



NSW GOVERNMENT
Department of Planning

***CONCEPT PLAN ASSESSMENT:
Auburn Hospital Redevelopment
Major Project No. 06_0129***



Director-General's
Environmental Assessment Report
Section 75I of the *Environmental Planning and
Assessment Act, 1979*

April 2007

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1 EXECUTIVE SUMMARY

NSW Health (the proponent) seeks Concept Plan approval for redevelopment of Auburn Hospital which is located approximately 1 kilometre south of Auburn Town Centre. The site comprises two key land parcels – the Main Hospital Site and the Arthur Stone Annexe and has a combined area of 2.34ha.

The Concept Plan is proposed to be delivered in two stages;

- **Stage 1** – Redevelopment of the existing Auburn Hospital to provide a new **204-bed predominantly five (5) storey hospital** of approximately 23, 000m² to accommodate a new emergency department, medical and surgical in-patients, and paediatric, maternity, new born care and high dependency patients. On-site car parking for **over 270 cars** in total, new site access arrangements, site infrastructure and landscaping is also proposed.

Stage 1 will include consolidation of the existing hospital facilities and provide some surplus land on the hospital site.

- **Stage 2** – seeks relocation of the St Josephs Hospital from its current location (Normanby Street, Auburn) to the Auburn Hospital site which will be integrated with the new Auburn Hospital. The new St Josephs Hospital will provide 82 beds with a total GFA of 11, 400sq.m. The remaining portions of the site will accommodate residential apartments comprising two 6 storey residential towers capped at a maximum height of RL 55.44 over multi-level car parking on the north-east corner of the Auburn Hospital site and 3-4 storey residential development on the Arthur stone site, with a combined GFA of 17,000sq.m.

The Minister for Planning **approved Stage 1** as a separate project application on 26 January 2007.

Aspects for which approval is sought under the current Concept Plan include;

- Land use distribution;
- Building patterns including footprint and heights;
- Car parking and access strategy;
- Landscaping strategy; and
- Development controls.

The estimated Capital Investment Value of the development is **\$170m**. The proposal will create **100** full time equivalent construction jobs and **215** full time equivalent operational jobs.

The site is zoned 2(b) Residential. **Hospitals are permissible** within this zone however; **residential flat buildings are not permissible**. The Minister has the power to approve the Concept Plan under Section 750 (3) as the proposal is not wholly prohibited however, the site will ultimately require rezoning, either through the SSS process or the conventional LEP process to approve subsequent project applications for the residential components of the proposal. The Minister has agreed to consider the site as a potential SSS on 3 June 2006, however, the proponent has not yet submitted the SSS study, preferring to focus on obtaining a Concept Plan approval in the first instance. This approach does not preclude the Minister approving the Concept Plan.

The Concept Plan was placed on formal exhibition from 18 October 2006 until 16 November 2006. The Department received a total of **3 submissions** from Government agencies (including Auburn Council, Ministry of Transport and the Heritage Office of NSW) and **4 submissions** from adjoining landowners. **Key issues** raised during the exhibition mainly related to the residential components of the proposal, which included, streetscape (height, bulk & scale), density, compatibility, future health care expansion, heritage, tree loss, residential amenity, traffic, car parking, and metropolitan strategy objectives.

The proponent lodged a preferred project report and a revised statement of commitments in response to the issues raised on **28 February 2007**. The preferred project proposes a number of significant amendments to the proposal, including:

- Reduction in the height of the two residential towers above the multi-level car park **from RL 63.4m to RL 55.44m (or, from 9 storeys to 6 storeys – equivalent)**;
- Redistribution of the bulk and mass of the residential towers to improve street interface;
- Reduction in the number of storeys proposed on the Arthur Stone Annexe **from 4-5 storeys to 3-4 storeys** to be generally consistent with Auburn Council's Residential Flat Building DCP; and

The additional car parking demand for the proposal will be catered for on site and the proposal will not lead to a net increase in on-street car parking demand. Whilst, the proposal will lead to additional traffic, all surrounding intersections will continue to operate at good levels of service with out the need for traffic calming measures or intersection controls.

The Department has assessed the merits of the proposal and is satisfied that the impacts of the proposed development have been addressed via the proponent's preferred project report, revised Statement of Commitments and the Department's recommended modifications and can be suitably mitigated and/or managed to ensure a satisfactory level of environmental performance. The Department is therefore satisfied that the site is suitable for the proposed development and that the project will provide important health care services to western Sydney along with social and economic benefits to the region.

The Department recommends that the concept plan be **approved** subject to the imposition of Modifications set out in **Appendix A**.

2.0 BACKGROUND

2.1 Site Location and Description

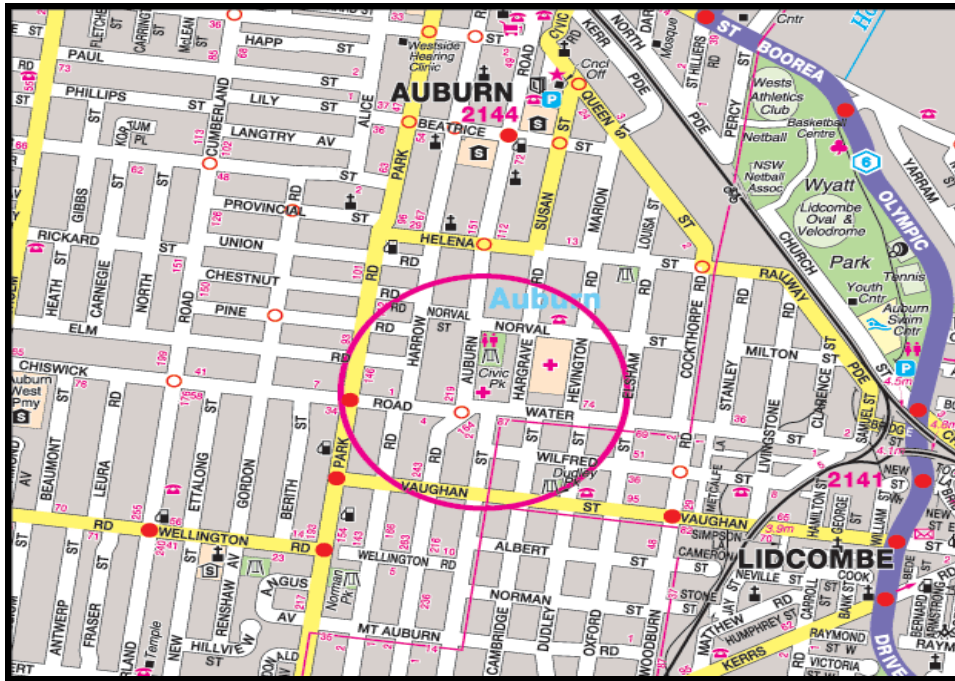


Figure 1 – Location Plan

Auburn Hospital is located in the Auburn LGA, approximately 16 kilometres west of Sydney's CBD (See **Figure 1**). Regionally, the Hospital is in close proximity to the Parramatta CBD (5 kilometres) and is approximately one kilometre south of Auburn Town Centre.

The Auburn Hospital site has an approximate area of 2.34 hectares and includes two key land parcels, comprising;

- The **Main Hospital Site** (1.82 ha) – bounded by Hevington Road, Water Street, Hargrave Road and Norval Street, including a single lot of approximately 0.065ha located on Hargrave Road and the rear part of a lot on Water Street.
- The **Arthur Stone Annexe** (0.52 ha) – enclosed by Hargrave Road, Water Street and Auburn Road.

The concept plan area is illustrated in **Figure 2** overleaf.

In terms of built form, the Main Hospital Building's East Wing (8 storeys) is the dominant structure in the locality. The surrounding area is dominated by a mix of low to high density residential uses consisting of 1-2 storey brick, weatherboard and fibro cottages interspersed with medium density 3-storey town houses. A small number of shops (convenience store, newsagent, etc) are located directly opposite the Hospital on Norval Street. There are a number of small public parks in the immediate vicinity of the hospital, the closest being Civic Park located immediately north of the Arthur Stone Annexe.

The Hospital's landscaping is characterised by buildings of low visual merit and hard stand paving, although there is an area of mature tree planting adjacent to the Hargrave Road / Norval Street intersection. One mature Fig, one Eucalypt and a stand of mature palm trees exist on and near the Arthur Stone Annexe. A number of smaller native and exotic trees and plants are also located within the Hospital grounds.

The subject land is owned by the Health Administration Corporation.



Figure 2 – Concept Plan Area

2.2 Existing Development

Auburn Hospital (North and East Wings) was constructed on Main Hospital Site in the 1960s (with later additions / alterations in the 1970s and 1980s) and currently accommodates the main 179-bed hospital building, nurses quarters, servicing and administration (Figure 3).



Figure 3 – Existing Development

The individual components comprise:

- **Main Hospital Building** – Eight storey brick building with a total floor area of approximately 14, 000m². Includes emergency department, acute care and two storey operating theatre and kiosk attached to the northern elevation. Visually most dominant building on the site due to its height and strong horizontal feature balconies, seen in Figure 4 below.



Figure 4 – Auburn Hospital, Main Hospital Building

- **Nurses Quarters** – 6, 400m² seven storey brick building of similar architectural style to Main Hospital Building. Primarily used for medical student housing.
- **Other Buildings** – pathology and physiotherapy wing located in the south-eastern portion of the site. A collection of one and two storey buildings utilised for servicing and ancillary services including kitchens, laundry and maintenance are also located in this are of the site. All buildings are clustered around tarmac at-grade car parking areas. Kitchen and laundry buildings encase an electricity substation.

