



APPENDIX H – Stage 1 Community Workshop Record of Comments



June 2010

Dear Participant,

**Redevelopment of Scottish Hospital Site
Monday 3rd May, 2010 – 4.00-6.00pm**

On behalf of Presbyterian Aged Care NSW & ACT I would like to thank you for participating in the Design Evaluation Workshop held on the 3rd May, 2010 to discuss the redevelopment of the Scottish Hospital Site.

We are pleased to forward to you the Final Record of Comments raised during the question and answer session of the workshop. I received one request to amend the Record of Comments for this session relating to Questions No. 25 and 29. These amendments have been made.

The Final Record of Comments for all sessions have now been uploaded onto the project website so you can follow the discussion that occurred at all of the Design Evaluation Workshops.

I am pleased to advise that the design team has been working hard to address many of the issues raised and a new master plan has now evolved. We will be presenting the new master plan back to the Paddington Community on Thursday 17th June, 2010. Two Information Sessions will be held on the day between 4.00 – 6.00pm and 7.00 – 9.00pm. The Information Sessions will be held at the Vibe hotel, 100 Bayswater Road, Rushcutters Bay. If you would like to attend one of these Information Sessions I ask that you register your attendance by:

- Phoning myself or Rosemarie Sheppard on Freecall 1800 708 067
- Emailing feedback@pacpaddington.org.au or by
- Visiting the project website at www.pacpaddington.org.au

On behalf of Urban Concepts, Presbyterian Aged Care NSW & ACT and the consultancy team I would like to thank you for your participation. I look forward to your ongoing involvement in the community consultation process and to welcoming you to the Information Session on 17th June, 2010.

Yours faithfully,

Belinda Barnett
Director, Urban Concepts

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FINAL

Record of Comments

Arising from the

Redevelopment of the
Scottish Hospital Site

Design Evaluation Workshop

Held on
Monday 3rd May, 2010
at the Vibe Hotel
4.00 – 6.00pm

Prepared for
Workshop Participants

Prepared by
Urban Concepts

3 June, 2010



Disclaimer

Urban Concepts has taken every care to ensure that the comments raised by the participants have been faithfully represented and recorded. If there are comments that have not been recorded or recorded incorrectly we apologise for any misunderstanding and advise that it has not been deliberate.



Design Evaluation Workshop – Monday 3rd May, 2010 – 4.00-6.00 pm

Urban Concepts advises that 17 people participated in this Workshop.

Comments Recorded during Question Time

The following comments were recorded during the facilitated question and answer time.

COMMENT/QUESTION	CONSULTANT RESPONSE
1. The consultants provided background as to the 1.5:1 FSR that had been stated for the Scottish Hospital Site.	<p>Woollahra Council is currently drafting its LEP. This is expected to be finalised by the end of the year.</p> <p>Woollahra Council has been advised by the State Government that it has to increase residential densities in every LGA. The Council has been told that this site is an opportunity site. Council has come up with an FSR of 1.5:1 on the land – not in 'draft' as yet, it still needs to be exhibited. This figure does not have any legal status. This site presently has no FSR. Accordingly, development is assessed on its merits.</p>
2. The built elevations for Stephen Street look different between GMU's master plan and JPR's design. Building C overcuts into the junction of Glen Street junction. Does Building C cut across Glen Street or not? The shaded area is this area 3 storeys, or is it higher? Can you explain how the Stephen Street elevation cascades?	<p>The site analysis prepared by GMU is shown as a "bubble diagram" and design principles. It does not represent a final architectural design solution.</p> <p>The northern face of building C when projected towards the eastern boundary currently coincides with the centreline of Glen Street where it terminates at Stephen Street.</p> <p>The shaded area is three storeys in height.</p> <p>The Stephen Street elevation cascades down starting from the Nursing Home building which will have a roof RL of approximately RL 37, to the smaller building for Independent Living Units that will have a roof RL of approximately 33.0. This ILU building will step down towards the north (Dillon Reserve) from five storeys to three storeys. The stepping is achieved by reducing the number of apartments per floor at the upper levels.</p>
3. My preference is to have a clear view looking down Glen Street to park land – i.e. no built form should cut across the vista.	Noted. The consultants will look at the building lines to ascertain if it is possible to achieve this visual connection.
4. Can you clarify the FSR of the previous DA. I understand that it was 0.9:1.	It was stated that the previous 2002 DA had an FSR 1.17:1.
5. The built heights on Stephen Street are a serious problem. This building is too big. The building to the south of Glen Street is too large and you are removing the trees that screen the current building form.	The architects indicated that they would review this building form. It was confirmed that trees to the south of Glen Street would be removed in line with the arborists recommendation. Substantial landscaping would be provided along this boundary to replace this vegetation. Significant trees to the north of Glen Street would be retained.
6. All trees to be removed along Stephen Street. I am concerned that there will be no trees shielding this elevation.	Noted. However it is intended to provide new landscaping along the site edges to Stephen Street.
7. There is little or no setback opposite No. 40 Stephen Street. 16 apartments face this canopy. 2	We note the concerns regarding the removal of vegetation at the Stephen Street frontage. We are



COMMENT/QUESTION	CONSULTANT RESPONSE
<p>and 3 bedroom apartments. This vegetation is important for maintaining the visual amenity for this block. Nil setback is proposed. This is a great concern.</p> <p>Irrespective of trees being removed the nil setback in that area makes no sense. This needs revision. This is a very harsh design treatment.</p>	<p>acting in accordance with the arborists recommendations. We will look at the setbacks and landscaping of this boundary in more detail.</p>
<p>8. What is the height of Stephen Street building?</p>	<p>The top of the pitched roof above the operating theatre is the maximum height. It is equivalent to 6 storeys. It is currently at RL 37.9.</p>
<p>9. The scale of the existing building (operating theatre) is too high – development should be 3 storeys!</p>	<p>The site analysis confirms that the best position for height on the site is where the existing buildings are generally located as well as within the existing major tree canopy to the south west of the site. This also corresponds to the lower ground level of the site and relates to the site topography.</p>
<p>10. The scale of buildings in Option 2 on Stephen Street are a concern. I am concerned about 29 metre depth and the area of land set aside for landscaping is not wide enough to support mature trees.</p> <p>(It was indicated that on the walk this depth was stated to be 18 metres in accordance with SEPP 65. There was confusion at the walk about the depth that was being referred to).</p>	<p>Apartment buildings under SEPP 65 and the Residential Flat Code are limited in depth to 18m. The urban design principles diagram indicates a built form along Stephen Street that would be 18m in depth. The principles diagram does not indicate a 'leg' of development along the park edge but the architectural interpretation does show a leg to test community reaction to built form along the park as well as Stephen Street.</p> <p>The Stephen Street setback will be reviewed as discussed in the consultation process. The opportunity for the proposed building to step back in elevation to provide substantial landscape area along the edge of Stephen Street is being investigated as are opportunities for widening Stephen Street itself north of Glen Street.</p>
<p>11. 10 metre width of Stephen Street is very narrow – this development is too close to the road carriageway and the residential development on the eastern side of the street.</p>	<p>Paddington is characterised by narrow streets with narrow footpaths and a continuous street wall of various building typologies. Stephen Street is a narrow street at its southern end particularly however the existing apartment building already creates a different scale for this end of the street and the proximity of the existing hospital building and the apartment block create an intimate relationship. The principles are based on trying to maintain taller, longer forms where they have traditionally existed on the site to minimise any impacts of those which already exist.</p> <p>The architectural interpretation of the principles results in the sort of massing characterised by the hospital building extending further to the north than the existing building and the team understands that there is some concern about this greater length as it changes the outlook from some apartments from trees to building form.</p> <p>The team will investigate whether a greater setback can be achieved whilst balancing this issue against other issues on the site.</p>



