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1 December 2017

Ms Karen Harragon
Director
Social and Other Infrastructure Assessments
Department of Planning and Environment
GPO Box 39
Sydney NSW 2001

Dear Karen

**ST LEONARDS PRIVATE HOSPITAL DEVELOPMENT "TOWER B" (SSD 8499)
RESPONSE TO SUBMISSIONS**

This Response to Submissions (RTS) has been prepared on behalf of DEXUS (the applicant) to address submissions received for the above development application (DA) during the public exhibition period and issues raised in your letter of 24 August 2017.

As you aware, Willoughby City Council is currently progressing a planning proposal applying to the site (PP_2016_WILLO_001_00) to amend Willoughby Local Environmental Plan 2012 (WLEP) as follows:

- Add "hospital" as an additional permitted use on the site
- Amend the FSR on site to 3:1

Council publicly exhibited the planning proposal from 11 May to 8 June 2017 and has now forwarded it to the Department for finalisation.

Changes to proposed development

As you are aware, Dexu is progressing a concurrent concept DA for a proposed tower (known as "Tower A") on which Tower B is placed. This concurrent DA (SSD 7543) was publicly exhibited from 6 April to 22 May 2017 and a RTS has been submitted under separate cover.

Together, the towers comprise the proposed North Shore Health Hub for a range of complementary medical services associated with the existing St Leonards health precinct.

Since lodgement of the two DAs, Dexu has undertaken an open market leasing campaign for the development. Consequently, Dexu now propose changes to the composition of the proposed hospital uses to reflect responses from healthcare service

providers and operators on what is required to meet public demand for healthcare services in this location.

In relation to Tower B, it is now proposed that the building will be used for health and medical purposes associated with the proposed health hub and ancillary to the Royal North Shore Hospital and North Shore Private Hospital, including medical specialist suites and associated allied health uses such as:

- Urology
- Plastic and reconstructive
- Respiratory and sleep
- Ophthalmology (eye surgery)
- Gastroenterology
- Colorectal
- Orthopaedic
- Cardiology
- Cardiothoracic
- Paediatrician
- Obstetrician gynaecologist
- General surgeons
- Ear Nose and Throat
- IVF
- Laser treatments
- Rehabilitation
- Allied health
- Dermatology
- Physiotherapy

Tower B remains physically integrated with proposed Tower A, being constructed on the podium of Tower A with a common lobby to enable transfer of patients between the two towers. Further, Tower A includes a first floor pedestrian bridge over Reserve Road to provide direct access between the health hub and the existing private and public hospitals and the transfer of patients between buildings for treatment and aligning of hospital medical and surgical services.

The proposed medical specialist uses meet the definition of a “hospital” in the *Willoughby Local Environmental Plan 2012* (WLEP) as the facilities and uses within each tower comprise a building or place for professional health care services to in-patients and out-patients of the existing Royal North Shore Hospital and North Shore Private Hospital. Accordingly, the buildings will be used for purposes that ancillary to the adjacent hospitals.

The proposed changes to the mix of uses continue to meet the definition of a “hospital” in the *Willoughby Local Environmental Plan 2012* (WLEP) as the facilities and uses within each tower comprise a building or place for professional health care services to in-patients and out-patients of the existing Royal North Shore Hospital and North Shore Private Hospital. In this regard, and as noted above, the proposed first floor pedestrian bridge over Reserve Road (as proposed in SSD 7543) is retained to provide direct access between the development and the existing private and public hospitals and the

transfer of patients between buildings for treatment and aligning of hospital medical and surgical services.

In addition, the buildings will continue to be used for other purposes that are ancillary to the Royal North Shore Hospital and North Shore Private Hospital.

A number of physical changes have also been made to the proposed building envelope in response to further detailed design and to reflect the amended range of uses. These include:

- Reduction of tower height from RL 146.150 to RL 138.350
- Deletion of Levels 1 and 2 from the building envelope, with the Tower to be constructed on supporting columns on the Tower A podium. This enables provision of an extended, north facing outdoor terrace area on the podium
- Deletion of the Levels 1-3 envelope element on the eastern side of podium
- Reduction in GFA from 7,655 m² (FSR of 1.2:1) to approximately 7,000 m² (FSR 1.1:1)

The combined GFA of Towers A and B equates to a FSR of 2.9:1, complying with the proposed FSR of 3:1 in the planning proposal.

As the proposed uses still meet the definition of “hospital” and the design changes are minor, the proposal remains generally consistent with the DA as submitted.

These design changes are shown in the plans at **Attachment 2**. A revised set of DA drawings are included at **Attachment 3**.

Submissions received

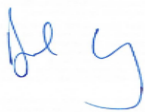
We note that the application received submissions from Willoughby City Council (Council), Transport for NSW, Roads and Maritime Services, and NSW Environment Protection Authority (EPA). We also note that the application received 1 public submission.