Two buildings and car parking is located on the **Arthur Stone Annexe**. The Arthur Stone Building is currently used as a dental surgery as well as educational and administrative purposes. The building, constructed in 1880, is listed as a local heritage item in Auburn's LEP however it has been subject to significant modifications. The single storey Geriatric Day Care Centre is also located on the Annexe. This brick building is not considered to be architecturally significant. The building's demolition is already approved under the earlier Stage 1 project approval. The Heritage Council of NSW raised no objection to the demolition of the buildings on the Arthur Stone site.

Table 1 is an inventory of existing Hospital facilities:

Table 1: Existing Development

Location	Building / Facilities Facilities	Height (Storeys)	Constructed (circa)
Main Hospital Site	Administrative, Main Ward	8	1961
	Kitchen Wing, CCSU, Maintenance	1 & 2	1961
	Cafeteria, Theatres, Physiotherapy	2	1970s-1980s
	Nurses Quarters	7	1961
Arthur Stone Annexe	Arthur Stone Building	2	1880
	Geriatric Day Care Centre	2	1970s-1980s

2.3 Existing Vehicular & Pedestrian Access Arrangements

Vehicular access to the Main Hospital Site is available from six locations – two major accesses off Norval Street, three off Hargrave Road, and one minor access off the Norval Street / Hevington Road intersection. The Arthur Stone Annexe's vehicular accesses are from Water Street and Hevington Road.

Ambulance and other emergency access is currently from Hargrave Road. Two ambulance bays and short term parking is available just within the site adjacent to the Emergency Department.

Pedestrian access is via the street network as there is no formal north / south or east / west pedestrian access through either of the sites' grounds. A pedestrian crossing is located mid-block on Norval Street between Hargrave Road and Hevington Road.

2.4 Car Parking

Currently, 150 car parking spaces are located across the two sites, although 70 of those spaces are allocated to staff. The key car parking areas are:

- Main Hospital Site off Norval Street.
- Main Hospital Site accessed off Hargrave Road.
- Arthur Stone Annexe accessed off Hargrave Road.
- North of Norval Street.

Approximately 100 unrestricted on-street car parking spaces are available in the surrounding street network.

3 PROPOSED DEVELOPMENT

3.1 Concept Plan Approval

Aspects for which approval is sought under the Concept Plan include;

- Land use distribution;
- Building patterns including footprint and heights;
- Car parking and access strategy;
- Landscaping strategy; and
- Development controls.

The Concept Plan proposes redevelopment of the site into two stages. Stage 1 was approved by the Minister for Planning on 26 January 2007, as a project application (consistent with the current Concept Plan). The two stages comprise:

- **Stage 1** – approved 26 January 2006, will consolidate the existing hospital facilities and provide some surplus land on the hospital site. Stage 1 comprises:
 1. Staged demolition of existing structures and removal of site vegetation;
 2. Site preparation including excavation and decontamination;
 3. Construction of a new 23, 000m² (approx) 184-bed five (5) storey hospital accommodating an emergency department, medical and surgical in-patients, and paediatric, maternity, new born care and high dependency patients;
 4. Associated site infrastructure including a total of 150 temporary car parking spaces on the Arthur Stone Annexe and Main Hospital Site;
 5. Retention of the existing single storey Geriatric / Aged Day Care Service Building on the Arthur Stone Annexe;
 6. Establishment of new site access and cross over locations; and
 7. Implementation of soft and hard landscaping.
- **Stage 2** – seeks relocation of the Josephs Hospital from its current location (Normanby Road, Auburn) to the Auburn Hospital site. The new 82 bed St Joseph's Hospital will be integrated with the new Auburn Hospital. The remaining portions of the Main Hospital Site and Arthur Stone Annexe will accommodate residential development over multi-level car parking.

Figure 5 (overleaf) illustrates the proposed distribution of uses. The grey hatching denotes the extent of the "temporary" car parking approved under Stage 1 (i.e. the recently approved project application) which will be redeveloped to accommodate St Joseph's Hospital and residential development.

To accommodate Stage 2, the distribution of car parking approved and provided under Stage 1 will require reconfiguration. The new multi-level car parks referred to above will accommodate the Stage 1 car parking as well as any new car parking requirements generated by St Joseph's Hospital and the residential development proposed under the concept plan.

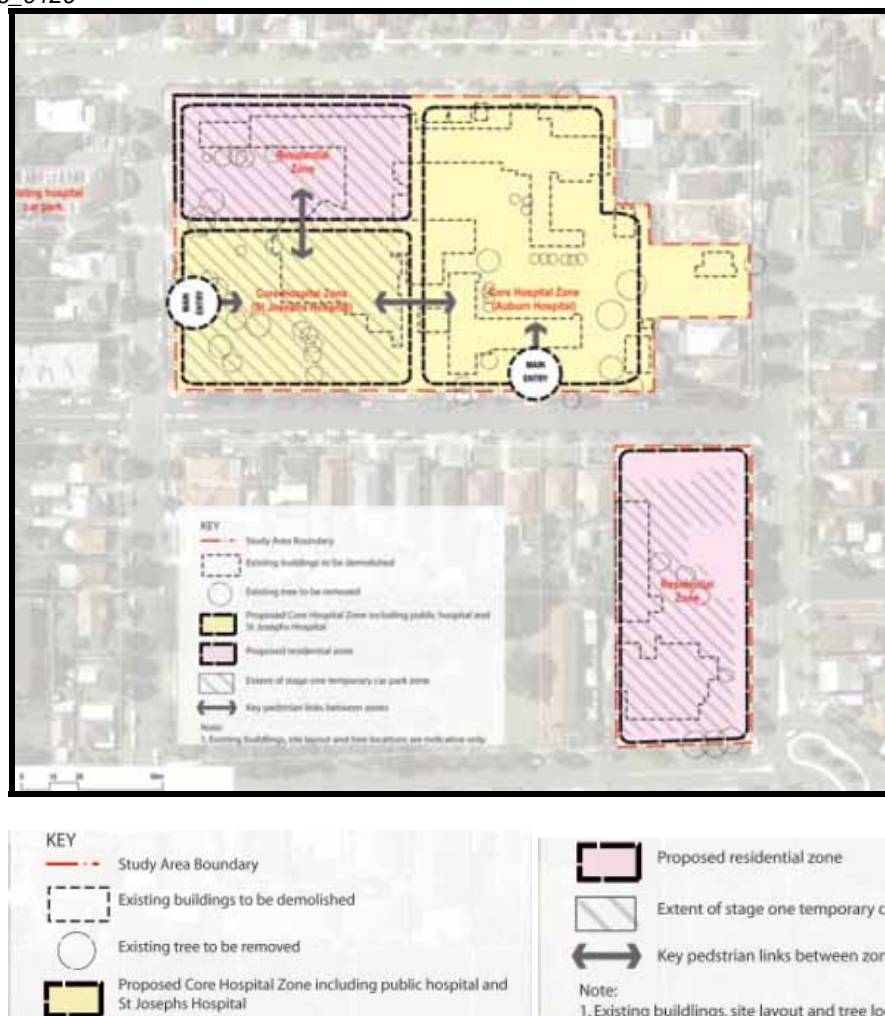


Figure 5 – Distribution of Uses

3.2 Development Originally Sought

When initially lodged for public exhibition, concept plan approval was sought for;

- redevelopment of Auburn Hospital;
- relocation of the 82-bed St Joseph's Hospital from its current location to a purpose built facility on the Main Hospital Site;
- envelopes for the future construction of two 9 storey residential towers over multi-level car parking (of 4 storeys) on the north east corner of the Main Hospital Site;
- envelopes for the future construction of 4 / 5 storey residential development on the Arthur Stone Annexe.

An indicative plan of the initial concept proposal can be seen in Figures 6 & 7.

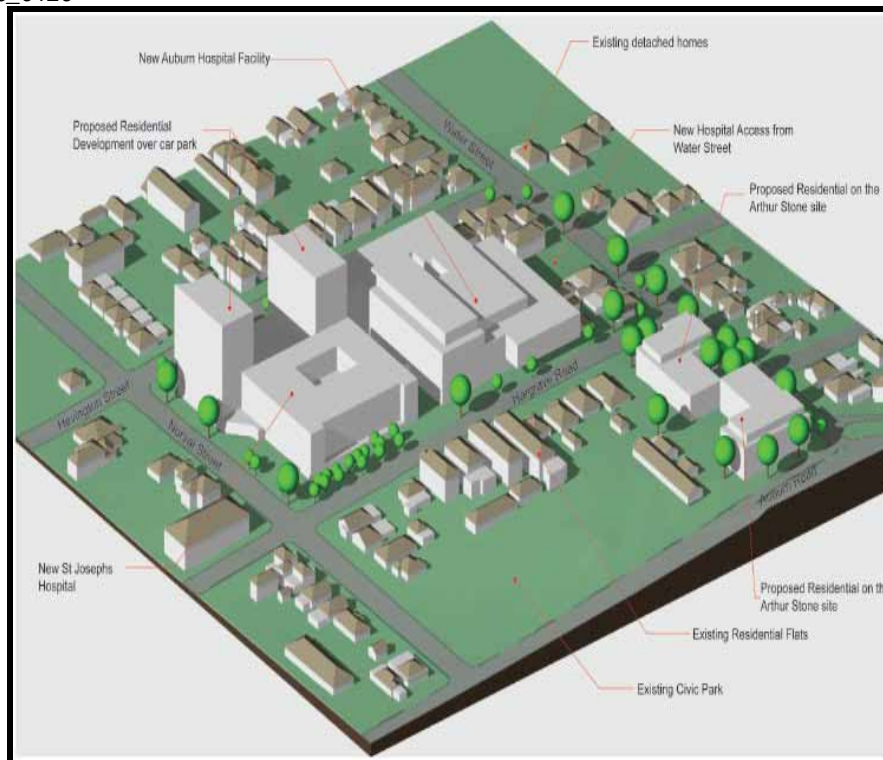


Figure 6 – Initial Concept Plan Proposal, Indicative Built Form and Massing



Figure 7 – Initial Concept Plan Proposal, Indicative Heights

3.2 Preferred Project Report

Following exhibition of the proposal, the proponent submitted a Preferred Project Report making a number of amendments to the exhibited concept plan. The amendments have been made to respond to issues raised in submissions and relate largely to the residential components of the proposal. The amendments include;

