

New Tweed Valley Hospital – Stage 2 Main Works and Operation SSD 10353

I have read the EIS and accompanying annexed documentation which respond to the as issued SEAR's 18/7/19.

While not technically trained in any of the areas covered by the application (including land use planning/town planning) I do take an interest in all aspects of development. While I leave the experts to sort out the technical details, I do endeavour to look at the social/environmental/economic/long term positive outcomes, and what benefits will be forthcoming for all people, within any social setting overall. So if one considers the positive outcomes, then it stands to reason that one should also look for long term negatives, and where can better outcomes be achieved.

I would like to make some initial observations before directing my thoughts to commenting on specific matters.

I wish to acknowledge the ongoing planning complexity detailed in this Environmental Impact Statement and annexed documents which inform this SSD Stage 2 application under the relevant division of the Environmental Planning and Assessment Act 1979.

I also recognise the vast amount of human endeavour and time (read 'years') to get to this point in time. Be that 'human endeavour' from clinicians etc. advocating for a better, more modern and larger hospital to service the growing and diverse needs of the Tweed/Byron areas. Or the vast amount of public officials and independent consultants engaged. The organisational side of the Tweed LGA and the stakeholder engagement undertaken to better inform the needs of the Tweed/Byron areas.

Crown development or not - this is a massive proposal in our area for a myriad of reasons.

I am supportive of the Tweed Valley Hospital Stage 2 application Hospital Delivery - Main Works and Operation of the Tweed Valley Hospital.

I am aware of the IPU numbers/treatment spaces/A&E treatment spaces proposed in this application being 545. This includes 56 IPU additional

beds (two wards of 28 beds per ward) which are subject to future demand and budget allocation.

Parking fees:

While I recognise that the matter of 'paid parking fees' is now a matter for the political arm I am undertaking a public disclosure option of my thoughts on the paid parking matter.

My thoughts are based on Policy Directive PD2013_031 and Information Bulletin IB2019_014

I hold the personal opinion that one cannot have a 'no parking fees' policy. Every man and his dog will use the hospital parking if we go down that route. And there won't be parking for those needing to visit/access the hospital a very poor outcome. Building something is one thing, recurrent funding to keep assets functional and properly maintained long term is another matter altogether. What we do or don't do in the present time; can have long term impacts and consequences.

What we need is '*fair parking fees*' as this is a totally new concept for the residents (and staff etc.) to get their heads around. Signage needs to be clear and concise and an explanation of where the parking fees go and what they are applied to, so that the general public using our new hospital have a better understanding of car parking/fees reality. While this proposal is not within legislation/regulation/conditions of consent generally, an information board/sign wouldn't be a bad idea, given that paid parking is basically foreign in this local area re public hospitals. The reality is there isn't a bottomless pit of money and building maintenance etc. over the life time of an asset is crucial.

General Visitors: The first hour free only for all general visitors to the hospital. Then rates cut in. As we haven't had parking fees applied before perhaps as a starting point they should commence at the original rate when the parking fees were introduced, then reviewed annually i.e. via CPI increase annually or as otherwise governed by the NNSWLHD. There should be a *fair* 'all day fee' after the standard 5 hours fee (per day) otherwise those attending the hospital to visit sick relatives/friends could find it a very costly proposition if they visit every day for a week or more and *don't qualify for the concessional rates*.

Concessional Fees: First three hours free then standard concessional rates apply. Again, as we haven't had parking fees applied before perhaps as a starting point they should commence at the original rate when the

concessional parking fees were introduced. Then CPI increases apply annually or as governed by the NNSWLHD.

Volunteers:

Status quo as per policy – free.

Staff and visiting medical personal etc.:

As paid parking is also new for staff an even handed approach is also necessary here.

Yellow Line Marking outside of TVH site to reduce people parking in residential streets or time limited parking on certain local streets or a combination of both and signage at other public facilities:

While the matter of local roads and parking/ line marking/ timed parking and maintenance etc. will be the continuing role of TSC has consideration been given to how we will address visitor's etc. to the TVH i.e.

- A. parking outside of the TVH site to avoid car parking fees (if they are introduced) and
- B. or parking unavailable on-site (and I recognise that the "unavailable" bit is a big jump) and
- C. or people simply don't want to park on-site for whatever reason/s

I recognise, I am being assumptive here in my thoughts re the following: Would 'Cudgen Road' between the traffic lights to 'Turnock Street Roundabout' (given the changes to come) have yellow lines painted along either side so that no-one can park in that area for safety reasons, especially as the TVH main entrance will be signalised and traffic flow in that section would be paramount. I am also being mindful of the homes/TAFE and businesses operating on the opposite side of Cudgen Road here.

Oxford Street, (?) McPhail Avenue (part of either side up to the highest point), Turnock Street roundabout to roundabout, (both sides) Tweed Coast Road (part of north and south), western side of Cudgen Road (after lights part of either side) may also require yellow line marking/time limited parking/combination of both to ensure people don't utilise local streets and go to the TVH for extended periods.

Appropriate changes and or signage may need to be undertaken at the Kingscliff Aquatic Centre, Kingscliff Library, Respite Centre and the Kingscliff TAFE to avoid hospital traffic using the parking facilities provided at these locations.

While these matters are still ‘a long way off’ residents that live within close proximity to the TVH site need something concrete to go off rather than the rumour mill/misinformation and general gossip. While managing the local road network is not the responsibility of NSW Health/Health Infrastructure a (continuing and well intentioned) collaborative effort of TSC and HI in publicly advising those most affected (by any changes to parking in local streets) and therefore the general population - would and will go a long way to avoiding and perpetuating the myths being promulgated in the local area and beyond.

