

RMS STAGE 2 SUBMISSION

The Northern Beaches Hospital project should be aborted, and existing approvals rescinded.

My request is on the grounds that:

- a) approval was given on the basis of false, incomplete and misleading information provided to NSW Planning by the proponent, Health Infrastructure, in respect of the choice of location for the hospital. Thus the criteria laid down by NSW Planning were not met;
- b) insufficient weight has been given by all parties to the adverse overall impact of the project on the residents of the suburb;
- c) the then Planning Minister had a conflict of interest;
- d) to build major infrastructure in an unsuitable place is an inefficient use of public money.

1. LOCATION

Health Infrastructure's EIS submissions justify the choice of Frenchs Forest as follows:

"The NSW Government confirmed the selection of the Frenchs Forest site for the new NBH in 2006. The decision was informed by a robust qualitative analysis in determining the Frenchs Forest site for the new hospital."

(SUBMISSIONS REPORT/PREFERRED INFRASTRUCTURE REPORT, Feb 2014, section 2.4.2 Hospital Location, and similar references elsewhere).

According to NSW Health's response to my GI(PA) Act application, this refers to the document "Qualitative Assessment of Site Options", a report on workshops held on 19 May and 9 June 2005. This report:

- a) considered only six locations,
- b) reduced the short list of potential sites to four,
- c) stated that the aim of the exercise was not necessarily to reach a consensus, and
- d) stated that none of the six sites under consideration met all the criteria.

To claim that this qualitative assessment was the basis for the choice of Frenchs Forest is manifestly false.

To quote from your department's SSI Assessment Report, Concept proposal & Stage 1, Secretary's Environmental Assessment Report, June 2014, page 18 :

5.1 Site Suitability - "The NSW Government confirmed the selection of the Frenchs Forest site for the new NBH in 2006 following extensive analysis undertaken on a range of sites across the Northern Beaches. The analysis included a range of qualitative considerations which were considered and ranked as part of a process involving representation from the communities of Manly, Warringah and Pittwater ... A detailed economic appraisal was also undertaken along with a robust risk assessment to enable the preferred site to be confirmed.

How is it possible that the NSW Planning Secretary in his assessment can refer to matters which were not mentioned in the Health Infrastructure submissions?

Another external reference to the site selection process is contained in “Legislative Council General Purpose Standing Committee No. 2 - Government Response to the Inquiry into the Operation of Mona Vale Hospital - 1 Dec 2005.”

“Key Issues - p 6 para 2 - “In May/June 2005 a qualitative review of short-listed sites for the Northern Beaches Hospital narrowed the list of preferred sites to Frenchs Forest, Dee Why (council chambers and adjacent private land) and Warringah Golf Course. This was on the basis of the qualitative review principles, economic appraisal and risk analysis of site implementation and imposed risks of each site. A draft Development Options Business Case has been finalised and is to be considered by the Department, with a view to a recommendation being made to the Minister and Government in relation to the preferred site for the new Northern Beaches [sic].”

I have obtained a copy of the above-mentioned draft Development Options Business Case (version 1.4, November 2005). It was issued by Northern Sydney Central Coast Health (now Northern Sydney Local Health District), and copied to NSW Health. Both organisations now claim to be unable to locate a final version of the report. It is incomprehensible that the Ministry should be unable to find such an important report, even when asked by the NSW Civil and Administrative Tribunal, given that it provides a trigger for expenditure in excess of \$2 billion.

Page 30 of this report, Section 7, Preferred Site, states that “The preferred site emerges from three analyses” as follows:

1. Qualitative - “The qualitative analysis exposed the greatest differentiation between sites, and this process led to the conclusion that Dee Why and [Warringah] Golf Course were superior, followed by Frenchs Forest. ... Frenchs Forest was inferior to Dee Why on: operational efficiency and productivity gain potential; ease of community access by public transport; and, private finance opportunities. It was superior on: planning and approvals; and environment and heritage issues.”
2. Risk - “The risk analysis demonstrated that the Golf Course site is the most risky, from a Government, community and contractor perspective”. It was therefore eliminated. “the risk profile of the two [remaining] sites showed that the Frenchs Forest site involves a considerably lower risk exposure than [sic] Dee Why.”
3. Cost - “The economic cost of Dee Why, compared to Frenchs Forest, was stated as \$34 million higher, over 25 years. Further investigations of potential improvements to the road infrastructure at Frenchs Forest suggest that there is a range of solutions that would cost up to \$21.3 million, and confirmed that the revised economic cost difference would be \$33 million.”