COMMENT/QUESTION	CONSULTANT RESPONSE
<p>12. The more land you give away the more you have to go up in height. Is that because you think it is easier to get through Council.</p> <p>People have never had this space before, so why now?</p>	<p>The urban design principles are based on best practice urban design approaches which seek to balance redevelopment with community improvements. The area of the site designated for the expansion of the reserve currently hosts major trees of heritage and community value. Providing this land to the community ensures these trees are kept in perpetuity and that a greater open space area is available for families and other residents to play and mingle. Given the density of Paddington it is very important to provide generous and well spaced public open space to balance the built form. There are very few opportunities in Paddington to increase open space and such an opportunity should not be wasted.</p> <p>The location of height and the maximum heights respond exactly to existing ridge heights and existing tree canopy levels on the site. They do not introduce greater heights but seek to locate taller forms within the tree copse so that it is hardly visible to the surrounding streets and does not impact on distant outlooks across the site. The team is undertaking more detailed studies of the heights relative to outlooks as part of developing the architectural response to ensure that the built form is 'tucked' into the trees.</p> <p>There is already a tall building on Stephen Street and it is adjacent to a much taller residential block. The scale and height of buildings increases from north to south and the topography of the site drops away relative to the street levels which rise. Therefore the location for built form and height is to the south within existing built form height generators. Neither the open space proposed or the heights have anything to do with ease of assessment by Council. They are a result of understanding the site issues and opportunities.</p> <p>The team believes that the expanded open space would be viewed by the majority of the community as an asset.</p>
<p>13. Glenview Street – what height will front Glenview Street. Will the diseased heritage tree be replaced?</p>	<p>The height of the building to Brown Street opposite Glenview Street would be RL34.5. The taller part of the building is set further back on plan. The elevations have vegetation removed because we are trying to show 'honestly' the building massing that occurs behind the trees. It is not intended to remove any more vegetation along Brown Street than is absolutely required by the arborist and new vegetation will be planted to replace any that is lost. The view from the architectural study also removed the lower storey planting at the end of Glen Street to more clearly enable the maximum massing to be visible. In reality the actual visual exposure of the new development to Brown Street would be far less than shown in the image.</p>



COMMENT/QUESTION	CONSULTANT RESPONSE
	The heritage tree is being removed as it is diseased. This was a recommendation of the arborists report. The tree will be replaced.
14. Glenview Street – carparking. If you put a pedestrian entrance from Brown Street – people will park in Glenview Street and enter the site from this part. We need the street parking. It is already in short supply.	There will be sufficient on site car parking. It is unlikely that people will park in Glenview Street when they can park on the site.
15. How many car parking spaces will be provided on site?	We give you our commitment that on site car parking will be in accordance with the statutory controls for the site.
16. My concern is the heritage building. You are creating a tunnel effect to the building by virtue of the fact that there will be tall buildings either side of the terraces.	The proposed principle to protect the view from the landscaped terraces is in accordance with the Conservation Management Plan.
17. What is happening to the internal integrity of the heritage building?	The internal modifications will be in accordance with the principles established in the Conservation Management Plan.
18. You keep referring to this as the Scottish Hospital Site – can you go back to its original name and refer to the project as The Terraces? If the development celebrated the Terraces then it would be appropriate.	This suggestion will be considered. However the Conservation Management Plan suggests that part of the requirements of the dedication to the church was that it retain the name of Scottish Hospital. Our heritage advisor will investigate this issue.
19. It is the visual connection to the open space that is important not the dedication of the open space to the people as a park. Extending the size of the Dillon Street Reserve should not be a major consideration.	Your view is noted but others in the community at the open day indicated support for the expansion of the park so a range of views exist. It is the teams opinion that dedication of land to the community for open space would be viewed favourably. The team will consider the range of opinions in finalising the master plan approach.
20. I would like to see the footprints of the buildings smaller.	In terms of aged care a nursing floor needs to provide accommodation for 25 - 35 beds. This necessitates a certain building footprint. However given the concerns with bulk to Stephen Street the team will look at opportunities to increase setbacks to the nursing home to allow more landscaping and reduce its proximity to the street where possible.
21. The buildings are too high and you are giving away land that you don't need to develop. Instead of giving away land lower the height, I understand larger footprints.???	The team understands the concern of the building height on Stephen Street in particular and that some community members would prefer lower built form with it covering more of the site rather than taller buildings. A range of views have been expressed and will be considered in the development of the master plan.
22. There is a massive increase in self care units, 90 seems to be an extraordinary number. I would suggest getting rid of 20-30 of these units.	The demand for aged care and independent living units in the Paddington area is enormous. People wanting to get out their two and three storey terraces with steep staircases and living in the area where the accommodation is on one level and lift and ramps access is available.
23. I understand demand but my anecdotal evidence is that there is more demand for aged care beds.	Noted
24. This development is greed. (It is noted that on explanation from Philon that this comment was retracted).	The proposed development is definitely not one of greed, the proposed development is a mechanism by which the Presbyterian Church and PAC can continue their long tradition of providing ministry,



COMMENT/QUESTION	CONSULTANT RESPONSE
	<p>health, aged care and welfare services to the broader community, in particular, to those that can't afford or access such services. For example, in 2004, the Presbyterian Church / PAC purchased Allowah Childrens' Hospital in Dundas, in order for it to remain functioning, and avoid being closed down,. Allowah is a modern 44 bed hospital which cares for children and young people up to the age of 18 with physical and intellectual disabilities such as genetic or chromosomal disorders, birth trauma, cerebral palsy, head injuries, and diseases acquired after birth. Currently Allowah is supporting over 80 families mainly from New South Wales. Allowah is vital in supporting the children as well as their families, and is credited with keeping families together that otherwise would fracture because of the incredible strain placed on them.</p> <p>The Presbyterian Church / PAC are not-for-profit organisation(s).</p> <p>The Nursing Home or Aged Care improvements currently erected upon the Scottish Hospital Site have reached their "use-by" date, and do not provide the level of care required to meet the changes in demand and the changes in the aged care services now required. The proposed development will elevate the facilities within the area to a level that is both required and efficient.</p>
<p>25. <i>"It is not clear to me what is meant here by concessions?"</i></p> <p>You said that concessions are being kept to a minimum – why?</p>	<p>Residents of both high and low care facilities are means tested, and those classed as 'concessional' pay 85% of the pension amount, with the Government subsidising the rest of the cost of their care. In this case the occupant doesn't pay an Accommodation Bond. It is PAC's intention to provide more opportunities for Concessions, as opposed to Accommodation Bonds.</p> <p>Concessions are not being kept to a minimum. The minimum required by law would be just less than 20%. The proposed development is targeting concessions of up to approximately 45%.</p>
<p>26. I am worried about your bringing more traffic into Stephen Street. You are talking about a definite access point – does that also mean you are taking away street parking? It is a tiny street. If there is a truck with parking on either side. It would not be able to get access. How wide would the access point be?</p>	<p>It was indicated that when the hospital was operational that there was an access point off Stephen Street.</p> <p>We are aware of the community reaction to this proposal from Saturday. We will review this proposal.</p>
<p>27. Is the traffic circulation above or below ground level?</p>	<p>Ground level access to parking for the Brown Street building, Nursing Home building and a ramp would lead down to basement car parking under the buildings.</p>
<p>28. What is the treatment of the space that separates the independent living units from the aged care building? Is it a pergola area?</p>	<p>This area has not been designed at this stage.</p>