We have reviewed the submissions and have provided a response at **Attachment 1**, with additional supporting information at **Attachments 2 to 5**.

This RTS comprehensively examines and responds to the issues raised by the Department and in submissions received from State agencies and Council. We trust that it provides all information required for the Department to finalise its assessment of this DA.

Please do not hesitate to contact Dan Keary on 8459 7511/0429 565 291 or dan@keylan.com.au in the first instance if you wish to discuss any aspect of this submission.

Yours sincerely



Dan Keary BSc MURP MPIA
Director



Michael Woodland BTP
Director

ATTACHMENTS:

Attachment 1	Response to issues raised during public exhibition, KEYLAN Consulting Pty Ltd
Attachment 2	Architectural Design Changes, Billard Leece Partnership
Attachment 3	Revised Architectural Plans and Design Statement, Billard Leece Partnership
Attachment 4	Additional Noise Information, Acoustic Logic
Attachment 5	Additional Traffic Information, GTA Consultants

ATTACHMENT 1

RESPONSE TO ISSUES RAISED DURING PUBLIC EXHIBITION

Respondent	Issue ID	Issue	Response
Environment Protection Authority	EPA 01	<u>Noise and Vibration</u> <i>The EPA notes that the proposed construction works may include several significantly noisy activities with the potential for vibration, including: piling, use of hand tools such as angle grinders, diesel cranes, concrete pumps, and plant and vehicle movements.</i> <i>Attachment 07 – Acoustic Assessment indicates that a detailed quantitative acoustic and vibration assessment of the construction activity has not been undertaken due to not “knowing the activities/construction methods proposed, their duration and location”. This document also indicates that noise levels are likely to exceed the criteria in the Interim Construction Noise Guidelines (EPA, 2009).</i> <i>A proactive and preventative approach to noise mitigation measures should be taken based on quantitative acoustic modelling and data. This should include the assessment of feasible and reasonable noise mitigation and management measures to minimise noise and vibration impacts on surrounding residences and receivers, e.g. restrictions to construction hours.</i>	As this DA relates to a concept proposal, a detailed consideration of construction impacts has not been undertaken. This will form part of the Stage 2 DA for the construction and use of the Tower. Accordingly, as outlined in the acoustic report submitted with the EIS prepared by Acoustic Logic, detailed acoustic assessment of individual activities cannot be undertaken prior to knowing the activities/construction methods proposed, their duration and location. Additional advice has been prepared by Acoustic Logic (Attachment 4) to address this issue. It is noted that during the detailed design process, particular treatments and management controls for compliance with project noise and vibration goals will be determined. Follow up reports (Mechanical Noise and Vibration Assessment, and Construction Noise and Vibration Management Plan) will be submitted prior to construction.

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		<i>Given the preliminary nature of the Acoustic Assessment supporting EIS, the EPA considers that SEAR Requirement 07 (Noise and Vibration) has not been met. It does not appear that a quantitative assessment of the main noise and vibration generating sources during construction and operation has been made. It is noted in the Acoustic Assessment that an assessment of noise and vibration from the proposed mechanical plant and equipment is yet to be prepared. This should be addressed prior to any works commencing.</i>	
	EPA 02	<u>Radiation Licencing</u> <i>The EPA administers the Radiation Control Act 1990 (and Radiation Control Regulation 2013) and anticipates that 'regulated material' will be stored and processed on the proposed site. 'Regulated material' means –</i> <i>a) radioactive substances,</i> <i>b) ionising radiation apparatus,</i> <i>c) non-ionising radiation apparatus of a kind prescribed by the regulations, and</i> <i>d) sealed source devices.</i> <i>A 'person responsible' within the meaning of section 6 of the Radiation Control Act 1990 is obliged to hold an appropriate 'radiation management licence' in respect of regulated material at the proposed hospital.</i> <i>The EPA recommends that the proposal include specific requirements for a natural person who</i>	Noted.