- Reduction in the height of the two residential towers above the multi-level car park from RL 63.4m to RL 55.44m (effectively a 3 storey reduction in height);
- Redistribution of the bulk and mass of the residential towers to improve street interface;
- Reduction in the number of storeys proposed on the Arthur Stone Annexe from 4 / 5 storeys to 3 / 4 storeys to be generally consistent with Auburn Council's Residential Flat Building DCP;
- Reducing the total residential GFA by 4,800sq.m;
- Removal of vehicular access from Water Street to the Arthur Stone Annexe. Access is provided from Hargrave and Auburn Roads;
- Commitment to reduce the proposed quantum of residential car parking as a result of scaling back the residential development and;
- Lowering of the multi-level car park overall height above ground.

The proposal is described in detail in Table 2 below, whilst Figures 8 – 10 illustrate components of the proposal graphically. Figures 11 and 12 summarise the broad development parameters for each of the four "development zones" whilst cross sections of the proposal are shown in Figure 13.

Table 2: Auburn Hospital Preferred Project Report

Aspect	Description
Development description / staging	<p><u>Stage 1</u></p> <ul style="list-style-type: none"> ▪ Staged demolition of all buildings on both sites; ▪ Construction of new Auburn Hospital; and ▪ Provision of 273 car parking spaces on the Arthur Stone Annexe and the main hospital site. <p><u>Stage 2</u></p> <ul style="list-style-type: none"> ▪ Relocation of 82 bed St Joseph's Hospital to the Auburn Hospital site; ▪ Building envelope for the future construction of two residential towers accommodating 60 dwellings (max) over a 4 storey car park on the Main Hospital Site; and ▪ Building envelope for the future construction of one 4 storey (max) residential development accommodating 55 dwellings (max) on the Arthur Stone Annexe.
Land use distribution (Figure 5)	<p><u>Main Hospital Site</u></p> <ul style="list-style-type: none"> ▪ New 204-bed Auburn Hospital ▪ New 82-bed St Joseph's Hospital ▪ Residential zone located in the NE corner of the site (two 6 storey towers) <p><u>Arthur Stone Annexe</u></p> <ul style="list-style-type: none"> ▪ Residential development (3 – 4 storey block)
GFA / Footprints	<p><u>GFA</u></p> <ul style="list-style-type: none"> ▪ Hospital purposes – 37,900m² ▪ Residential purposes – Main Hospital site 9000 m² / Arthur Stone Site 8000m² ▪ Approximate yield 115 units <p><u>Land and Building Footprints</u></p> <ul style="list-style-type: none"> ▪ Total land dedicated to Hospital purposes – 9,700m² ▪ Total land dedicated to Residential purposes – 3,500m² (both sites) ▪ Total land dedicated to Car parking purposes – 2,400 m²
Height (Figure 8)	<p><u>Hospital Purposes</u></p> <ul style="list-style-type: none"> ▪ Auburn Hospital – 5 storeys (48.5 AHD) ▪ St Josephs Hospital – 4 storeys (48.5 AHD) <p><u>Residential Purposes</u></p> <ul style="list-style-type: none"> ▪ Main Hospital Site – potential for about 6 storeys (capped at 55.4 AHD) (on top of a 4 storey car park to 37.4AHD) ▪ Arthur Stone Annexe – 3 / 4 storeys (48.2 AHD max)

Landscaping	A 'green fringe' will be established along all hospital frontages with a 'green spine' generally through the middle of the Main Hospital Site. Provision has been made to retain some mature trees standing on the Arthur Stone Annexe.
Access and Car Parking (Figure 10)	<p><u>Hospital Purposes</u></p> <ul style="list-style-type: none"> ▪ Main Public Access – Hargrave Road ▪ Emergency – Water Street ▪ Main Hospital Servicing – Hevington Road ▪ St Josephs Hospital – Norval Street ▪ Car Parking – 273 spaces <p><u>Residential Purposes</u></p> <ul style="list-style-type: none"> ▪ Main Hospital Site – Hevington Road from east and Norval Street from north ▪ Arthur Stone Annexe – Hargrave Street and Auburn Road ▪ Car Parking – 170 spaces <p>Internal pedestrian links will connect Auburn and St Josephs Hospital. Pedestrian links will also connect car parks and a centrally located cross site pedestrian link will connect Hevington Road and Hargrave Road. The existing pedestrian link across Norval Street to the on-grade car park opposite will be retained.</p>



Figure 8 – Building Footprints and Heights



Figure 9 – Indicative Built Form and Massing

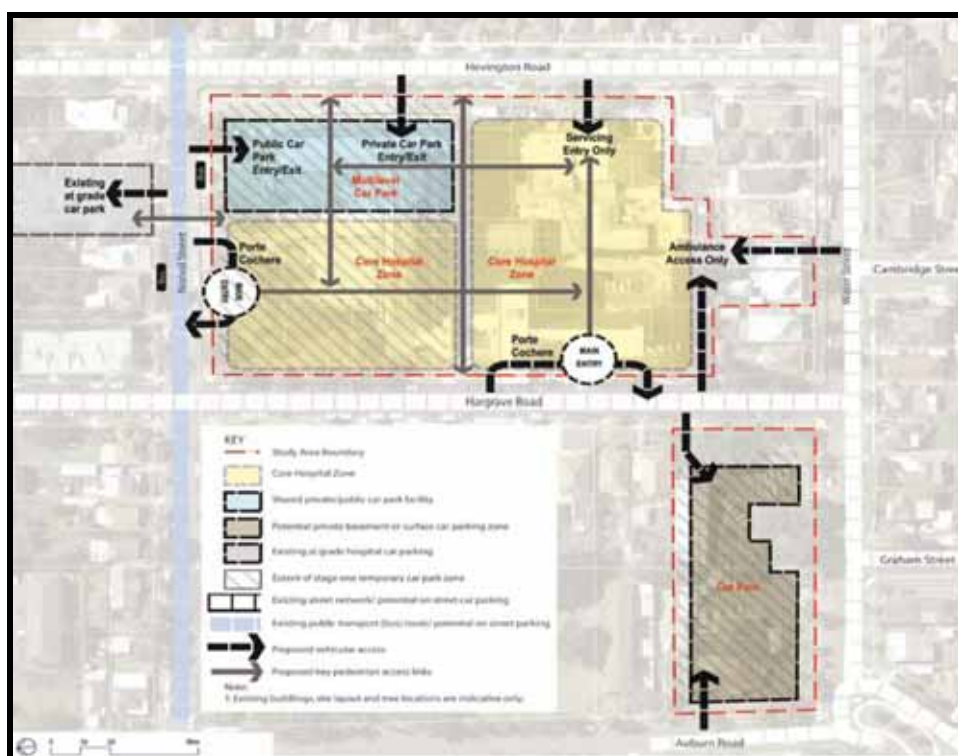


Figure 10 – Car Parking and Access Strategy

Development Zone 3 (Hevington Rd Residential)	
Lot Area	3,425 m ²
Stage 1	
Use	Car Park
Car Parking	17 spaces
Stage 2	
Use	Residential / Car Park
Footprint	
Car Park	2,400 m ²
Residential	1,250 m ²
Maximum Building Height (AHD)	
Car Park	37.4 AHD
Residential	55.4 AHD
Maximum Floor Space	9,000 m ²
Car Parking	363 (max)
Residential	90
Hospital	273
Setbacks	
Norval Street	5 m
Hargrave Road	10 m

Development Zone 2 (St Joseph's)	
Lot Area	4,470 m ²
Stage 1	
Use	Car Parking
Car Parking	40 – 150
Stage 2	
Use	Hospital
Footprint	3,700 m ²
Maximum Building Height (AHD)	4 storeys (44.0 AHD)
Maximum Floor Space	11,400 m ²
Setbacks	
Norval Street	5 m
Hargrave Road	5 m