COMMENT/QUESTION	CONSULTANT RESPONSE
<p>29. "I believe that I referred to population density, not housing density. (Certainly, in relation to the Scottish Hospital site, it should be "population" or "residential" density.) Initially, there was no response to this first part of my comment. When reminded of it, a member of your panel said that the proposed redevelopment was a response to the demand for aged-care accommodation, not to Government policy to increase population density in Paddington. (Isn't there conflict between this statement and the consultant response to C/Q.1?) I replied that, whatever the demand is for aged-care accommodation, the proposed redevelopment would increase residential density of this site by far too much. I might well be a part of that demand myself in the near future but I recognise that there is a limit to the number of people that can be accommodated on this site without overdevelopment of it".</p> <p>This does seem to be a response to the Government policy to increase housing density in Paddington.</p> <p>Will these units be leased or sold?</p>	<p>The proposed redevelopment is a response to the demand for both aged-care accommodation and to increase the population density of Paddington.</p> <p>The project will fall under the Retirement Villages Act. The independent living units will not be sold. They will be purchased on a loan/lease based arrangement. You purchase the right to occupy an apartment and you pay a deferred management fee. The whole of the property will be maintained on one title. This property will provide independent, low and high care facilities in one facility.</p>
30. How did you come to 109 beds?	The number of beds adopted for the proposed development is based upon the number of bed licenses that have been granted to PAC from the Government.
31. You have terraces in the centre. This seems a waste of space. Why wouldn't you put a use under the terraces and put grass on top?	The terraces form part of the heritage curtilage of the property. It is the intent that the aged care building would open out onto the open spaces. The terraces would be landscaped and would provide a centralised environment.
32. Has anyone done shadow diagrams?	These have not been done yet. They will form part of the application.
33. What sort of terraces do you propose in terms of building in Stephen Street?	The lower building along Stephen Street for the second option would reflect the smaller/ fine grain built-form of the street ie the general height of the terraces and definition in the facades that responds to the narrow lots of the area. Whilst the proposed accommodation will be single level dwellings to comply with Seniors Living standards, the elevation will present as two storey and will be articulated to reflect the traditional grain of the area.
34. Can you do a perspective looking from Glen Street to aged care building?	Yes, we will address this.
35. What is the gate keepers building? How many apartments in this building?	It will be a 2-2 ½ storey building on Cooper Street in that area where the existing ramps are – these will



COMMENT/QUESTION	CONSULTANT RESPONSE
	be demolished. It will be articulated to look like a terrace building. There will be 4 apartments in the building.
36. What is happening with the Part 3A process – how does this consultation work?	This consultation is occurring pre Part 3A. The intent of this consultation is to formulate a preferred master plan for the site that will then be worked up into a final architectural solution. The architectural solution will then form the basis of the Part 3A consultation. We will report on the consultation that we are doing now in our Part 3A application.
37. What is the fencing – will we be able to see into the site?	It will most likely be an open wrought iron Palisade style. Pedestrians will be able to see through it.
38. We want you to go ahead with an aged care facility.	Noted.
39. The Paddington Society has done its own design assessment. We did this in 1995. We ask that you have regard to the principles we developed.	Noted. The team will review your design principles.



June 2010

Dear Participant,

Redevelopment of Scottish Hospital Site - Monday 3rd May, 2010 – 7.00-9.00pm

On behalf of Presbyterian Aged Care NSW & ACT I would like to thank you for participating in the Design Evaluation Workshop held on the 3rd May, 2010 to discuss the redevelopment of the Scottish Hospital Site.

We are pleased to forward to you the Final Record of Comments raised during the question and answer session of the workshop. I received no requests to amend the Record of Comments for this session.

The Final Record of Comments for all sessions have now been uploaded onto the project website so you can follow the discussion that occurred at all of the Design Evaluation Workshops.

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Yours faithfully,

Belinda Barnett
Director, Urban Concepts

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Design Evaluation Workshop – Monday 3rd May, 2010 – 7.00-9.00 pm

Urban Concepts advises that 5 people participated in this workshop.

Comments Recorded during Question Time

The following comments were recorded during the facilitated question and answer time.

COMMENT/QUESTION	CONSULTANT RESPONSE
40. You imply that there will be no impact on views but you have the biggest mass of a building on Stephen Street. This will impact on people. For everyone at the eastern end of Cooper Street it will impact views.	In terms of your outlook onto the hospital site we acknowledge that this will change. What we are saying is that we do not anticipate view loss in terms of your view becoming obstructed. We will undertake view analysis from your property so you will know exactly what your view will be.
41. Is it possible to step the aged care building down so that it is no bigger than the ridge of the existing theatre building when viewed from Stephen Street? Can you define where the current building terminates on the proposed Stephen Street elevation?	The floor plate of the proposed aged care building is determined by the required floor plate for a 25 - 35 beds per floor accommodation and this generates the extent of the Stephen Street building. The team will as part of more detailed planning investigations see if there is potential for any reduction in height by relocation of other uses in the building and will also look at alternatives in respect of siting of the building. The final plans will reflect the outline of the existing building for comparison.
42. The setback of the aged care building is too close to Stephen Street.	We have taken this on board and will review this design principle.
43. Building right to Stephen Street means that you are removing all of the trees.	The trees to Stephen Street to the south of Glen Street have been identified in the arborists report as being of low retention value. We will replace these trees but we acknowledge that new vegetation will take time to mature.
44. No. 8 Cooper Street – we look at trees, we enjoy this outlook.	There may be an opportunity to move the architectural massing in the presentation further to the west subject to the proximity of the heritage tree. This would allow a view glimpse between the two buildings to the heritage tree to the north. The team will investigate this opportunity.
45. The privacy of existing residences in Stephen Street will be adversely impacted. The carriageway is narrow and the separation between the proposed buildings and the existing buildings on the eastern side is not significant.	Privacy is an issue that can be dealt with architecturally through screens and the angle of windows. The massing shown on the screen is basically an envelope and does not represent how the architecture would resolve such issues. This will be shown as the design progresses but the team notes the concern.
46. Has there been any thought given to putting the aged care building on Brown Street?	We will look at this again however, we are constrained by the heritage trees, the building footprint to meet operational requirements and the tree root protection zones that are required by the arborist. A further constraint is the need to keep the existing residents on the site.