In other words, Dee Why was clearly the best site operationally, on a long-term basis, but Frenchs Forest would be easier short-term and also cheaper, if the \$21.3 million roading assumption was correct. ***The current publicly given cost for roading associated with the Frenchs Forest site, including public transport upgrades, is \$625 million, and a satisfactory solution has not yet been designed, far less costed!***

So when Health Infrastructure made application to NSW Planning in 2013 to build a hospital in Frenchs Forest, the case was based on grossly out-of-date and inaccurate figures, in blatant contravention of NSW Planning’s “Director General’s Environmental Assessment Requirements, 19 June 2013”, which states (page 1, General Requirements) “must include ... adequate baseline data”.

It is disappointing that this information was not subjected to closer scrutiny before Stage 1 approval was granted. It appears that NSW Planning have simply accepted NSW Health’s false claim that the Frenchs Forest site was chosen based on “robust qualitative analysis” without examination.

Another false claim in Health Infrastructure's EIS submissions relates to the Frenchs Forest site being central to the catchment area. (For instance NBH SSI Application Environmental Impact Statement for Stage 1, October 2013, and elsewhere.)

Firstly, it needs to be understood that the catchment area is "the Local Government areas (LGAs) of Manly, Pittwater and Warringah" (REQUEST FOR DGRs, 21 May 13, letter from Sam Sangster to Sam Haddad).

This catchment area is shaded blue in the map in Appendix 1. The location of the planned hospital is marked. It can by no means be described as geographically central.

Nor is it central in a demographic sense, a study by Poulsen (referred to in NBHS Procurement Feasibility Plan, Aug 2002) having shown the demographic centre of the catchment to be Cromer. The map in Appendix 2 shows the location of Cromer relative to the Frenchs Forest site. (Another advantage of Cromer is that it is mainly light commercial, and the imposition of a major hospital would not have the devastating effect that it would have in a residential suburb such as Frenchs Forest.) Furthermore, if demographic criteria are to be applied, they should be at least current and preferably projected rather than historical.

2. OVERALL IMPACT

The piece-meal "staged" application process for the hospital and the roading has made it virtually impossible for the overall impact of the total project to be properly assessed.

It is particularly serious that Stage 2 of the Hospital has been approved before an acceptable and cost-effective roading solution has been devised. The human and environmental cost involved in the proposed road-widening - compulsory purchase of homes and businesses, loss of trees and green spaces and bio-diversity, increase in noise, pollution, stress, etc - is simply excessive.

Each of the four main EIS statements can be dismissive of the "overall impact" criteria, but nowhere in the process, until now, is there provision to consider the true combined overall impact. It seems that only the residents, whose lives seem to be of no importance, realise the full impact of what is going on, especially given that Warringah Council sees the hospital project as giving it carte blanche to rezone and develop the area around the hospital precinct.

Everything seems to be justified by reference to the State Government's 'Plan for Growing Sydney'. This document has been foisted on the public by autocratic politicians and planners, without adequate consultation. The statement in the Minister's introduction to that document, that "A sign of Sydney's prosperity is that it's growing – its economic output and its population" betrays the fact that Government thinks of itself as a business. It even uses the slogan 'A New State of Business'.

The *raison d'être* of business and government are quite different. Whilst the whole objective of business is to make money, and success is measured (rightly or wrongly) by growth in dollar terms, the rôle of government, whilst obviously needing to live within its means, is surely to focus on the quality of life of its citizens, which involves intangibles which may not be measurable in dollars.

The "Overall Impact" of this project, as comprised in the two hospital stages and the two roads stages, is clearly not the whole picture. Page 126 of the 'Plan for Growing Sydney' says government will "Support health-related land uses and infrastructure around the Northern Beaches Hospital site, [and] ... Work with council to provide capacity for additional mixed-use

development in Northern Beaches Hospital Precinct including offices, health, retail, services and housing.” And already there is talk of further expansion of the hospital.