Greening the Multi Deck Car Park: The possibility of actually getting a Multi Deck Car Parking arrangement on-site is a far better way of future proofing parking concerns. That said, given the area that the MDCP will be in, I firmly believe that there is an avenue to soften the built form via a greening program. This is based purely on the area in which it is to sit. While it will bunker down into the landscape the area is prominent from Tweed Coast Road and part of Cudgen Road (travelling east from west). It should be considered. I am suggesting that the western side (hottest) and southern side (facing Cudgen Road) are viewed favourably for said greening treatment to lessen and soften the visual impact. Greening will also have a cooling effect. (Here’s that additional non-potable water source put to good use – see section below on second ‘Non-Potable Rainwater Collection’.)

Possible secondary usage of Multi Deck Car Park:

Has consideration been given to “renting out space” (? Specific public levels only) on weekends for special events in Kingscliff this is reliant on availability of extra parking spaces, and shuttle buses operating from the multi deck car park (event organisers cost) to ferry spectators/competitors down town/ to events?

Waste: Return and Earn:

I am thinking there is an opportunity here perhaps gone begging and I am unsure of NSW policy on this one at a hospital. Sustainability comes in many forms. Could a return and Earn be considered here? Income generated by recycling cans and bottles etc. could see donations made to the TVH Auxiliary to increase their income stream to support their donations/programs/services? Other people (visitors/staff) may be happy to donate their returns to the Auxiliary, some staff may use same? If positioned properly local residents may also take advantage of same. The area could be enclosed and locked of a night to reduce noise and uphold CPTED principles. Emptying and collection of recycle stream within daylight hours only.

Non Potable Rainwater collection off Multi Deck Car Parking:

To be given such an opportunity to potentially solve car parking concerns is great, however, to not capture another non-potable water source leaves me concerned. As there doesn't appear to be anything written about non-potable water capture from the proposal to build a multi deck car park I believe, given the size of the footprint, it should be considered.

While there are those that suggest some areas are "drought proof" "drought immune" the reality is; nowhere is immune to rainfall deficiencies. If needed for landscaping an additional non-potable source would be invaluable, especially when rainfall is below average long term. I believe where possible all non-potable water should be captured. Especially given the site and what is going to be the most magnificent holistic views for people in a hospital bed. Green spaces (this includes trees and vertical gardens) are so important to well-being.

Signage for non-potable water supply could then explain how and why the open spaces and green belts within the TVH site continue to thrive under dry/continuing dry periods and conditions.

Management Plans: regarding Pest/Vermin, Mitchell Rainforest Snail etc. While there is considerable land outside and adjacent to the TVH site that is zoned environmental land - in private ownership, I want to recognise the proactive approach to manage the TVH land for good environmental outcomes (flora/fauna/stormwater) that adjoin said environmental land. This includes the removal of the existing dam on site/filling and taking this area back to a more natural interface with the adjoining land.

Koala Trees: I would really like to see the planting of more Koala primary feed trees on-site. Again, I think there is another opportunity gone begging here. We have an opportunity to create a food source for NFP groups who take in and care for injured and or sick koalas. They constantly require a collectable, fresh supply of food for these koalas. Given the perilous state of our coastal koalas could we think outside the box in a collaborative effort please?

While the following items may be political in nature I want to be completely open about my thoughts/opinion.

I honestly understand that nothing is free. Someone has to find the money to not only build but service ongoing services provided. That said, there are local needs that need to be met. I really want to see a very holistic hospital open in 2023. One that caters for all of those age groups detailed in the S&EIA reports. Locally, I would like to ensure that we have:

Child and Adolescent Services: I am supportive of the call for the provision of in-patient beds for young people and adolescents. While it may only be an hour to Lismore I firmly believe that this Tweed/Byron region needs Mental Health in house beds closer to home – support services, families and carers need to be closer to young people not further away.

Expanded Pathology Services: self-explanatory the need

PET CT scanner: self- explanatory the need

Additional Consultation Rooms Cancer Services: self-explanatory the need.

In concluding my submission to the SSD application I believe that I have addressed the main areas that I see as important to 'good, better, best' outcomes. As I have watched this matter unfold since the announcement of the funding for a new hospital to service the Tweed/Byron region, I can honestly say "it has been one hell of a ride" and some things have changed completely in the town of Kingscliff and village of Cudgen (think human beings/personal beliefs etc.) but then other things haven't.

The creek remains the creek. The beach and ocean remain beach and ocean. The grid pattern that sets out the town and village block patterns remains the same. People will come and go. Babies will be born. People will pass away. Life will go on. There will be individual joys and sadness, collective joys and sadness. Greenfield sites yet to come. Employment highs and lows, community coming together and separation, and some people will never be able to let go of what has come to be with our new hospital.

I came to Kingscliff as a young twenty something/still wet behind the ears person and I have watched Kingscliff change/not change over many decades. The same could be said for all of the Tweed - change/not change. I have seen fierce storms, bush fires, political argy bargy, fear and loathing, those that care passionately and those that don't care at all.

But the biggest wakeup call I've ever had here in the Tweed Shire/Far North Coast (from a local widespread human scale disaster) is the March/April 2017 ex cyclone Debbie storm and flood inundation and I have seen many other floods in my lifetime.

Regardless of every other reason for building our new hospital at the new site, our new hospital must be safe and never need evacuating under any future storm and inundation event similar to and worse than that 2017 event.

“We were just lucky the rainfall ceased in the upper regions...”

Personally, I can handle being disliked for my opinion about our new public hospital.

As someone once uttered “build it and they will come”

Thank you for (endeavouring) to read my submission.