency back-up generator is being relocated and has an acoustic shield which will assist in the minimisation of noise. The generator has been relocated to the north-west corner of the development in order to provide additional physical separation from the residential properties to the south and the Palliative Care building to the east.

4.0 Conclusion

Following on from the feedback received from the relevant government agencies and the general public, Health Infrastructure has responded to the issues raised and has reviewed the proposed Community Health Centre and made minor design amendments in order to further mitigate the environmental impacts of the proposed development.

Following on from feedback received from key stakeholders and the community during the public exhibition of the Environmental Impact Statement, Health Infrastructure has made a number of changes to the State Significant Development Application. These revisions seek to minimise the size of the building envelope and potential impacts on private and public views, whilst ensuring that the proposed building continues to meet the functional requirements of the Northern Sydney Local Health District.

This report supplements the Environmental Impact Statement prepared by JBA dated February 2014. Given the justification for the proposal, its fulfilment of strategic objectives and the clear community benefit, we have no hesitation in recommending the application for approval.