So the entire area is to be gradually devastated. Nowhere in the Plan is there any reference to respecting the wishes or protecting the interests and quality of life of the existing residents. The government has embarked on this obsession with creating this Hospital Precinct as if they were dealing with a blank canvas, a green fields site. Humans, flora and fauna are all equally dispensable. The Plan (p 125) even aims to “Identify and protect strategically important industrial-zoned land”. Why is the same consideration not given to existing residential-zoned land and open spaces, including the trees which gave the suburb its name and character?

If there is to be development in the Frenchs Forest area, it should be contained within existing commercial zoning, which is under-utilised. Even then, the additional traffic and noise are certain to impinge on residential areas, with ambulance sirens and over-flying helicopters, for example. Has any thought been given, for example, to a night-time curfew on helicopters?

What needs to be assessed in terms of “Overall Impact” is not just the hospital and its associated roads, but the entire Precinct concept as contained in the State’s strategic planning. It cannot be achieved without totally destroying the character of the suburb.

3. PLANNING MINISTER’S CONFLICT OF INTEREST

Before being elected to Government, Brad Hazard (then shadow minister of planning) told a public meeting held to protest against the plans to turn Frenchs Forest into another Chatswood (but without a railway service) that he would be unable, if he became Planning Minister, to participate in the hospital planning process because, as a local resident, he had a conflict of interest. Yet it was he who issued the Order (2012 no. 537) creating the Northern Beaches Hospital Precinct as ‘state significant infrastructure’, thus initiating the whole process.

By his own admission, the Minister has invalidated the entire project.

4. RMS STAGE 2 EIS SPECIFICS

a) General

So far \$500 million has been committed to proposals which are likely to be of moderate benefit for through traffic along the East/West corridor, but nothing is being done to mitigate the Hospital’s effects on the North/South axis, and the only changes to local traffic are detrimental. There is loss of amenity in creating the northern extension to Hilmer Street, and in the removal of left-turn access into Fitzpatrick Avenue East

A lot of the expenditure in the plan is to cater for a very few cyclists.

I should also state that it is unrealistic to expect the layman to be able to assimilate all the documentation associated with this EIS, so my comments are primarily based on the Overview, as well as attendance at RMS public consultation events.

b) Hilmer Street intersection

The Hilmer Street intersection is already very slow. Adding a further access point will only make matters worse, especially if right-turn exit from the hospital is allowed. It would be a major inconvenience to the residents who exit from Hilmer Street onto Warringah Road.

The “Infrastructure Approval” document for the hospital Stage 1 and Concept Proposal, signed by the Minister in June 2014, section B1 (b), imposes the condition that the vehicle access from Warringah Road is to be “left in, left out’ only. This is confirmed in Figure 7 on Page 18 of the Secretary’s Environmental Assessment Report on Stage 2 of the Hospital, but RMS are proposing to allow right-turn exit.

The NBS Stage 2 Instrument of Approval appears to renege on the commitment to left-in, left-out only. Sec C5, p9, states “Prior to the commencement of works for the Warringah Road vehicle access, final details of the access arrangement as agreed with RMS shall be provided to the Secretary.” This implies that the matter remains unresolved, and that NSW Planning will allow RMS and Healthscope to agree something between them, without further public consultation. There can be no justification for changing the original stipulation.

Similarly, sec C4, p18 of the NBS Stage 2 Instrument of Approval requires that “the proponent shall consult with RMS to agree on a final location for the emergency vehicular access to the subject site”. Presumably this is to be within the parameters given in p17/18 of the Secretary’s Environmental Assessment Report on Stage 2 of the Hospital, i.e. 120 - 140 metres east of the hospital’s main entrance. There should therefore be no need for ambulances to turn right from Warringah Road into the Hilmer Street hospital entrance, as RMS are proposing.

P94 of the RMS Stage 2 EIS refers to the new road connection to be constructed at “Hilmer Street, which would be extended to the northern side of Warringah Road, providing southern access to the Northern Beaches Hospital”. This seems inconsistent with “No straight across access from Hilmer Street to the hospital (and vice versa)” (Map, EIS Overview p 11). If permission is given, and the roads are built, for right-turn exit from the hospital, and right-turn emergency vehicle entrance, I cannot see how traffic would be physically prevented from using the straight-across route.