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		<i>uses regulated material at the proposed hospital to hold a 'radiation user licence' and that they must comply with any condition to which the licence is subject.</i> <i>The proposal should also include a requirement for the proponent to apply for and obtain any necessary amendment to the 'radiation management licence' currently held under the name of the North Shore Private Hospital Pty Limited, in respect of regulated material.</i>	
Roads and Maritime Services	RMS 01	<u>Proposed Changes to the Existing Traffic Directions</u> <i>Roads and Maritime requires further information on the access points and the direction of travel around the site is required. Currently Reserve Road is separated between Frederick Street & Westbourne Street and doesn't allow southbound traffic all the way through. Therefore, information on any proposed changes to the existing traffic directions is required for assessment.</i>	GTA have addressed this issue (Attachment 5) and advised that the northbound-only operation of Reserve Road between Frederick Street and Westbourne Street is not proposed to change in the future as a result of the development. The estimated traffic distribution for the proposed site (both Tower A and Tower B) follows current traffic access/ operations.
	RMS 02	<u>Further Assessment of Traffic Generation</u> <i>The submitted traffic report states that the traffic generation from Pacific Highway into Westbourne Street will be minimal and most traffic will use Campbell Street/Frederick Street & Herbert Street. With the further development of the former ABC site on Pacific Highway and Campbell Street not completed, the use of Westbourne Street should be further assessed in association with the generation rates proposed for the ABC site. This</i>	In response to this issue GTA has advised (Attachment 5). <i>Westbourne Street would provide an alternative route from the Pacific Highway should congestion occur on Campbell Street. This route has not been used to any significant extent for the traffic assessment, given vehicles would be required to travel past the existing private hospital and turn left at Reserve Road. Traffic assessment(s) completed for the former ABC site have not been available for reference during the preparation of reports for 12 Frederick Street, however background traffic growth assumptions have been made.</i>

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		<i>will need to be taken into consideration, assessed and included in the traffic report.</i>	
Transport for NSW	TfNSW 01	<u>Traffic Impacts</u> <i>A Transport Impact Assessment (TIA) should be prepared for subsequent detailed design development applications, which re-examines the transport impacts of the proposal as assessed within Tower B: Hospital Accommodation and Ancillary Uses, 12 Frederick Street, St Leonards, Transport Impact Assessment, prepared by GTA Consultants, 23 June 2017, based on the revised development details.</i> <i>As part of the detailed design development application, the TIA should also address the construction traffic issues raised in the TfNSW submission (Ref: CD17/03997, dated 15 June 2017) for the previous development application relating to the site (SSD 7543).</i> <i>It is likely, due to time and cost savings, that the construction of Tower B will occur at the same time as the construction of the remaining portions of the hospital. As such, the construction traffic management plan should assess the impacts and propose appropriate mitigation measures for the construction of the entire facility.</i>	Noted. A Transport Impact Assessment will be prepared for the Tower B Stage 2 DA (SEARs have been requested) to address these issue.
Willoughby City Council	WCC 01	<u>Clarification of Land Uses Seeking Consent for in the Application</u>	It is now proposed that Tower B will be used for health and medical purposes associated with the proposed health hub and ancillary to the Royal North Shore Hospital and North Shore Private Hospital, including medical specialist suites and associated allied health uses.

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		Council recommends a number of consent conditions for the clarification of land uses seeking consent in the Application.	Ancillary accommodation is no longer proposed as a possible use of Tower B. The proposed uses meet the definition of a “hospital” in WLEP as the facilities and uses within each tower comprise a building or place for professional health care services to in-patients and out-patients of the existing Royal North Shore Hospital and North Shore Private Hospital. Accordingly, the buildings will be used for purposes that ancillary to the adjacent hospitals.
	WCC 02	<u>Need for Accommodation for Health Works and Visitors</u> <i>Council fully supports the additional accommodation for health related works and patient visitors. However, no documentary evidence is supplied in the EIS Application to support or justify the demand for such.</i> Council recommends that evidence be provided of the need for accommodation for health workers and visitors prior to determination of the Application.	Refer to Response to WCC 01
	WCC 03	<u>Amount of Accommodation Provided</u> <i>No detail is provided in the Application regarding the form of visitor accommodation, are they single bed rooms, or one and two bedroom apartments? The number of future occupants in the accommodation is undisclosed.</i> <i>Details of the maximum number of occupants with the accommodation and proposed ratio (or percentage) of patient visitors (short term</i>	Refer to Response to WCC 01

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		<i>accommodation) to permanent health worker accommodation in Tower B is to be provided prior to determination of the application.</i>	
	WCC 04	<u>Gross Floor Area</u> Council recommends that prior to determination of the Application a breakdown of the GFA per component of the project should be provided and the submitted plans be amended to comply with the proposed maximum FSR of 3:1 on the site, including the FSR already taken up by the proposed hospital building on the site which is the subject of a separate SSD Application.	Revised architectural plans have been prepared by Billard Leece Partnership (Attachment 3). These plans include a breakdown of the GFA for both Towers A and B. The combined GFA of both Towers is approximately 18,000 m ² which equates to an FSR of 2.9:1.
	WCC 05	<u>Building Envelope Setbacks</u> Council recommends that the proposed building envelope setbacks should be dimensioned on the Envelope Plan and form part of the Approval.	Revised architectural plans, including dimensions, have been prepared by Billard Leece Partnership (Attachment 3) showing the dimensions of the envelope setbacks of Tower B.
	WCC 06	<u>Traffic, Parking and Loading Impacts</u> Council recommends amending the Traffic Impact Assessment to assess potential traffic impacts on the surrounding road network based on traffic volumes for at least the next 10 years. Council recommends that car parking rates be revised to appropriately reflect the proximity to public transport and the nature of the proposed use (hospital worker, patient and visitor accommodation).	GTA has undertaken a revised Traffic Impact Assessment (Attachment 6), which addresses Council's request for +10-year traffic forecasts. The revised assessment found that certain intersections would be at or above operational capacity in 2026 without the proposed development. A comparison between 2026 base year and post-development operating conditions shows similar intersection performance for most intersections. However, it also notes that traffic volumes at the Herbert Street/ Westbourne Street intersection would exceed the capacity of the existing layout (priority controlled (give-way) intersection) in the post-development scenario. Therefore, design of an appropriate intersection treatment is required to mitigate the development traffic