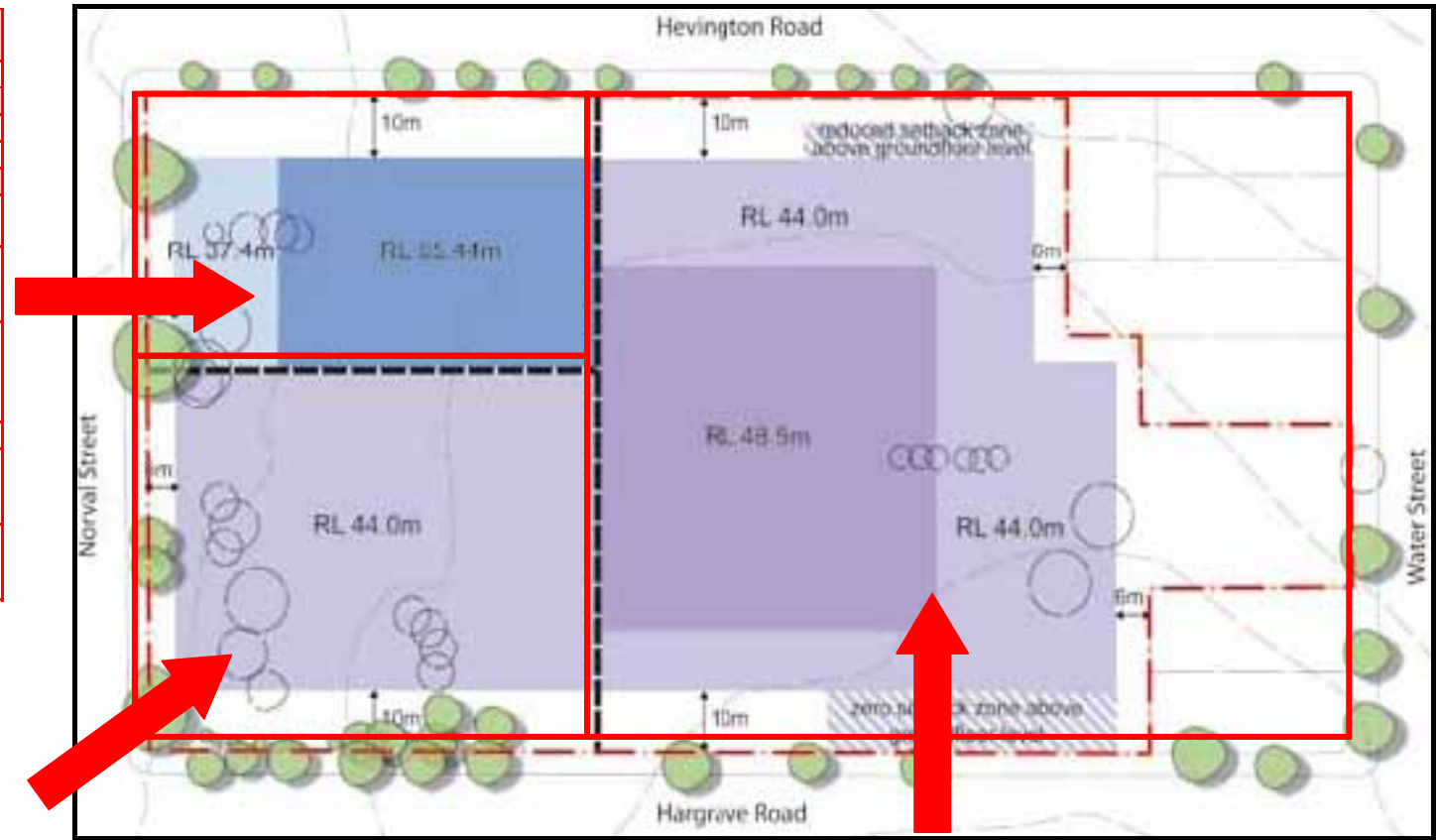


Figure 11: Proposed Development Controls on the Main Hospital Site

Development Zone 1 (Auburn Hospital)	
Lot Area	10,145m ²
Use	Hospital
Footprint	6,000m ²
Maximum Building Height (AHD)	5 storeys 48.5
Maximum Floor Space	26,500m ²
Setbacks	
Hevington Road	10 m
Hargrave Road	10 m

Development Zone 4 (Arthur Stone Annexe)	
Lot Area	5,107 m ²
Stage 1	
Use	Car Parking
Car Parking	120 spaces
Stage 2	
Use	Residential
Footprint	2,500m ²
Maximum Building Height (AHD)	
▪ 3 storey	(42.7 - 45.2)
▪ 4 storey	(45.7 - 48.2)
Maximum Floor Space	8,000 m ²
Car Parking	80 (min)
Setbacks	
Hargrave Road	5 m
Water Street	3 m
Auburn Road	5 m

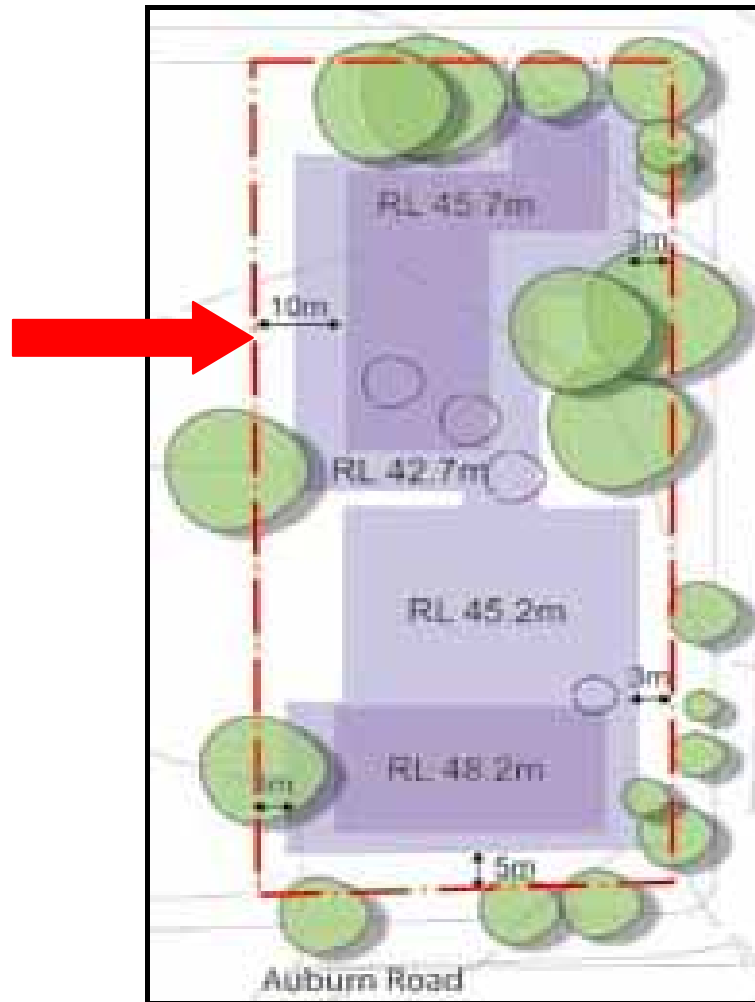
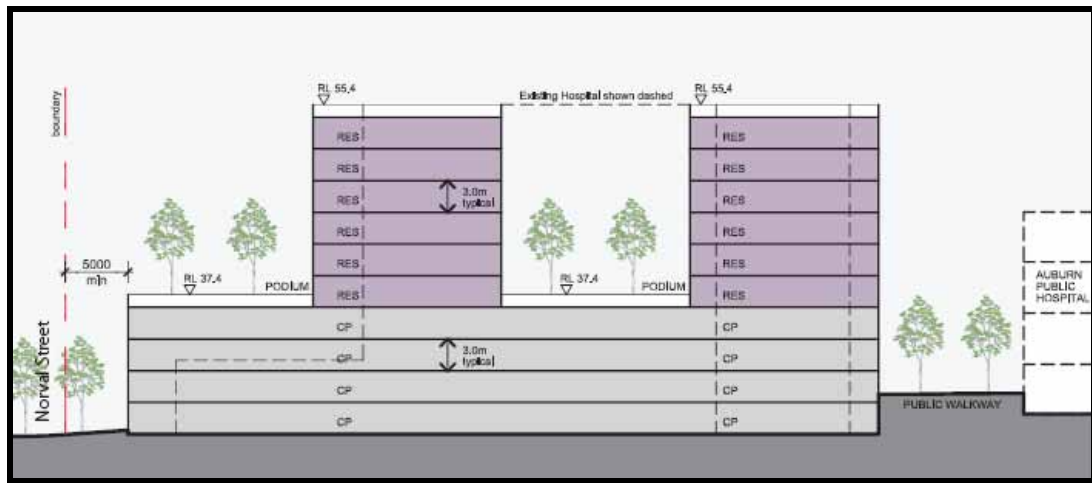
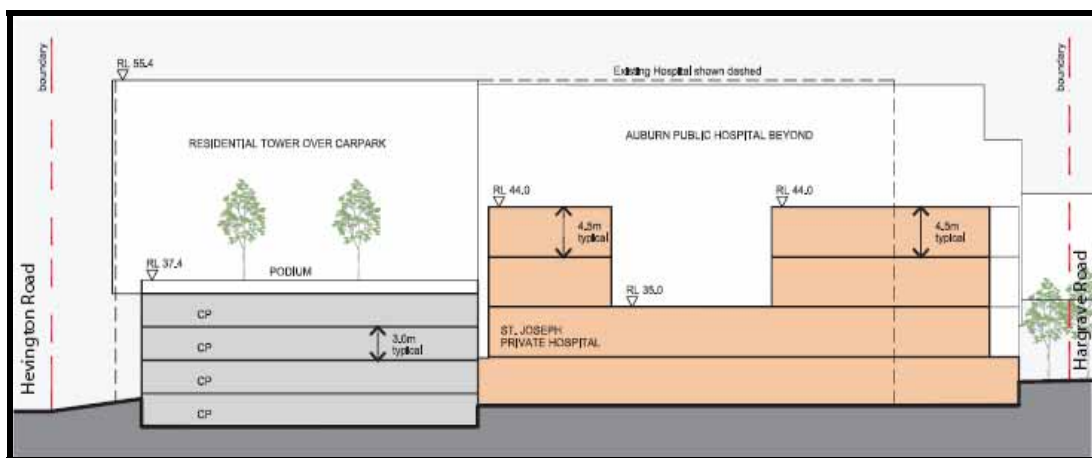