It is of particular concern that construction vehicles may be permitted to use the Hilmer Street access to/from the hospital site, including right-turn exit, before the rest of the roading upgrades are complete. This seems likely to happen as soon as “the cover has been placed over the slot at Hilmer Street on the southern side of Warringah Road” .

c) Wakehurst Parkway

With most of Wakehurst Parkway being 2-lane and no-overtaking, what do I do when I see an ambulance in my rear-view mirror? I’m supposed to pull over to let it through, but I’ve nowhere to go. The Parkway is already dangerous, and I fear there will be even more fatalities. Its propensity to closure due to flooding or accidents is also of concern.

The fear is that once the hospital is in place, pressure will mount to improve the Parkway at the expense of National Park.

d) Pedestrian over-bridges

Given that the designs for the two new bridges have not been completed, what assurance can we have that they will be aesthetically appropriate? The existing bridge has a certain curved elegance, but so many of those seen around Sydney these days are ugly caged box-like structures.

It is imperative that the existing bridge remain in use until its replacement is ready, as was originally promised. EIS 5.3.3, table 5.6, p 89 seems to suggest otherwise.

It is also essential that pedestrians be given adequate protection from cyclists on all shared paths, including these bridges. The “Cyclists Dismount” signs on the present bridge are totally ineffectual.

The RMS Stage 2 EIS shows an enormous maze of pathways on the north-eastern side of the intersection of Warringah Road and Fitzpatrick Avenue East (Point 3 on the RMS diagram). This would seem to be unnecessary. Most people using the existing bridge access it (on the southern side) via the through pathway from Karingal Crescent, which RMS tells me is to be retained. Other than that, a simple path leading in both directions behind the Karingal Cresc houses, just as at present, would be perfectly adequate.

The space freed up by removing this maze could be used as a bus bay, or - perish the thought! - be left as a token green space, which would possibly improve the visibility for vehicles entering Warringah Road westwards from Fitzpatrick Avenue East. The opportunity might also be taken to re-instate the left turn into Fitzpatrick Avenue East, which is to be lost if RMS proposal is approved.

e) Fitzpatrick Avenue / Warringah Road intersections

Access from Fitzpatrick Avenue, both East and West, to Warringah Road is already difficult, and RMS have not taken the opportunity to remediate the problem. If anything, they are making it worse.

Joining from Fitzpatrick Avenue East, access is dependent on the traffic light cycle at Forestway. It is unclear whether in the new proposals surface traffic from the East will be subject to lights, as at present. If not, there could be a continuous flow to contend with. And the RMS diagram shows three westbound lanes merging into two exactly at the end of Fitzpatrick, and then having to merge again after a short distance with the through traffic emerging from the slot. This would seem to be potentially very dangerous, particularly if there is any loss of visibility caused by the path structure leading up to the new footbridge.

It is usually possible to join Warringah Road from Fitzpatrick Ave West only when Warringah is congested, as it often is at peak hours and school zone times. If the proposed changes are successful in maintaining traffic flow, it will make it well nigh impossible to get out of Fitzpatrick West, which is an essential route from Forestway shops to Hilmer Street and the residential enclave it services.

f) Bus Stops

The public is rightly encouraged to use public transport. Residents in this area are fortunate to have an excellent service provided by Forest Coachlines. But people will only use public transport to the extent that it is convenient, which entails having plenty of bus stops in appropriate places.

The plan to remove the existing stop westbound from near the intersection of Warringah Road and Fitzpatrick Avenue East is inconsistent with these objectives, and will greatly inconvenience the many residents who use that stop - I am sure NSW Planning can obtain passenger numbers from the two bus companies involved, which RMS haven't thought to do.

It is similarly important that the stops servicing eastbound passengers on Warringah Road, one by the junction with Fitzpatrick Avenue West and the other beside the existing pedestrian over-bridge, be retained.

g) Direction Signage

RMS' intentions as regards traffic signs, a feature of their earlier presentations, are conspicuously absent from the Stage 2 EIS diagrams.

It is especially important that it is recognised that the Main Entrance to the hospital is on Frenchs Forest Road West. I understand that traffic approaching from the Beacon Hill/ Allambie Heights direction will be directed along Frenchs Forest Road East, which is appropriate, otherwise there would be little point in upgrading Frenchs Forest Road East.