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			impact and future traffic growth at this intersection. This would be addressed through relevant conditions of this DA and the Tower B Stage 2 DA. The revised assessment also notes that further information would be required to assess the likely changes to travel patterns and traffic conditions as part of the St Leonards and Crows Nest Strategic Centre planning and future Crows Nest Metro Station. In relation to car parking rates, GTA has undertaken a detailed review of appropriate rates having regard to the revised composition of uses, 2011 Census Journey to Work data for persons employed in the relevant Travel Zone and public transport availability. GTA recommends the provision of a total of 340 on-site spaces (including provision of 24 spaces to offset the loss of existing on-street spaces in Reserve Road and Westbourne Street).
	WCC 07	<u>Proposed Pedestrian and Bicycle Routes & Encouragement of Sustainable Transport</u> Council recommends that a Green Travel Plan that provides measures aimed at promoting sustainable travel and reducing reliance on the private car be prepared. This is to be provided to and approved by Council prior to the issue of the first Construction Certificate.	As mentioned in the EIS, a Green Travel Plan will be prepared prior to the occupation of the building to encourage the use of sustainable modes of transport by future staff working at the hospital. This is consistent with the Department's standard conditions for hospitals which typically require such plans to be approved by the Certifying Authority prior to occupation.
	WCC 08	<u>Acoustic Impacts</u> Council recommends that the Acoustic Impact Assessment be amended to include assessment of the potential acoustic impact of surrounding industrial uses adjacent to the site on hospital	Acoustic Logic has addressed the potential impacts on adjacent buildings in the acoustic report submitted with the EIS. A number of methods have been identified and recommended in the acoustic report to manage vibration levels and achieve consistency with the EPA guidelines.

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		patients and occupants of the accommodation tower prior to the determination of the application. Council recommends amended hours of construction work.	Construction activity and hours can be further addressed in a Construction Noise Management Plan. Acoustic Logic has confirmed that the change of uses will not impact the findings of the acoustic report (Attachment 4).
	WCC 09	<u>Lighting</u> Council recommends that lighting plan, details and assessment against relevant standards are provided for review prior to determination of the application.	A Lighting Plan has not been submitted with the EIS as it is not relevant at the Concept Proposal Stage. The project is committed to comply with the relevant standards in subsequent DAs.
	WCC 10	<u>Fire Services</u> Council recommends that a full Fire services report be provided together with amended plans indicating consistency with relevant standards.	A Fire Engineering Statement was prepared by Olssen Fire and Risk and provided with the EIS. As outlined in the Statement, a detailed fire assessment will be undertaken in consultation with the Principal Certifying Authority and Fire & Rescue NSW to demonstrate that the proposal will comply with the Performance Requirements of the BCA. Olssen Fire and Risk have reviewed Council's comment and confirmed that the approach outlined in its Fire Engineering Statement is the appropriate process.
	WCC 11	<u>Signage Details</u> Council recommends that a signage plan, details and assessment against relevant provisions of SEPP 64 Advertising & Signage be provided for review prior to determination of the application.	As the subject DA is a concept proposal, it has not included signage details. Indicative signage details will be provided with the Stage 2 DA.
	WCC 12	Council has provided a list of additional information required prior to approval. Council has also provided recommended conditions of consent.	All conditions addressed above.
	WCC 13	Schedule 3 standard conditions of consent.	It is noted that conditions relating to construction activity and pre-construction certificate requirements are not relevant to this DA as it

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		Section 94A	relates to a concept proposal. These matters are relevant to the Stage 2 detailed construction and use DA for Tower B.
Public Submission #1	PS 01	<u>Noise Impacts</u> Concerned about noise emissions from the production of energy from plant, air conditions etc from the development. The amenity and effect of the cumulation of noise on future residents should be strongly considered.	Noise impacts from the proposal have been assessed in detail in the acoustic report submitted with the EIS and the supplementary information at Attachment 4 .