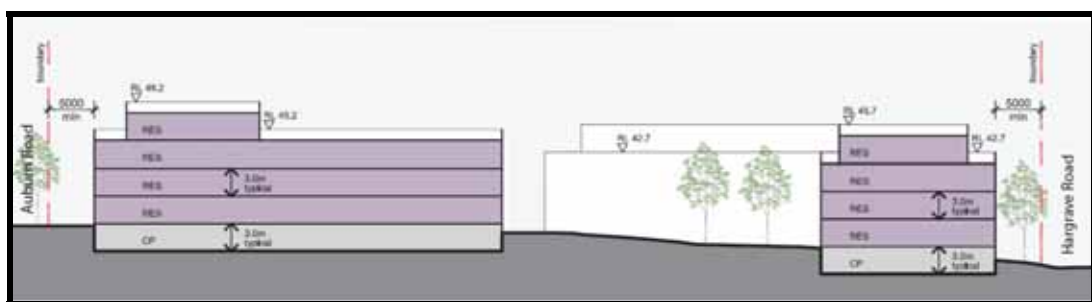
Figure 12: Proposed Development Controls on the Arthur Stone Annexe



North – South Section (Residential Development between Norval Street and Auburn Hospital)



East – West Section (Residential and St Joseph's Hospital Developments between Hevington Road and Hargrave Street)



East – West Section (Arthur Stone Annexe Residential Development between Auburn Road and Hargrave Road)

Figure 13 – Cross Sections

4 STATUTORY CONTEXT

4.1 The Environmental Planning and Assessment Act 1979

Part 3A of the *Environmental Planning and Assessment Act 1979* (the Act) commenced operation on 1 August 2005. Part 3A consolidates the assessment and approval regime of all Major Projects previously considered under Part 4 (Development Assessment) or Part 5 (Environmental Assessment) of the EP&A Act.

Under the provisions of Section 75B of the Act development may be declared to be a Major Project by virtue of a State Environmental Planning Policy or by order of the Minister published in the Government Gazette.

4.2 State Environmental Planning Policy (Major Projects) 2005

State Environmental Planning Policy (Major Projects) 2005 (Major Projects SEPP) outlines the types of development declared a project for the purposes of Part 3A of the Act. For the purposes of the Major Projects SEPP certain forms of development may be considered a Major Project if the Minister (or his delegate) forms the opinion that the development meets criteria within it.

On 28 April 2006, the Director General as delegate of the Minister, formed the opinion that the project is a development which meets the criteria of Clause 18, Group 7 of Schedule 1 of the SEPP, namely:

Hospitals

- (1) *Development that has a capital investment value of more than \$15 million for the purpose of providing professional health care services to people admitted as in-patients (whether or not out-patients are also cared for or treated there), including ancillary facilities for:*
 - a) *day surgery, day procedures or health consulting rooms, or*
 - b) *accommodation for nurses or other health care workers, or*
 - c) *accommodation for persons receiving health care or for their visitors, or*
 - d) *shops or refreshment rooms, or*
 - e) *transport of patients, including helipads and ambulance facilities, or*
 - f) *educational purposes, or*
 - g) *research purposes, whether or not they are used only by hospital staff or health care workers and whether or not any such use is a commercial use, or*
 - h) *any other health related use. is the subdivision of land (not including strata subdivision or boundary adjustments), or*
 - i) *has a capital investment value of more than \$5 million.*
- (2) *For the purposes of this clause, professional health care services include preventative or convalescent care, diagnosis, medical or surgical treatment, psychiatric care or care for people with disabilities, care or counseling services provided by health care professionals.*

The Director General formed that opinion having satisfied himself that the \$170 million Capital Investment Value (CIV) of the proposal exceeds the \$15 million threshold identified in the SEPP.

4.3 Concept Plan

In September 2006, NSW Health wrote to the Minister seeking his authorisation to a concept plan for the site. The Minister agreed to this request on 25 September 2006 pursuant to Section 75M of the Act.

4.4 Permissibility

Auburn City Local Environmental Plan 2000 (Auburn LEP) zones the site 2(b) Residential (Medium Density) as indicated in Figure 14:

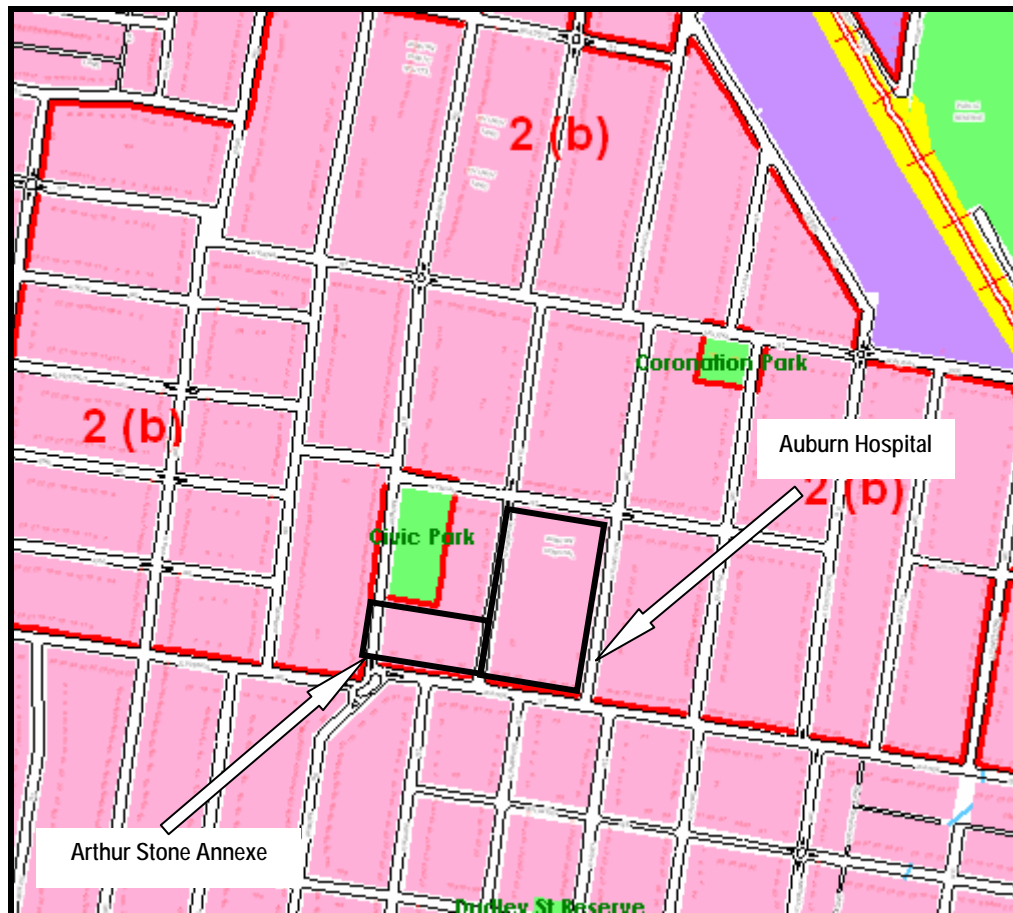


Figure 14 – Zoning Map

Whilst hospitals are permissible in the 2(b) Residential (Medium Density) with development consent, residential flat buildings as proposed in Stage 2 of the concept plan are not permissible in the underlying zone. Notwithstanding this, Section 75O(3) provides the Minister with the power to approve the concept plan as the proposal is not wholly prohibited.

This means, however, that the site will require a rezoning either through the State Significant Sites (SSS) process or the conventional LEP process at some point to facilitate the site's redevelopment for residential uses at the proposed heights and densities. The Minister agreed to consider the site as a potential SSS on 3 June 2006 and in doing so instructed the Director General to undertake or make arrangements for a study in accordance with clause 8 of the Major Projects SEPP. The proponent has not yet submitted the SSS study, preferring to focus on obtaining a concept plan approval in the first instance. This approach does not preclude the Minister approving the concept plan.

4.5 Other relevant legislation and environmental planning instruments

Appendix G sets out the relevant consideration of legislation (including other Acts) and environmental planning instruments as required under Part 3A of the Act.

5 CONSULTATION AND ISSUES RAISED

5.1 Public Exhibition

Section 75H(3) of the EP&A Act requires that once the Environmental Assessment ("EA") has been accepted by the Director General, the Director General must, in accordance with any guidelines published in the Gazette, make the EA publicly available for at least 30 days. The Director General has not published any specific guidelines in relation to the public exhibition of the Project Application.

A "test of adequacy" was undertaken by the Department which determined that the matters contained in the Environmental Assessment Requirements were adequately addressed in the EA prior to public exhibition.

Broadly the process followed in terms of the public exhibition was as follows:

- Concurrent public exhibition of the Concept Plan and Project Application (for Stage 1 as approved by the Minister on 26 January 2007) from 18 October 2006 until 16 November 2006.
- Copies of the concept plan and EA were available for inspection at the Auburn City Council offices and the Department of Planning's offices in Sydney during the exhibition period.
- Details of the application were published in the Sydney Morning Herald, Auburn Pictorial Review and made available on the Department of Planning's website.
- Copies of the EA were forwarded to relevant Government agencies, key stakeholders and adjoining businesses.
- All landowners in the vicinity of the site were notified and invited to make submissions. A total of 808 notification letters were hand-delivered.