But RMS tell me that traffic approaching from the Forestville/Chatswood direction will not be discouraged from using the secondary entrance to the hospital at Hilmer Street. As noted above, the Hilmer Street intersection is already becoming a nightmare. Pressure on it should be lessened by routing traffic from the west via Forestway and Frenchs Forest Road West to the hospital main entrance. If the hospital exit at Hilmer Street remains no right turn, as originally stipulated, then traffic from Forestville would sensibly use the same main entrance and exit at the hospital.

h) Construction Traffic Management

The RMS Stage 2 EIS Overview states on p19 "A Construction Traffic Management Plan would be developed and implemented as part of the Stage 2 Network Enhancement Work. The plan would focus on maintaining general traffic flow, specifying appropriate site accesses, construction traffic routes and hours of use (or potential closure). Together with other management plans for the project, it would be submitted to the NSW Department of Planning and Environment for approval, and would require consultation with a number of stakeholders including Warringah Council"

Surely such an important element of the process must be resolved before Stage 2 is approved, not be left to be sorted out down the track when the public have no opportunity to comment?

During construction, what detour routes will be used? In particular, what steps will be taken to prevent Fitzpatrick Ave East being used to circumvent the inevitable disruption on Warringah Road? Do the stakeholders include local residents? Will they have an opportunity to comment? Will they be able to access the final document when approved? On a day-to day basis, during construction, who decides what roads/lanes to close, what traffic to stop or re-route, and by what authority do they make such decisions?

i) RMS Construction camp

I understand this is to be based in the north-eastern corner of the Warringah/Wakehurst intersection, involving the loss of yet more flora and fauna. Is there no end to the environmental desecration which is to be perpetrated by this project?

j) Independent monitoring

During the early stages of the work on the hospital, I have had difficulty in determining who or what independent entity is responsible for ensuring that the conditions of approval are met by Health Infrastructure and/or Healthscope. The latter, in particular, has a monetary incentive to cut corners.

I have been variously told that the responsibility to ensure compliance rests with NSW Planning or a 'certifying authority'. Whoever it is, the system isn't working. And it is impossible for the public to monitor compliance when documents like the traffic management plan are withheld from the public.

k) Aesthetics

Nothing can adequately replace the beauty (not to mention health-giving properties) of the trees which are disappearing as a consequence of this project. So the least that can be done is to ensure that what is built in their place is as tasteful and attractive as possible.

I have already mentioned this in connection with the two new over-bridges. But the plans also contain large areas of retaining walls and noise barriers. I just hope these will be more subtle than some of the garish examples elsewhere in Sydney, and not merely stark concrete slabs either.

5. CAR PARKING

The NBH Stage 2 Instrument of approval, F1, p14, states “The proponent shall prepare a Car Parking Management Strategy within six months of the commencement of use of the hospital, or timing otherwise agreed by the Secretary. The Car Parking Management Strategy must be prepared in consultation with the RMS, Council and local residents and must address, but not be limited to, on-street car parking management, including details of any supporting infrastructure required for the proposed management measures, responsibilities for the implementation and enforcement of the measures and timing for implementation.”

Surely this is a matter which needs to be resolved well in advance of the hospital opening, not ‘within six months of commencement’. The RMS EIS does not address this issue, nor has there been any consultation of local residents by Council on the matter.

It is acknowledged that there will be a large car park on site. But there will be fees to use it. What steps will be taken to stop staff and visitors avoiding the fees by using free on-street parking in the surrounding neighbourhood? Will a ‘residents-only’ parking system be introduced? How far will it extend? And will it be effectively policed?

Already construction workers are parking in Hilmer Street and Bantry Bay Road, in contravention of the conditions of approval. Healthscope have failed to deal with the matter effectively.

6. CONSULTATION

The NBH Stage 2 “SUBMISSIONS / PREFERRED INFRASTRUCTURE REPORT”, dated 9 April 2015, page 66, refers to my submission, which it summarises as “criticism related to the NBH location/Road Works/Car Parking/Sustainability Design Rating”. The response “The critical comments are noted”, with a further quotation, is dismissive and totally inadequate. The proponent has made no attempt to answer the points made in my submission, a copy of which is attached as Appendix 3.