COMMENT/QUESTION	CONSULTANT RESPONSE
47. It makes sense to have buildings in the deepest part of the bowl so put the aged care building there.	Noted.
48. It may be better having Independent living units in Stephen Street if you can achieve better terracing.	Independent Units facing Stephen Street will result in private balconies and living room and bedrooms windows possibly facing the street. The treatment of the model as shown in the presentation is diagrammatic only at the moment and future detail design resolution will address modulation of this facade.
49. I don't know whether independent living units are more invasive than aged care.	Noted.
50. Where are the dementia wards and will they be secure?	The dementia ward will be on Level 3. It will be secure. There will be a separate garden area. This will enable this area to receive natural light.
51. Entry to the building off Stephen Street is new – will this mean visitors/residents or just service vehicles. It will be the main entry for a while – while the other building is being developed – is that correct? How long would this be for?	Stephen Street will not be used by construction vehicles as an access point. One of the options would only be to have an entry point not a exit point for visitors/residents. The main entry will be off Brown Street. All visitor parking would be accessed off Brown Street. A Stephen Street entry would only be used by ambulance and service vehicles accessing the aged care facility. We will review the Stephen Street access point in light of resident concerns.
52. We have residential parking on the street. This means that the Stephen Street entry will take away street spaces. It is important not to reduce street parking it is in short supply.	We would be re-instating an existing entry point. We will provide all visitor, resident and staff parking on site. We had originally discussed with Council the opportunity of providing additional car parking on our site for local residents but we were discouraged from doing this. There may be an opportunity to widen a portion of Stephen Street and if the community desires it to investigate providing 90 or 45 degree parking along the western edge of the street if the first option with the larger park dedication is preferred.
53. There is a delivery access on Stephen Street – will that mean trucks? Will it be used by ambulances?	Service access on Stephen Street will be for small delivery vans and truck type vehicles and ambulances. It should be noted in respect of ambulances that the building is not a hospital or emergency centre. The service access for the hospital when it was operating was located off Stephen Street.



COMMENT/QUESTION	CONSULTANT RESPONSE
54. Are there any changes to the parking arrangements for Stephen Street?	<p>The entry point off Stephen Street would have a hammerhead turn for ambulance and service vehicles. We would have a loading dock on site for service vehicles.</p> <p>We are still designing this frontage and in light of resident concerns we will review whether we can make the traffic circulation work on site using one entry point off Brown Street.</p>
55. Have you thought about replacing lost resident parking on the site?	The opportunity to widen Stephen Street in line with Dillon Street Reserve frontage was discussed. The possibility of putting 90 degree parking along that frontage was also discussed as a way of increasing street parking for local residents.
56. Have you thought about putting up survey poles so that we can see exactly how high the buildings will be?	It is difficult to get survey poles up 10 metres. We will see what we can do. We are building a 3D model through Sim Urban. This will enable us to generate view impact analysis from individual properties. This is why are asking people to register for a view impact analysis.
57. Concerned about noise from traffic, particularly the service vehicles.	It has been unfortunate that the existing buildings on the site have been dysfunctional for so long now (1996). We will look at the Stephen Street setbacks.
58. The Scottish Hospital has been guilty of architectural crime for a long time.	Noted.
59. I am concerned about Cooper Street as there is no greening of this street. It is all hard surfaces. Now you say that you are putting in a Gate Keepers lodge. This will extend the hard building line of Cooper Street. We presently see vegetation at the western end and this outlook will be replaced by building.	There is a heritage tree in this part of the site which we would like to retain. We will take on board this comment to see if we can move this building to provide greater separation.
60. Mixed views about dedication of open space. Some people think it is good – others no point, would rather have a reduced height.	We will take this on board. We had perceived a community benefit in dedicating land for open space and thought it to be a great opportunity given the density of development in Paddington.
61. Resident of No. 7 Cooper Street. How much lower is the line of the Gate Keepers lodge compared to ridge of heritage building?	<p>This building will line up with the eaves of the current 1848 hospital building.</p> <p>About 1.8m below the ridge of the heritage building</p>
62. You need to provide a bigger gap between Gate Keepers lodge and the Scottish Hospital building not make it a continuous building line.	It is difficult to 'read' this elevation. We will have another look at this to see if we can increase the gap between the two building forms.
63. What happens next?	<p>We take the results of this first phase of consultation and we will sit down with the design team to resolve a final preferred master plan. We will then bring this master plan back to the community in June.</p> <p>We will go back and examine all the issues – Glen Street view, Stephen Street elevation, height and vehicle access point, Cooper Street elevation,</p>



COMMENT/QUESTION	CONSULTANT RESPONSE
	<p>overall building height, dedication of open space etc.</p> <p>We prefer to know now what your views are, prefer we put plans into play. We will prepare montages based on our preferred master plan for our next round of consultation in June.</p>



June 2010

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I am pleased to advise that the design team has been working hard to address many of the issues raised and a new master plan has now evolved. We will be presenting the new master plan back to the Paddington Community on Thursday 17th June, 2010. Two Information Sessions will be held on the day between 4.00 – 6.00pm and 7.00 – 9.00pm. The Information Sessions will be held at the Vibe hotel, 100 Bayswater Road, Rushcutters Bay. If you would like to attend one of these Information Sessions I ask that you register your attendance by:

- Phoning myself or Rosemarie Sheppard on Freecall 1800 708 067
- Emailing feedback@pacpaddington.org.au or by
- Visiting the project website at www.pacpaddington.org.au

On behalf of Urban Concepts, Presbyterian Aged Care NSW & ACT and the consultancy team I would like to thank you for your participation. I look forward to your ongoing involvement in the community consultation process and to welcoming you to the Information Session on 17th June, 2010.

Yours faithfully,

Belinda Barnett
Director, Urban Concepts

REDEVELOPMENT OF SCOTTISH HOSPITAL SITE CONTACT DETAILS:

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FINAL

Record of Comments

Arising from the

Redevelopment of the
Scottish Hospital Site

Design Evaluation Workshop

Held on
Tuesday 4th May, 2010
at the Vibe Hotel
4.00 – 6.00pm

Prepared for
Workshop Participants

Prepared by
Urban Concepts

3 June, 2010



Disclaimer

Urban Concepts has taken every care to ensure that the comments raised by the participants have been faithfully represented and recorded. If there are comments that have not been recorded or recorded incorrectly we apologise for any misunderstanding and advise that it has not been deliberate.



Design Evaluation Workshop – Tuesday 4th May, 2010 – 4.00-6.00 pm

Urban Concepts advises that 14 people participated in this Workshop.

Comments Recorded during Question Time

The following comments were recorded during the facilitated question and answer time.