In response, the Department received 3 written submissions from Auburn City Council, the Ministry of Transport (MoT) and the NSW Heritage Office, and 4 public submissions which raised a number of issues. Copies of submissions received for the project application are provided at Appendix E together with a summary table setting out all issues raised during the exhibition period. The Department forwarded these responses to the proponent on 29 November 2006 as required.

5.2 Issues raised

The issues raised during the public exhibition period were generally in response to both the Stage 1 project and Stage 1/2 Concept in tandem. The issues raised in relation to the Concept Plan mainly relate to the residential components of the proposal. Table 3 below summarises the issues raised in relation to the Concept Plan:

Table 3: Summary of Issues

Submitter	Issue Raised
Public Submissions	<ul style="list-style-type: none">▪ Streetscape (height, bulk & scale);▪ Density;▪ Compatibility with surrounding development;▪ Future health care expansion;▪ Heritage;▪ Tree loss;▪ Residential amenity;▪ Metropolitan strategy; and▪ On street car parking.
Auburn Council	<ul style="list-style-type: none">▪ Built form, height bulk and scale;▪ Landscaping;▪ Traffic, car parking & traffic controls;▪ Density;▪ Residential land use / future health care expansion;▪ Permissibility;

	<ul style="list-style-type: none">▪ Houses to the south of the Main Hospital Site; and▪ Detailed plans – Stage 2.
Heritage Office	<ul style="list-style-type: none">▪ Supported the proposal with conditions relating to Stage 1.
Department of Planning	<ul style="list-style-type: none">▪ Built form;▪ Residential land use / future health care expansion;▪ Density / Metro Strategy;▪ Overshadowing;▪ Statement of Commitments; and▪ S.94 Contributions.
MoT	<ul style="list-style-type: none">▪ Public transport assessment & promotion;▪ Opportunities for staff and residential car parking reductions;▪ Bus priority measures;▪ Implications for Parramatta Rd Corridor and Lidcombe rail turn back;▪ Implementation of a travel smart program;▪ Mode share targets;▪ Pedestrian and cyclist links – safer by design; and▪ Access for aged and disabled.

On 28 February 2007 the proponent lodged a response to the issues raised together with a preferred project report and a revised statement of commitments pursuant to Section 75H(6) of the Act. This is provided at Appendices C and D.

5.3 Independent Hearing and Assessment Panel

Section 75G of the Environmental Planning and Assessment Act provides that the Minister may constitute an independent panel to assess any aspect of a project. No panel was constituted for the purposes of Section 75G.

6.0 ASSESSMENT

6.1 Director General's Environmental Assessment Report

The purpose of this submission is for the Director General to provide a report to the Minister for the purposes of deciding whether or not to grant concept plan approval to the proposal pursuant to Section 750 of the Act.

Section 751(2) sets out the scope of the Director General's report to the Minister. Each of the criteria set out therein have been addressed as outlined in Table 4:

Table 4: Compliance with Section 751(2) of the Environmental Planning and Assessment Act, 1979

Section 751(2) criteria	Response
(a) a copy of the proponent's environmental assessment and any preferred project report;	The proponent's EA is included at Appendix F whilst the preferred project report is set out for the Minister's consideration at Appendix C.
(b) any advice provided by public authorities on the project;	All advice provided by public authorities on the project for the Minister's consideration is set out at Appendix E
(c) a copy of any report of a panel constituted under Section 75G in respect of the project;	No independent hearing and assessment panel was undertaken in respect of this project
(d) a copy of or reference to the provisions of any State Environmental Planning Policy (SEPP) that substantially govern the carrying out of the project;	A brief assessment of each relevant State Environmental Planning Policies that substantially govern the carrying out of the project is set in Appendix G.
(e) except in the case of a critical infrastructure project – a copy of or reference to the provisions of any environmental planning instrument that would (but for this Part) substantially govern the carrying out of the project and that have been taken into consideration in the environmental assessment of the project under this Division; and	An assessment of the development relative to the prevailing EPI's is provided in Appendix G.
(f) any environmental assessment undertaken by the Director General or other matter the Director General considers appropriate.	The environmental assessment of the project is this report in its entirety.
(g) a statement relating to compliance with the environmental assessment requirements under this Division with respect to the project.	The EA and subsequent submissions by the proponent forms the basis for consideration of the significant issues associated with the development. The Department is satisfied that the project complies with the environmental assessment requirements issued on 30 June 2006.

6.2 Summary of Significant Issues

Clause 8B of the Regulation sets out the matters for environmental assessment and Ministerial consideration. It states that the Director General's report is to include an assessment of the environmental impact of the project, any aspect of the public interest that the Director General considers relevant to the project, the suitability of the site for the project and copies of public submissions received by the Director General.

The **suitability of the site** can be readily justified, as outlined below:

- a major hospital facility currently occupies the site, and the proposal seeks to enhance existing services / facilities to cater for the rapidly expanding population;
- the site presents a good opportunity to consolidate core medical facilities, and in doing so will improve pedestrian and vehicular circulation and landscaping thereby increasing the amenity of the hospital users and residents;
- continuation of strong community and cultural associations with the hospital use of the site;
- provision of highly accessible health care services;
- the site is centrally located in a predominantly residential area and has good bus connections to

Auburn Town Centre. The site is also located within a 20 minute walk to Auburn Town Centre and Auburn Rail Station and within a 2 minute walk to local parks;

- the topography lends itself to the construction of basement areas / lower ground floors for car parking, servicing and loading, thereby providing opportunities for good urban design outcomes at street level and above;
- total of up to 100 construction jobs and provision of 215 ongoing operational jobs for Stage 2 of the project;
- \$170 million hospital creating significant employment and ongoing economic benefits; and
- Multiplier effects associated with attracting and supporting complementary services and facilities to the area.

Similarly the **public interest** can be satisfied on the basis that the expected growth and changing demographic of the Auburn population has significant implications for the capacity of the Auburn's health services. Key factors that need to be considered are:

- the population growth of Auburn is likely to continue generating a high level of demand for public health services;
- expected growth in demand for acute services for adults;
- expected increases in out-patient and community based services as a result of shorter stays for in-patient care;
- expected increase / growth in maintenance renal dialysis services, births, planned surgical activity, and dental care;
- the proposal will support the State Government's housing policy for the West Central Sub Region, in accordance with the Metropolitan Strategy;
- the proposal will support urban renewal between the Sydney CBD and Parramatta corridor, in accordance with the Metropolitan Strategy; and
- the proposal will maximise the use of existing infrastructure and public transport.

It should be noted that major project application MP 06_0129 was submitted on 6 October 2006 for the redevelopment of the Auburn Hospital (Stage 1 of the proposal). The issues considered under Stage 1 included;

- Conservation, heritage and archaeology (specifically demolition of Arthur Stone Building);
- Traffic generation and management;
- Car parking provision;
- Urban design – setbacks;
- Contamination;
- Tree loss and landscaping;
- Stormwater; and
- Construction impacts.

These issues were resolved through the assessment of a major project application (MP 06_0129) which was approved by the Minister for Planning on 26 January 2007. The concept plan is consistent with the approved project application.

The Department's assessment of the environmental impacts of stage 1 forms part of MP 06_0129. This report concentrates on an assessment of the significant issues associated with the remaining portions of the proposal (i.e. Stage 2 of the Concept Plan proposal, which includes works on both sites) on the basis of the environmental assessment, submissions received and the Preferred Project Report lodged on 28 February 2007. There are a number of outstanding issues which require further consideration and resolution, as set out below.

Issue:

Concern was raised regarding the impacts that introducing residential uses on a Special Uses zoned site may have on the future expansion of health care facilities.

Raised by:

Auburn Council and surrounding residents.

Consideration:

Residential development is proposed on the surplus lands to establish an economic basis for the provision of the new healthcare services for western Sydney and to provide an additional supply of housing in a well serviced area. The proponent has advised that the quantum of residential development has been carefully balanced between the public benefits of providing new healthcare facilities and the environmental impacts associated with the residential development.

The proponent argues that the residential development as proposed is acceptable for the following reasons;

- the inclusion of residential land uses recognises that hospitals are 'Magnet Infrastructure' that attract a variety of supplementary land uses;
- it is anticipated that residential development on the Main Hospital Site would not solely be used for private residential purposes (i.e. could accommodate temporary accommodation or staff / student / nurses housing);
- the 2b Residential (Medium Density) zone permits residential development;
- the residential development will provide a greater variety of dwelling type and mix in the area;
- the site is relatively well serviced by public transport and is within walking distance to Auburn Town Centre; and
- the amended built form (as proposed in the PPR) aims to achieve a 'nil change' in height, mass, scale and overshadowing impacts when compared to the existing hospital.

NSW Health have advised that the residential components are unlikely to limit expansion of future health services on this site as both the approved Stage 1 and Stage 2 components have been designed to accommodate anticipated growth / expansion forecast over the health planning horizon. Provision has been made within the Auburn Hospital proposal to permit future extension of the Hospital (subject to separate approvals). The proponent has also indicated that opportunities may exist to purchasing adjoining residences overtime (as has been the case to date).

The Department generally accepts the proponent's argument for the inclusion of residential development on the site. It is considered that residential development on surplus lands will help deliver improved health care services to western Sydney which will ultimately provide positive social and economic outcomes for the Auburn locality and wider region. The entire footprint of the development at ground level is hospital based and the residential component is only 19% of the total GFA. It is also considered that the residential development is appropriate in this area because the surrounding land use is predominantly residential and as discussed in Section 6.4 below, the visual and physical impacts associated with the proposal are considered to be acceptable. Furthermore, the site is relatively well serviced by public transport and is in close proximity to Auburn Town Centre.