Unfortunately, the more experience one has with the planning process, the more one feels that it is a sham, with the planners going through the motions, paying lip service to the idea of seeking public input, but in the end pursuing their objectives un-moved by any consideration of the people affected.

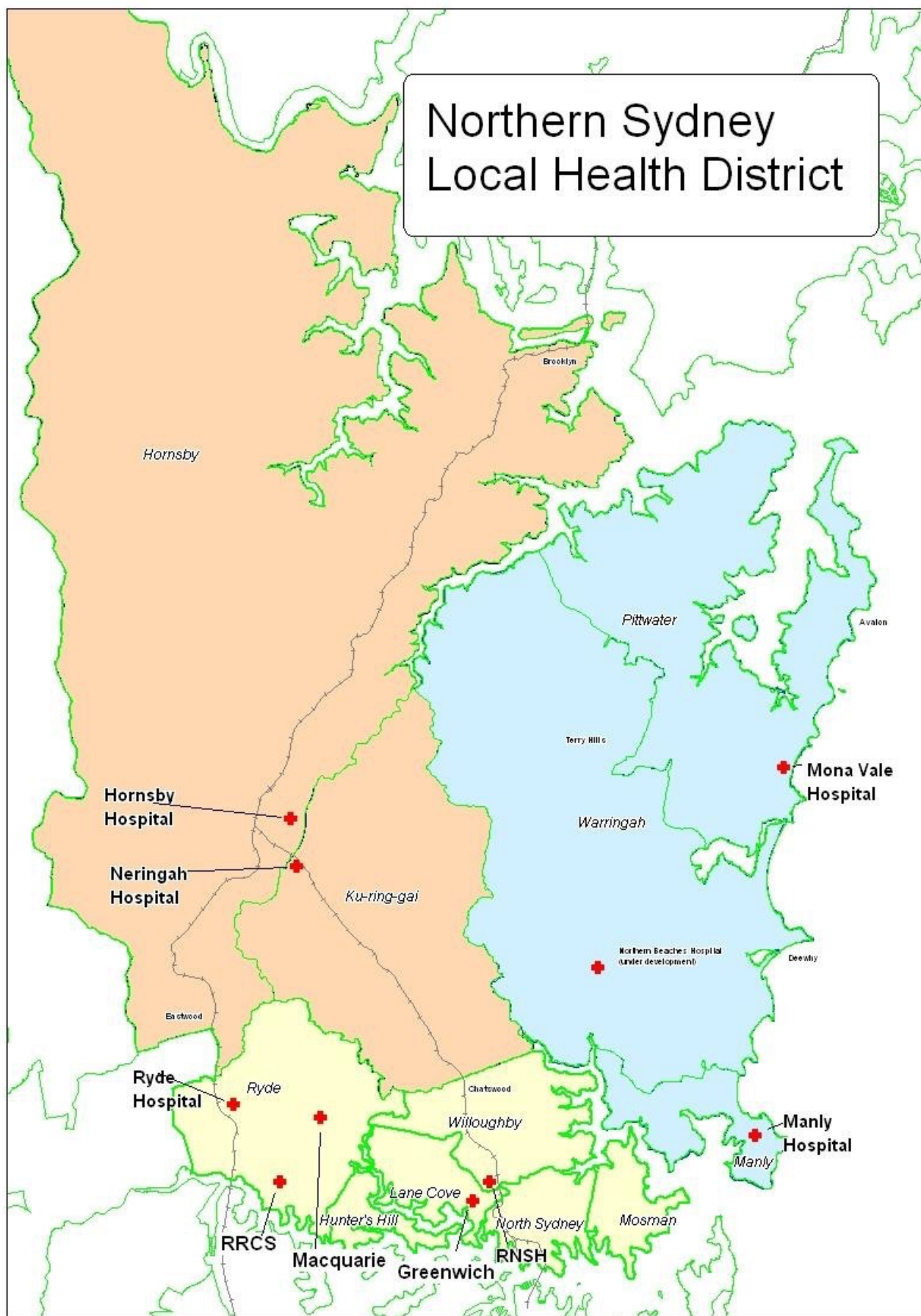
Hopefully the response to this submission will be more positive.