COMMENT/QUESTION	CONSULTANT RESPONSE
64. Why are you making this presentation to the community?	<p>The process is to involve the community before lodging the DA.</p> <p>The original consent provided for 191 aged care beds and 24 independent living units. This is no longer sustainable.</p> <p>The new approach includes 105 beds and 90 independent living units.</p> <p>This is the current trend. People bring carers to live in their houses rather than moving into an aged care facility.</p> <p>Given the new aged care model being adopted for the site there would need to be a new design approach. We realise the sensitivity of this site and seek to include the community from the outset in the design process. We believe this is preferable than presenting to the community a final architectural solution.</p>
65. What is the title deed for this site are there restrictions on title that impact the type, scale and usage of this site?	Comments taken on board and will be investigated.
66. What is meant by aged care? What do people do on this site?	<p>The site will be home to the people that live on the site. It is not uncommon for the last 6 months of a person's life to live in aged care. Dementia care is usually directed at the last 2 or 3 years of life. This site will provide high and low level aged care and independent seniors living accommodation.</p> <p>It is based on an aging in place case model. Seniors Living Units will be able to access support services provided by the aged care building so that those residents can remain in their homes for as long as possible.</p>
67. In terms of traffic generation how does what you do now differ from what you proposed to do?	<p>Research confirmed that approximately 10% of Independent Living Units residents utilised the car parking.</p> <p>The proposed scheme would accommodate a similar number of cars to that proposed in the 2002 DA.</p> <p>Car parking requirements are governed by rules of Woollahra Council and SEPP Seniors Living legislation.</p>



COMMENT/QUESTION	CONSULTANT RESPONSE
68. How many car parking spaces have you planned for in terms of the Independent Living Units and carers?	A definitive number has not yet been determined as it will be based on the final scheme. At this stage we expect between 150-180 cars will be accommodated on the site to comply with the relevant controls and standards.
69. I am concerned about the loss of street parking because when the hospital was in use people would park in the street (Glenview Street) and walk across to the site.	Comment noted. Ample visitor parking will be provided within the site.
70. Coming down Glenview Street you propose a walkway and you propose an articulation that will present built form to Glenview Street not vegetation. This is of concern.	The perspective images show trees removed from the Glenview Street analysis to show the built form. With the exception of the one heritage tree that will be removed due to ill health at the Brown Street elevation we do not anticipate any other trees being removed in that location. This tree will be replaced by a mature species.
71. There will be a pedestrian conflict point with the proposed entrance in Brown Street. Brown Street is heavily trafficked. Having this entry point will cause accidents in Brown Street as traffic stops for pedestrians crossing over Brown Street.	<p>This entry point is important as it provides as direct street address and entry point for residents and visitors into the new built form. This would be the only entry for a building on this side of the street and that will increase the activity, safety and surveillance of Brown Street. In this part of Brown Street the majority of buildings do not face or overlook the street particularly well. It provides one of a number of entry points into the site and has the benefit of a level access for residents who want to exit the building on the eastern side. There will not be a pedestrian crossing at Brown Street. This entry point does not provide general access. It will be a secure resident only access.</p> <p>This entry point is required to comply with Seniors Living SEPP access requirements. It is designed to assist residents in accessing the Fiveways Shopping precinct.</p>
72. Have you done any studies of distant views?	One resident has kindly allowed our team access to his apartment on Cooper Street which has enabled us to gain an understanding of the outlook over the site that he enjoys. The heights designated in the principles are intended to keep the height of new buildings within the general envelope of heights already on the site in terms of distant views from south to north. A Simurban model is being built of the site and its immediate context which will enable us to test the impact of various heights on existing outlooks. If there are particular concerns we encourage residents to provide their details so that we can study their particular situation and determine if there are any issues as the design develops.
73. Narrow width of Glen Street. It is impractical how many vehicles will be forced to use this street if you provide an entry point at Stephen Street.	There is an opportunity to widen Stephen Street from the Dillon Street Reserve up to Glen Street which would improve access generally and assist in turning circles for vehicles into the site. This could



COMMENT/QUESTION	CONSULTANT RESPONSE
	<p>also provide the opportunity for additional street parking if supported by residents at a 90 degree or 45 degree angle.</p> <p>We have heard the community's concern about Stephen Street entry and we will review whether the entry is retained for vehicles in this street and where it would be located.</p>
<p>74. A lot of staff from St Vincent's are parking in Stephen Street because they do not want to pay the parking fee. I am glad our Local Member is here to hear these comments.</p> <p>This development must not reduce on street parking.</p>	<p>Ample parking will be provided for residents, staff and visitors will not pay to park on this site.</p> <p>Paul Sadler indicated that the existing Aged Care Facility currently has no impact on local street parking now. Extending aged care on the site will not impact. Extra parking will be provided for the independent living units and visitor and staff parking will be provided.</p> <p>Dennis explained that the Stephen Street entry will not provide access to the independent living units. Brown Street will be the access point for the Independent living units.</p>
<p>75. If you have 90 vehicles coming down Glen Street that would be terrible.</p>	<p>Noted</p>
<p>76. There are several blocks of flats that face the operating theatre in Cooper Street The impact of the proposed development on these flats is not discussed in your options. The existing roof is pitched and narrow. It means we can see over the operating theatre. It will be replaced with a large flat roofed structure which we won't be able to see over.</p>	<p>A view analysis is being prepared.</p>
<p>77. Survey height posts should be constructed to show residents how high development will be.</p>	<p>We used your apartment as the benchmark for height. When we know the real building height we will consider this.</p>
<p>78. This is a Part 3A process. This consultation process is thorough but you do need to consult under Part 3A.</p> <p>I commend this process. This process is more detailed than what is normally undertaken under Part 3A for consultation</p>	<p>Generally keen to hear what neighbours think. Keen to get best outcome. Affect traffic, amenity, views.</p> <p>We know what ever we come up with will involve a compromise. We want a state-of-the-art facility that caters to the needs of older people. We want to protect the heritage of the site and the landscape. Most importantly we want a design solution that is acceptable to the local community.</p>
<p>79. Can you contest the outcome of the Part 3A process at the end?</p> <p>Is it fair to say you just want to treble development on this site? This will in turn increase the impact on the local community and local streets.</p>	<p>Yes</p> <p>This site used to run as a hospital 15 years ago with a lot more through traffic. The current proposal is similar in size to the 2002 but it has more independent living units. The former approved DA had 190 aged care beds and 24 independent living apartments.</p> <p>The project will have a similar population to the 2002 DA but it will be in a different configuration.</p>



COMMENT/QUESTION	CONSULTANT RESPONSE
	<p>The current aged care facility was built in 1977. Minor improvements were undertaken in 2008. The overriding objective of this development is Ministry. The Church cannot have people, particularly aged people on the street. There are people with lot of social needs. This is a Robin Hood scenario that is how it has always worked. The Church uses its funding that it obtains from all dependents to fund Ministry and welfare initiatives. For example, it recently purchased a Hospital for disabled children that the Government wanted to close.</p> <p>Government funding is eroding as the growth of the aged market is greater than the growth in Government funding. This is why this aged care project must be self funding throughout its life. We must provide a proper dementia care facility to meet the growing demand.</p> <p>There are no other development sites large enough in this area that are suitable for this type of use. Residents in the Paddington area are sending their relatives out of area because there are no suitable aged care or independent living places.</p>
<p>80. When we look at the view from Rushcutters Bay the modern buildings have flat roofs – can we break up the roofscape so it is more in keeping with the Paddington character – pitched and modulated roof tops.</p>	<p>Green roofs and buildings with terrace gardens will help modulate the roofscape. We are showing bald or raw building forms. Once they are articulated they can be greened. The larger buildings will also encompass large atrium and lofts which will also articulate those forms.</p>
<p>81. You should be congratulated for doubling the Park – the way that you are creating a vista through to the heritage building is also a plus.</p>	<p>We looked at the young mums and thought that the existing park is not real good and underutilised. Increasing the size will make it better. It will enable the young and old to blend.</p>
<p>82. What are you proposing for sustainability initiatives? What star rating will this project achieve?</p>	<p>Residential aged care sustainability initiatives are relatively new. We are trying to achieve a 4 ½ star rating as a minimum.</p>
<p>83. I think the 'green roof' is a great idea.</p> <p>You will have water retention with this site. How will you manage hydraulics, stormwater and flooding?</p>	<p>Noted.</p> <p>Detailed design of the water management system will be undertaken at a later stage and will be consulted at future events.</p>
<p>84. Construction – how long will this take, can you take us through step by step.</p>	<p>Protecting the elderly and frail residents is our priority. Each phase will probably take 2 years</p> <p>1st stage – building the new aged care facility and restoring the 1848 heritage building.</p> <p>2nd stage – the independent living units on Brown Street frontage.</p> <p>Council stipulate construction hours usually 7am-4pm week days and limited on weekend.</p>