6.4 Residential Built Form

Issues:

- Excessive height proposed by the residential components of the proposal and the potential overshadowing impacts;
- Appropriateness of proposed residential densities;
- Compliance with Metropolitan Strategy objectives and the Government's integrated land use and transport policies.

Raised by:

Auburn Council and surrounding residents.

Consideration:

The exhibited proposal sought approval for two 9 storey residential towers above 4 storey (above ground) multi-storey car parking on the Main Hospital Site and 4 - 5 storey residential development on the Arthur Stone Annexe. Auburn Council's and community submissions raised concern that the residential components as proposed would be out of character with the surrounding area and would therefore have a negative visual impact.

To address this issue the proponent made a number of amendments to the entire proposal through the preferred project report. In summary, they include:

- reduction in the height of the two residential towers above the multi-level car park from RL 63.4m to RL 55.44m (effectively a 3-storey reduction in height);
- redistribution of the bulk and mass of the residential towers to improve street interface;
- lowering of the multi-level car park overall height above ground (maximum RL 37.4m)*;
- reduction in the number of storeys proposed on the Arthur Stone from 4 – 5 storey to 3 – 4 storeys to be generally consistent with the Auburn Council Residential Flat Building DCP;
- Reducing the proposed number of residential units from approximately 160 to approximately 115; and
- Reducing the total residential GFA by 4,800sq.m.

*It should be noted that the proponent has capped the height of the car park above ground at RL37.4m. However there is potential for the car park to be constructed underground if desired. This may result in additional residential storeys being constructed between the car park and the maximum residential RL of 55.4m, but no more than 9,000sq.m of residential floor space. The flexibility afforded may allow a more slender built form which may improve separation, setbacks, amenity, design and overshadowing outcomes. This will not result in additional height or GFA (9,000sq.m) despite the ability to add additional storeys as the maximum height and GFA have been capped. This has been reinforced by way of a modification to the concept plan.

The proponent also submitted a streetscape analysis plan to assess the visual impact of the proposal and a indicative built form and massing diagram to illustrate the extent of the above amendments. Figures 15 and 16 illustrate the proposal pre- and post-exhibition, with the above amendments.

The reduced proposal is an acceptable outcome for the **Main Hospital Site** on the grounds that the reduced height will match the height of the existing hospital. The amended built form aims to achieve a 'nil change' in height, mass, scale and overshadowing impacts when compared to the existing hospital. The proponent has submitted overshadowing diagrams which indicate that the residential development on the **Main Hospital Site** will cast fewer shadows than the existing hospital building.

In relation to the **Arthur Stone Annexe**, the proponent argues that the proposal (in its reduced form) is not dissimilar to other 3 storey residential developments in the area, and will provide a built form consistent with the Council's Residential Flat Buildings Code. The proposal will form an appropriate transition in bulk and scale with the development located on the Main Hospital Site. The proponent also argues that the reduced height will provide a scale consistent with the existing mature trees to be retained on site. This will help visually absorb the proposed 3 – 4 storeys. The additional shadows cast by development on the **Arthur Stone Annexe** will mainly fall across the subject site and the adjoining streets rather than neighbouring properties as the proposal has the benefit of being on a large corner site, at the southern edge of the block.

The proponent has also detailed indicatively, how a future application may incorporate design features to reduce the visual impact of the proposal. These include providing appropriate architectural treatments to car park elevations, establishing articulated façades to street frontages, and providing generous landscaped setbacks. These adopted design solutions will provide a better streetscape outcome than the existing hospital buildings.

The proponent has also committed to a number of actions in relation to built form through their revised Statement

of Commitments (Appendix B). The commitments seek to address the concerns raised by Council and the community in relation to height and overshadowing. The commitments include:

- detailed design phases will comply with the principles and development controls set out in the PPR.
- residential components will be designed to comply with the provisions of SEPP 65 and Residential Flat Design Code, BASIX and the BCA;
- detailed overshadowing analysis will be required as part of subsequent approvals to ensure the height, location and massing of new built form is consistent with the PPR;
- an analysis of visual impacts will be submitted as part of future applications to ensure that the detailed design is consistent with the principles set out in the PPR; and
- complementary street tree planting will be provided to augment existing landscaping and to compensate for the loss of any trees.

The Department has also undertaken an assessment of the proposed setbacks within the Concept Plan against the controls contained within the SEPP 65 Residential Flat Design Code (RFDC). Setbacks are an important consideration because they will influence the legible scale of the built form when viewed from the street and they influence the impact of the future development upon residential amenity, both inside the site and upon neighbouring properties.

It is considered that the setbacks proposed are generally consistent with the RFDC and the established setback pattern within the street. Some inconsistencies with the RFDC were however, identified. For instance, the separation distances between the two residential towers on the Main Hospital site require a minimum separation distance of 18m as apposed to 16m currently identified. Further details will be required to assess the setbacks for the development to comply with the RFDC. This can be addressed at the future application stage.

It is clear at this conceptual stage that the proposal can comply with the RFDC as articulation of the façade treatments within the envelopes and the internal design of the dwellings is not yet resolved. Compliance can be achieved dependent upon these matters. Nonetheless a modification is included to enable flexibility to reconfigure the envelopes proposed to better achieve compliance.

The Department generally accepts the arguments presented by the proponent and considers the revised proposal to be generally acceptable. The reduced heights and the redistributed bulk and scale of both residential components have successfully reduced the visual impacts of the proposal. The built form of the residential components will maintain the bulk and scale relationship with the existing hospital and the incorporated design features will also reduce the visual impact of the proposal. In addition, the built form will have acceptable physical impacts on surrounding properties. On this basis the Department supports the amended proposal.

Whilst the built form of the proposal is considered to be acceptable, **Modification No. 5 (Visual Amenity)** seeks to ensure that appropriate articulation and architectural treatment is incorporated into the detailed design stage of the proposal. This is to include all components of the proposal including the multilevel above ground car park located on the north east corner of the main Auburn Hospital Site. In addition **Modification No.6 (Setbacks)** provides flexibility so the setbacks proposed for the residential components of the proposal are consistent with and can comply with the RFDC.

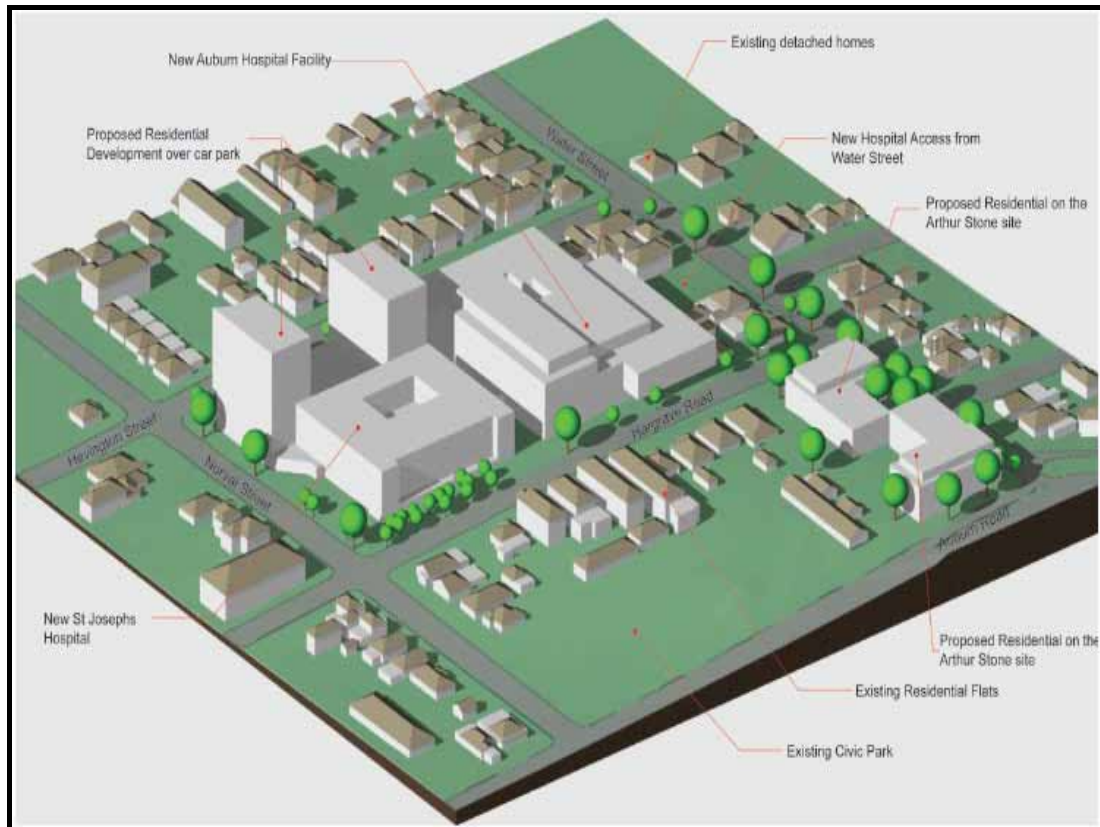


Figure 15 – Exhibited Concept Plan Proposal, Indicative Built Form and Massing



Figure 16 - Preferred Project - Indicative built form and massing

Auburn Council and surrounding residents have also raised concern that the proposed residential densities are inappropriate for the area on the basis that it will have a negative impact on residential amenity, car parking and traffic. The reduced heights discussed above, have directly reduced the proposed residential gross floor area on the **Main Hospital Site** from 12, 000m² to 9, 000m² and 9, 800m² to 8,000m² on the **Arthur Stone Annexe** (total reduction of 4800m²). This consequently means that proposed densities have also been reduced as has the likely dwelling yield which the proponent has indicated has dropped from 160 (exhibited concept plan) to 115 dwellings (PPR). Using the 80% rule (in anticipating true GFA by excluding inefficiencies such as voids and lift wells) this will result in an average unit size of 118 m², typical of a large 2 bedroom unit. It should be noted however, that in the absence of a preferred dwelling mix and size, the final dwelling yield cannot be determined at concept plan stage.