Paul Cunningham

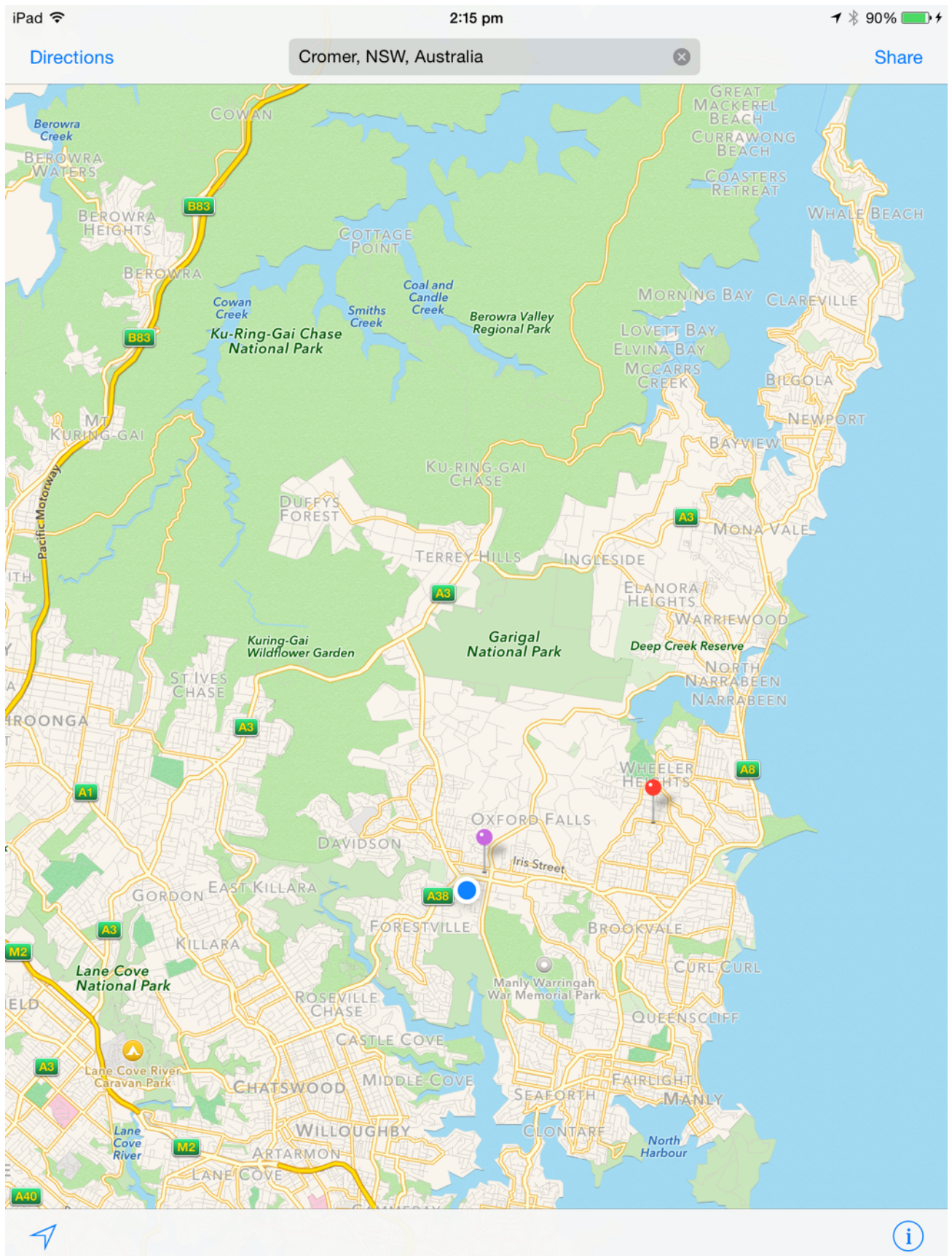
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20 August 2015



Appendix 1 - The Frenchs Forest site in relation to the catchment area.



Appendix 2 - Cromer, the demographic centre of the catchment, marked with the red pin, a long way from Frenchs Forest, the purple pin.