COMMENT/QUESTION	CONSULTANT RESPONSE
	<p>A construction management plan will be prepared as part of the process. It will be exhibited as part of the Environmental Assessment documentation.</p> <p>We have a vested interest to get the construction completed as quickly as possible. We want to limit the inconvenience to our existing residents. We don't want to delay. There is pressure to deliver ASAP. No point in starting and then taking 4 years to finish.</p>
<p>85. There has been a lot said about tree canopy and the trees screening the built form. It is not as lush as you make out. I live in Glenview Street and Brown Street dips down. I see some sky through the trees. You will remove the heritage tree. When this comes out I will look at a large built form. I will not see any sky or greenery.</p>	<p>We are not intending to take away the undergrowth.</p> <p>The building will be set back 12-14 m from Brown Street. We will put another tree (one as physically as big as we can obtain and that Council is happy with) to replace the diseased heritage tree.</p>
<p>86. Area at the end of Glenview Street is nothing more than a dumping ground.</p>	<p>There may be some landscaping that we can do to improve that garden area.</p>
<p>87. We are looking forward to having the Scottish Hospital active. I was surprised that the eastern side is so large.</p>	<p>Noted, your comments will be taken on board.</p>
<p>88. The height of the buildings at Brown Street – the trees are so high that they are blocking light – it is dark/gloomy. The height and bulk of the building is worrying and this will increase this overshadowing impact.</p>	<p>The building at its highest point will be set back 24m from Brown Street the shadow will fall on the site.</p> <p>The shadows from the proposed building at 9am can be tested. Shadows cast would be within the tree zone. If the tree is not there you would get the benefit but the trees do exist.</p> <p>It is true to say if this was a different site then the design response would be different. The proposed buildings have to address the site constraints and urban design guidelines. What is the best way to deal with this site. We believe larger buildings with central courtyard.</p> <p>We have very clearly indicated that no Harry Seidler size building should be created.</p>
<p>89. Sunlight is precious – we don't want to see it disappearing.</p>	<p>Noted.</p>



June 2010

Dear Participant,

Redevelopment of Scottish Hospital Site - Tuesday 4th May, 2010 – 7.00-9.00pm

On behalf of Presbyterian Aged Care NSW & ACT I would like to thank you for participating in the Design Evaluation Workshop held on the 4th May, 2010 to discuss the redevelopment of the Scottish Hospital Site.

We are pleased to forward to you the Final Record of Comments raised during the question and answer session of the workshop. I received one email commenting on the content of the draft Record of Comments. I have reproduced this email at the end of the record together with a copy of my response.

The Final Record of Comments for all sessions have now been uploaded onto the project website so you can follow the discussion that occurred at all of the Design Evaluation Workshops.

I am pleased to advise that the design team has been working hard to address many of the issues raised and a new master plan has now evolved. We will be presenting the new master plan back to the Paddington Community on Thursday 17th June, 2010. Two Information Sessions will be held on the day between 4.00 – 6.00pm and 7.00 – 9.00pm. The Information Sessions will be held at the Vibe hotel, 100 Bayswater Road, Rushcutters Bay. If you would like to attend one of these Information Sessions I ask that you register your attendance by:

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- Emailing feedback@pacpaddington.org.au or by
- Visiting the project website at www.pacpaddington.org.au

On behalf of Urban Concepts, Presbyterian Aged Care NSW & ACT and the consultancy team I would like to thank you for your participation. I look forward to your ongoing involvement in the community consultation process and you to welcoming you to the Information Session on 17th June, 2010.

Yours faithfully,

Belinda Barnett
Director, Urban Concepts

REDEVELOPMENT OF SCOTTISH HOSPITAL SITE CONTACT DETAILS:

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FINAL

Record of Comments

Arising from the

Redevelopment of the
Scottish Hospital Site

Design Evaluation Workshop

Held on
Tuesday 4th May, 2010
at the Vibe Hotel
7.00 – 9.00pm

Prepared for
Workshop Participants

Prepared by
Urban Concepts

3 June, 2010



Disclaimer

Urban Concepts has taken every care to ensure that the comments raised by the participants have been faithfully represented and recorded. If there are comments that have not been recorded or recorded incorrectly we apologise for any misunderstanding and advise that it has not been deliberate.



Design Evaluation Workshop – Tuesday 4th May, 2010 – 7.00-9.00 pm

Urban Concepts advises that 16 people participated in this workshop.

Comments Recorded during Question Time

The following comments were recorded during the facilitated question and answer time.

COMMENT/QUESTION	CONSULTANT RESPONSE
<p>90. I am a resident of Brown Street, we have the largest double fronted terrace. I am a Specialist in health care design and an architect.</p> <p>Can you please advise how you intend to spend more than \$10,000 per sqm on this development?</p>	<p>Paul Di Cristo questioned how the resident arrived at their calculation and noted that the resident had incorrectly assumed a gross floor area for the development of 10,000 sqm, hence the incorrect calculation of the rate per square metre.</p>
<p>91. I am concerned about your giving back land for incorporation into the Dillon Street Reserve. It will not be space that has a high level of amenity as the Park would be dwarfed by the height of the proposed building. Why do the buildings need to be this scale. We had this discussion back in 2002.</p>	<p>Dillon Street Reserve was never planned as a park from first principles.</p> <p>We saw an opportunity to concentrate development to the south of the site in a location that has minimal impacts on the public domain and can be tucked into the existing bowl or gully amongst the trees. The extent of screening provided by the trees mean that the buildings will have a low visibility from any of the surrounding streets and is well setback from the park edge. This enabled us to provide a community benefit through the dedication of land for the public park.</p> <p>The park dedication allows the heritage and significant trees to become part of the park and in public ownership for the enjoyment of all.</p>
<p>92. This development is bypassing Woollahra Council, why is this?</p>	<p>Part 3A is mandatory due to the capital investment value of the project exceeding \$100M. The Department of Planning made this change last year. We are looking to work with Woollahra Council and the community through this process.</p>
<ul style="list-style-type: none"> • With the 2002 DA trees were being cut down. The mass and scale of development was too large. People protested including The National Trust and the Paddington Society. • There will be impact in views. This is a naive statement. • Development should not be more than 4 storeys. • More entry points are creating more public views into the site, we loose tree canopy. • If this development is such a benefit to the community then why have people objected to this project all along? • This project is not necessarily serving our community. 	<p>This is why we are taking this approach and starting with two master plan options. We are listening to the concerns and comments and will take these matters into consideration subject to balancing all the issues and required outcomes together.</p> <p>It is not correct to imply that the height is contingent on a park. We saw the provision and dedication of open space as being beneficial.</p> <p>The heights of the built form is being constrained by existing height on the site – the existing ridgelines and the tree canopy. We will undertake more detailed consideration of view impacts for distant properties as we develop the design to try and ensure that distance views are not impacted adversely.</p> <p>The height is dictated to locate taller built form within the tree canopy or where taller buildings already</p>