APPENDIX 3

SUBMISSION RE NORTHERN BEACHES HOSPITAL STAGE 2 EIS APPLICATION

1. Section 4 of the Stage 2 EIS (Assessment of Environmental Impacts, page 43) totally ignores the serious impact on the quality of life of the existing residents of the suburb.
2. Approval should not be granted until NSW Health and/or Northern Sydney Local Health District release for public scrutiny the rationale supporting the choice of the Frenchs Forest location. (Refer NSW Civil & Administrative Tribunal File No. 1410661). This issue was neglected in the approval process for Stage 1, which has potentially been based on false information, and may therefore need to be rescinded.
3. Approval should not be granted before the associated roading/access problems have been satisfactorily solved, ie the RMS Stage 2 application and the overtaking problems for ambulances on Wakehurst Parkway. (It is my contention that there is no acceptable, cost-effective and environmentally un-damaging solution to these issues, so the hospital should not be allowed to proceed.) At the very least, the hospital should not be allowed to open until RMS Stage 2 is completed.
4. The hospital must be self-contained, i.e. all “ancillary” services required by the operator (perhaps including pathology, imaging, physiotherapy, staff and visitor accommodation and catering, etc) must be provided on-site. The hospital must not bully the Warringah Council into re- zoning additional surrounding land.
5. Similarly, the hospital should not be allowed to keep land “in reserve” for possible expansion in the future - the latest RMS update says that this is preventing the widening of Warringah Road on its northern side, forcing all the widening to be done on the South side at the expense of homes, businesses and open recreational space and trees.
6. All misleading/untruthful images should be removed from the EIS, including the front cover and pages 54/55. They understate the amount of traffic, and ignore the changes which will take place to the junction of Warringah and Wakehurst. Particularly misleading is the view from Hilmer Street, showing the 7-Eleven petrol station which won't exist, and nor will the tree - in fact the photographer's location will be pretty much on the side of the new road.
7. The vehicle entrances to the car park should be near the north-eastern corner of the building, so that traffic entering from the Main Entrance on Frenchs Forest Road does not have to drive almost the whole distance round the car park before entering it, thus creating an unnecessary volume of traffic (and hence hazard) on the site. The car park exit is well placed, but will the proposed double-exit be adequate to cope with peak use, e.g. shift change-over?
8. Measures need to be introduced to ensure that hospital staff, visitors, etc. use the car parking facilities on-site, and not in the surrounding streets.
9. The hospital entrance via Warringah Road should remain left-in, left-out, otherwise it will become the de facto main entrance, and the road works along Frenchs Forest Road East will have been largely pointless. An all-roads access to the hospital at the Hilmer Street junction would have a detrimental effect on residents coming from that part of the suburb.
10. Section 4.4 of the EIS, Ecologically Sustainable Development, states on page 58 “A 4-Star or ‘Best Practice’ formal Design and As-Built rating against the Green Building Council of Australia’s (GBCA) Green Star – Healthcare (v1) rating tool will be achieved by the proposed design”. This

isn't good enough. The project ought to attain at least 5-star "Australian Excellence". Surely a major health "showpiece" should lead the way in this regard?

11. Will the cellphone transmission tower in the S.E corner of the school grounds be affected by the hospital, during either construction or operation?

12. Will the hospital bring NBN to the suburb?

13. The overall impact, section 4.17.2, page 84 of the EIS, states "The completion of the NBH and the RMS works will enhance the visual and urban amenity of the area." This is the most preposterous statement imaginable. The overall impact of the project will be the utter ruination of the character of the suburb and the life-style of its residents. The prospect of destroying the lovely area of trees along the southern side of Warringah between Hilmer and Fitzpatrick should be sufficient to prevent the project going ahead. Instead, people are going to have a massive highway outside their back door (those "lucky" enough to retain their property, that is). The widening of Frenchs Forest Road will have a similar effect on the residents there.

The downside costs of this project are just TOO MUCH. Government should find a more suitable location, closer to the demographic centre (future) of the peninsula catchment area, not in an existing residential area, and with better arterial access. The fact that \$400 million has to be spent on roading (for how much benefit?), addressing the East/West traffic but not the North/South axis, should make planners stop and think. The Terrey Hills area appears more appropriate. Or would it not be logical to align with the just-published metropolitan "Plan for Growing Sydney", with its emphasis on developing the Brookvale/Dee Why corridor?

There are just too many major negatives associated with the Frenchs Forest location. It is little wonder that the supposed rationale behind the choice of this site remains secret.

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19 December 2014