COMMENT/QUESTION	CONSULTANT RESPONSE
	<p>exist on the site.</p> <p>The entry points into the site do not reduce the heritage or significant tree canopy. Where lower storey planting or landscape that is to be removed on the advice of the arborist, new planting will be provided to reintroduce the landscape buffer to the edges of the site.</p> <p>The issue for PAC is to provide as many concessional beds as possible. We need to look after the less fortunate in the community. The Church is not a developer. The Church is an owner occupier. Any surplus cash it may make goes back into its ministry objectives.</p>
<p>93. I am a resident of Stephen Street. I am concerned about the proposed vehicular entry. If it is a secondary point one way does this mean delivery vehicles? It matters what you mean by primary and secondary entry points – you need to explain these terms.</p>	<p>We are aware that this entry point is of concern. Stephen Street is a narrow Street. We have talked about widening the street in previous workshop sessions.</p> <p>Primary entry will be from Brown Street. All visitor vehicles and the majority of cars to the independent living units would use the Brown Street entry.</p>
<p>94. Has a traffic study been done?</p>	<p>Traffic Impact Study will be undertaken. Preliminary network study has been done. We are testing if a secondary entry point will work or whether we just rely on Brown Street.</p>
<p>95. I support the development – there is a need in the eastern suburbs for this type of development. I am concerned about impacts regarding to height, bulk, access from Stephen Street (it is narrow/parked out). Difficult for traffic to pass 2 ways. The Stephen Street access is not a practical solution.</p> <p>I am concerned about the number of units, why don't you provide more aged care beds or smaller more affordable units.</p>	<p>The original 2002 DA provided for 191 beds and 24 units. This scheme provides for 105 aged care beds and 90 units. This is because people want to age in place. The size of the units reflects what the elderly people want.</p> <p>The design is fluid. We do not have final numbers yet.</p> <p>We note the concern about Stephen Street and this will be considered as the master plan develops.</p> <p>We don't know final outcome. Through this process we will achieve a preferred master plan – which will then enable us to determine the final number of beds and units. It may be less, it won't be more.</p>
<p>96. You also mentioned service vehicles – this will be regular – it will generate daily traffic increments this is not practical in Stephen Street.</p>	



COMMENT/QUESTION	CONSULTANT RESPONSE
<p>97. Existing Gross Floor Area (GFA) has been increased – height and bulk is a concern – why have you increased the GFA?</p> <p>When you say allowable FSR What do you mean by this – so it is not in draft and it has no status so 22,000sqm is not GFA permissible. There is a change of use, are Independent living units even permissible under the zone.</p>	<p>Woollahra Council is currently drafting its LEP. This is expected to be finalised by the end of the year.</p> <p>Woollahra Council has been advised by the State Government that it has to increase residential densities in every LGA. The Council has been told that this site is an opportunity site. Council has come up with an FSR of 1.5:1 on the land – not in 'draft' as yet, it still needs to be exhibited. This figure does not have any legal status. This site presently has no FSR. Accordingly, development is assessed on its merits.</p> <p>The use is permissible under the Special uses: Hospital Zoning.</p> <p>If was confirmed that the units would not be strata. The development is on one title which is owned by the Church. The project is being progressed under the Retirement Villages Act.</p>
<p>98. At the beginning you spoke about Part 3A and that you have no choice why did you decide not to go with Woollahra Council?</p>	<p>When we first spoke with Council the controls for Part 3A were different. Residential Development with a capital investment value of \$50 million or more was discretionary development under Part 3A. That is you made an application to the NSW Minister for Planning to have your project declared a Major Project under Part 3A.</p> <p>Discretionary legislation changed, development now with a capital investment value of \$100 million is now mandatory for consideration under Part 3A.</p> <p>Hence this project must be assessed under Part 3A. In saying that we are working with Woollahra Council through this process.</p>
<p>99. We are questioning the Ministry's objectives for this project.</p> <p>Can you give us information on unit mix in particular the number of 3 bedroom units. You talk about older residents down sizing from a terrace in Paddington - you don't need 3 bedroom units. I suggest you need more 2 and 1 bedroom units.</p>	<p>There will be a blend 10% 1 bedroom 50/50 split between 2 and 3 bedrooms.</p> <p>Our experience and market demand in the area indicates there is a strong demand for 3 bedrooms and they go quickly. Older couples want to bring everything with them. They often want to have separate bedrooms and then a spare bedroom for a carer or family member.</p>
<p>100. You are arguing social need there is not a social need argument for independent living units.</p>	<p>The concessional comments relate to aged care beds and not the proposed residential care facility. This is not affordable housing nor is the Church an affordable housing provider</p>
<p>101. What assumptions are you making for trip assessment for your traffic generation?</p>	<p>This research is being undertaken. All that information will be contained in the detailed traffic report.</p>
<p>102. Your traffic engineer would have undertaken surveys of similar developments. Can you provide the results of these surveys?</p>	<p>Noted.</p>



COMMENT/QUESTION	CONSULTANT RESPONSE
103. In the presentation there was a lot of talk about a cascading building form but Building B does not do this. You are presenting a 6 floor building – so how does this cascade?	<p>We have received a lot of comments over the last 4 sessions about the form of this building. This building needs to be designed on a footprint that can accommodate 25-35 beds over one level.</p> <p>We are taking advice from Flower & Samios Architects who are designing the aged care facility. The nursing requirements determine the footprint for the aged care building.</p> <p>Through the workshops we understand the concern for that building. We will look at the design and setbacks for this building and take on board resident concerns.</p>
104. In the next presentation could you please have an elevation from Glen Street looking up Stephen Street?	Yes, this has already been raised. We will prepare montages for this view.
105. Stormwater Management – there is an existing Creek that runs through the Scottish Hospital Site. Woollahra Council has a new DCP to address stormwater/flood management. What measures have you put into place to address storm water/flood management?	<p>This will be part of the hydrological assessment undertaken during the Project Application Stage once we lock in the building footprint we can commission this body of work.</p> <p>We acknowledge the need to manage stormwater on site.</p> <p>The building footprint will not change significantly when you consider the area of the site that is currently occupied by car parking.</p>
106. You are proposing a large public visitor parking area at the entrance.	This parking was included to offer an opportunity for visitors to the new park rather than users having to park in the street. It is a small area of parking and is discretionary – it could be permeable paving. This is just a suggestion and we are interested to gauge community reaction to this idea. It does not have to be provided.
107. It is a park that people walk to not drive to. We do not want people coming to use the park as a regional park. Do not provide the parking.	Noted.
<p>108. What design paradigm will this be - is it a new urbanist, modernism, destructionalism. What are we going to see?</p> <p>When Paddington was originally built it was built in a period when architects looked to contribute to civic life – this needs to be reflected in the new design.</p>	This presentation is about urban design outcomes and principles. It is not about architectural style. The built form will be designed to respond to the character of the area but will not be a historic pastiche. It will be a contemporary response to Paddington and appropriate to the final buildings scale. The architecture has not yet been developed but it will have an emphasis on sustainability and 'green' architecture. The design will incorporate 'green' roofs to the aged care building and will not be constrained by stylistic labels.
109. Increasing the size of the park will change it into a district level park – do not provide car parking.	It is our intention not to change the function of the park or to create a district level park. Its increase in size alone is unlikely to change its role substantially. In terms of its facilities we intend to ask the community what they would like to see there.



COMMENT/QUESTION	CONSULTANT RESPONSE
110. Dust control during construction – what will you provide?	A Construction Management Plan will be developed in due course. Consultation will also be undertaken post approval. We are extremely conscious of the dust issues on the site as one of the key stakeholders are the existing residents who we will need to work around.
111. In your Statement of Compliance you can include the Construction Management Plan.	We have to produce a Construction Management Plan as part of the Environmental Assessment documentation.
112. Construction Management Plan – can you put forward an approach for managing the parking associated with construction contractors?	A draft copy will be available as part of consultation with the Department.
113. I agree, I am concerned about this little park being dwarfed by large building forms.	<p>The proposed maximum building height is set well back from the new park edge. It occurs generally within the taller tree canopy to the south west of the site not right on the park. The built form is stepped up from the park towards the north to location the taller elements well away from the park and establish a lower scale 3-4 storey edge to the park itself.</p> <p>This scale is in character with other buildings edging surrounding streets and is appropriate. The taller development will not dwarf the park and will be further screened by the major tree canopies that already exist within the land.</p>
114. I want to look at the Heritage buildings and terraces. Four - six storeys are inappropriate.	<p>As a matter of interest the R.L. of your terrace is higher than the building we propose. We are not using the Harry Seidler building as our height reference.</p> <p>We have tried to take a holistic approach to these schemes.</p>
<p>115. You have done financial modelling. What is the minimum amount of development that makes this development feasible?</p> <p>The Land and Environment Court used the financial feasibility as the reference point for establishing the building form of the Benevolent Society's development.</p>	<p>It is not an exact science as there are many variables to be considered. At this stage a minimum has not been considered.</p> <p>We note in the Benevolent Society case the court advised the proponent of an acceptable number of units and the proponent was assessing the financial viability.</p>



EMAIL RECEIVED and URBAN CONCEPTS RESPONSE

Dear Ms Barnett,

The minutes that were taken on the 4th May do not represent the proceedings and I have written to the minister accordingly. The conversation did get a little out of control at one point, but that is because so many people had so much to say and it was impossible to contain discussion in the given "one question each" format.

This was meant to be a forum for community consultation, not just a question/answer evening, especially one with such restrictions. I certainly hope that this does not represent the completion of the consultation process regarding the first phase of the development.

In the PDF you sent out the evening terminated with a question about financial modelling. This was not the case. One very important point raised about the paradigm of the development (new urbanism was suggested) was not mentioned in the proceedings, nor the dismissive reply by Ms. Gabrielle Morish. And neither were many others about half the evening's conversation I guess, opinions, I add that expressed many of the community concerns about the PAC development.

Please forward the whole database a complete account of the proceedings. Without it, the document we received is extremely deficient, and what's worse, appears to be proof that the consultation process is merely a whitewash.

Thank you,

PS. Please also forward the minutes of the other consultation events. (On the presumption that the small space and number of events were put in place for community convenience, not to contain community discussion. I feel we would all like to hear what others asked and the replies that were given.)



urbanconcepts

25th May, 2010

Dear

**Record of Comments Scottish Hospital Design Evaluation Workshop
Tuesday 4th May 7-9pm**

I am writing in response to your email dated the 25th May 2010 expressing your concerns relating to the Draft Record of Comments issued for the Scottish Hospital Project Design Evaluation Workshop that you attended on Tuesday 4th May 7-9pm at the Vibe Hotel, Rushcutters Bay. I also acknowledge your completed Comment Sheets which were received by my office today and have been forwarded to the Cerno Project Management for review by the project team.

I want to state upfront that the consultation process being implemented for this project by Urban Concepts is in accordance with a detailed communication plan that has been presented to both Woollahra Council and the NSW Department of Planning. The Design Evaluation Workshop that you attended in May was only the first stage of the consultation process and was intended to inform residents and interested stakeholders about the project and invite preliminary comment.

The fact that the consultation process commenced at the outset of the design process goes well beyond the statutory provisions prescribed for both Part 4 and Part 3A development projects under the NSW Environmental Planning and Assessment Act 1979, its related legislation and policy guidelines.

The approach and the considerable resources that are being applied to this consultation process indicate the importance that Presbyterian Aged Care places on community consultation and the desire to resolve a design outcome for the Scottish Hospital Site that achieves a high level of community acceptance.

In response to the specific concerns that you raise in your email I advise as follows:

- The Design Evaluation Workshops do not represent the completion of the first phase of the consultation. As indicated on the 4th May, a further round of workshop sessions will be held prior to the school holidays in June. The purpose of the June workshops will be to bring back to the community a preferred master plan option. One that has been worked up by the project team having regard to the comments expressed through the workshop sessions, the site open day, the comments sheets and the feedback forms on the website. A newsletter will shortly be sent to residents advising of the next stage of consultation and inviting attendance at these workshops.

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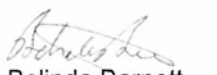
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- The Record of Comments that was issued to you was done so in draft format. This was to enable participants such as yourself to advise me of any changes or corrections that you would like me to make. We did not tape or digitally record the session and as such we cannot issue to participants a transcript of the proceedings. The Record of Comments represents the key points that were raised through the question and answer session. The PowerPoint presentations given at the workshops have already been placed on the website.
- I will attach your email to the Record of Comments relating to the 7-9pm Workshop for the 4th May 2010. In respect to your concern regarding the omission of the comment relating to the 'paradigm of the development' I draw your attention to paragraph 108 of the Record of Comments which related to this issue and the response that was given by Gabriel Moorish from GM Urban Design and Architecture. If you would like me to amend this paragraph to better reflect the point that you made then I would be pleased to do so.
- You will certainly have the opportunity to view the Records relating to the other workshop sessions. It is our intention that the Record of Comments relating to all 4 workshop sessions be placed on the website once they have been finalised. This will occur during the week commencing the 31st May 2010. The Record of Comments from all events that we hold will form the basis of a consultation report that will be forwarded to both the NSW Department of Planning and Woollahra Council as part of the Environmental Assessment Documentation.
- The workshop sessions were run as question and answer sessions, as experience has shown that this is the most successful methodology to enable the greatest number of participants to address their comments or raise concerns to a proponent. This is particularly the case for development projects. Whilst I acknowledge that there are certainly members of the Paddington Community such as yourself who are experienced in architecture and interpreting plans this is certainly not the case for all participants. Accordingly, to foster a thorough understanding of the design proposal and the options under consideration at the outset I made the decision to structure the workshop in two parts with Part 1 being the presentation and Part 2 a question and answer session.
- If you consider that receiving a transcript of a workshop is more beneficial and transparent than a Record of Comments then I will recommend to Presbyterian Aged Care that should we adopt the same workshop format for the June presentations that we digitally record or tape these sessions.

I thank you for your email and for bringing your concerns to my attention. If you would like to further discuss the facilitation of the May workshops and the Record of Comments please do not hesitate to phone me on 1800 708 067. Please be assured that I am committed to facilitating a dialogue between the community and the proponent in an open and transparent manner. I look forward to your continued involvement in the consultation process for this project.

Yours Faithfully



Belinda Barnett
Director
Urban Concepts