The residential densities have been carefully balanced to ensure that the residential floor space proposed is sufficient to underpin the economic viability of the overall project without jeopardising the residential amenity of the surrounding area. The residential development will help secure a higher degree of financial independence for the Auburn Hospital and consolidate its resources to better serve the public health requirements of the Western Sydney area. The setting of the Arthur Stone Site is residential and the proposed densities are appropriate.

Notwithstanding the financial justification for the proposed densities, an analysis of the Metropolitan Strategy adds further justification to the proposed residential densities. Central to this argument is defining how the proposal meets integrated land use and transport aims and objectives. In summary, the proposal is considered to be consistent with the Metropolitan Strategy for the following reasons;

- the site is identified within the Metropolitan Strategy as it lies within the West Central Sub Region which is to contribute 95,000 new dwellings by 2031. The proposal will help cater for the growing health demand and will help contribute to this number of new dwellings;
- the site is also identified within the Metropolitan Strategy as lying within the renewal corridor between the Sydney CBD and Parramatta. It is considered that the redevelopment of the site will help achieve urban renewal within the corridor while maximising use of existing infrastructure in line with the Metropolitan Strategy;
- the subject site lies within close proximity to the regional transport network, being Auburn and Lidcombe train stations (see Figure 17). The site is also serviced by buses (route 908) linking the hospital to Auburn train station. Accordingly the proposal would support the Government's integrated land use and transport policies; and
- the proposal will also help fulfil the objectives of the Metropolitan Strategy and State Environmental Planning Policies, particularly those which seek to encourage urban consolidation.

The Department generally accepts the inclusion of residential development at the proposed densities on surplus land, as this will help secure a higher degree of financial independence for Auburn Hospital and consolidate its resources to better serve the public health requirements of the Western Sydney area. The amendments to the original proposal including the reduction in height, density and dwelling yield will also reduce traffic, car parking and any physical impacts associated with the proposal. The proposal also clearly meets the objectives of the Metropolitan Strategy and the Government's integrated land use and transport policies. On this basis the Department is satisfied that the residential component of the proposal is acceptable.



Figure 17 – Auburn Hospital's Proximity to Auburn Town Centre and Train Stations

6.5 Traffic Generation and Management

Issue:

Council considers that traffic calming measures and intersection controls are required given the expected increase in traffic volumes.

Raised By:

Auburn Council and surrounding residents.

Consideration:

The proponent engaged Masson Wilson Twiney to examine the existing traffic conditions in the vicinity of the site, the traffic generation of the Concept Plan proposal and its potential impact on the surrounding network. The investigations found that existing traffic flows peaked between 8.00 am and 9.00 am and 4.45 pm and 5.45 pm. The peak hour vehicle movements for those times are summarised in Table 5:

Table 5: Existing AM and PM Peak Vehicle Movements

Intersection	AM Peak	PM Peak
Norval Street / Auburn Road	380	348
Norval Street / Hargrave Road	211	236
Norval Street / Hevington Road	124	166
Water Street / Auburn Road*	659	496
Water Street / Graham Street	423	413
Water Street / Hargrave Road	115	144
Water Street / Cambridge Street	386	381
Water Street / Hevington Street	344	325
Helena Street / Auburn Road	984	879
Helena Street / Hargrave Road*	788	838
Helena Street / Hevington Street	362	393

NB: Those intersections marked with an asterisk (*) denote location of existing roundabouts

INTANAL (an intersection analysis programme) was used to determine the average delay that vehicles encounter and consequently the level of service at intersections. A comparison of these values against recognised

performance criteria was then undertaken to determine an intersection's performance. Intersections are categorised as falling into one of six levels of service (Level A – Level F). Those which experience less than 14 seconds delay are highest performing and allocated a "Level A" service whilst a 15-28 second delay is Level B service. It is not until Level E (57 -70 second delay) that mitigation control / measures are required to be explored. Table 6 indicates that all intersections in the vicinity operate at good levels of service with minimal delays to traffic passing through them (i.e. less than 14 seconds delay) with the exception of the Helena Street / Hargrave Road intersection during the afternoon peak (Level B service / 21.9 seconds average delay). Nonetheless, a Level B service is satisfactory as it does not instigate the need for mitigation measures.

Table 6: Existing Intersection Operation

Intersection	Control	AM Peak		PM Peak	
		Avg Delay	Level of Service	Avg Delay	Level of Service
Norval Street / Auburn Road	Signs	9.2	A	9.0	A
Norval Street / Hargrave Road	Signs	8.6	A	8.9	A
Norval Street / Hevington Road	Signs	8.3	A	8.5	A
Water Street / Auburn Road*	Roundabout	8.3	A	7.7	A
Water Street / Graham Street	Signs	6.9	A	6.9	A
Water Street / Hargrave Road	Signs	7.3	A	7.2	A
Water Street / Cambridge Street	Signs	6.7	A	6.8	A
Water Street / Hevington Street	Signs	7.4	A	7.1	A
Helena Street / Auburn Road	Signs	6.4	A	5.8	A
Helena Street / Hargrave Road*	Roundabout	13.5	A	21.9	B
Helena Street / Hevington Street	Signs	8.7	☆	9.1	☆

Applying the RTA's *Guide to Traffic Generating Developments* (2002), traffic generation rates for the peak hour commuting periods for the hospital and residential components were calculated. In terms of the Hospital redevelopment, the Department's assessment of the Stage 1 project application concluded there were no traffic issues. An analysis of pre- and post-development traffic movements indicate that the existing road network and surrounding intersections will continue to operate at the highest (or near highest) levels of service (as measured by the RTA's *Guide to Traffic Generating Developments*). The proposal seeks to replace the existing hospital with a similarly sized hospital and therefore the number of beds and consequently staff, visitors and general traffic generation (maximum of 20 additional vehicle trips per hour in the afternoon peaks) is not anticipated to rise significantly. Accordingly, there does not appear to be a strong nexus between the hospital redevelopment and demand for traffic calming measures / upgrades, or payment of relevant monetary contributions, including Section 94 contributions (discussed in further detail below).

To determine the traffic generation for the residential components of the proposal, Masson Wilson Twinney applied a traffic generation rate of 0.5 trips / dwelling, which is akin to the rates used to determine traffic generation for medium density residential development rather than high density residential development. Whilst the proposal is seeking approval for high density residential development it is considered appropriate to use traffic generation of 0.5 trips per dwelling because it assumes a higher rate of traffic generation than application of the high density residential development would (the RTA's recommended trips per dwelling rate is higher for medium density residential than high density residential). This approach will provide a better assessment of the capacity of surrounding streets to cope with a worst case scenario.

At these rates, the likely traffic to be generated as result of the residential and St Joseph's Hospital developments have been estimated as shown in Table 7 overleaf:

Table 7: Traffic Generation of Proposed Stage 2 Development

Land Use	No. of Beds/Units	Traffic Generation Rate (veh / hr)	Peak Period Traffic Generation (veh / hr)
Existing			
Auburn Hospital	179 beds	0.8**	143
Proposed			
Hospital*	286 beds	0.8	229
Residential	115 dwellings	0.5	58

* = include 204-bed Auburn Hospital and 82-bed St Joseph's Hospital

** = denotes traffic generation rate calculated by Department while assessing project application for Auburn Hospital Redevelopment

From Table 7 it can be seen that the Concept Plan proposal is estimated to generate a maximum of 287 vehicle trips per hour (229 + 58) as a worst case scenario. This is 144 additional traffic movements per hour than currently experienced with the existing hospital facility in place (287 – 143). Using these figures, the proponent's traffic consultant, investigated the operation of the surrounding streets to determine the impact of the additional traffic generation associated with the Concept Plan proposal. The results are presented in the Table 8:

Table 8: Proposed Intersection Operation

Intersection	Control	Thursday PM Peak (worst case)	
		Avg Delay	Level of Service
Norval Street / Auburn Road	Signs	9.3	A
Norval Street / Hargrave Road	Signs	9.4	A
Norval Street / Hevington Road	Signs	9.4	A
Water Street / Auburn Road*	Roundabout	7.9	A
Water Street / Graham Street	Signs	7.0	A
Water Street / Hargrave Road	Signs	7.1	A
Water Street / Cambridge Street	Signs	7.1	A
Water Street / Hevington Street	Signs	7.3	A
Helena Street / Auburn Road	Signs	11.0	A
Helena Street / Hargrave Road*	Roundabout	22.2	B
Helena Street / Hevington Street	Signs	9.3	☆

Table 8 indicates that all intersections in the vicinity will continue to operate at good levels of service with minimal delays to traffic passing through them (i.e. less than 14 seconds delay) with the exception of the Helena Street / Hargrave Road intersection (Level B service / 22.2 seconds average delay). Nonetheless, a Level B service is satisfactory as it does not instigate the need for mitigation measures. It is therefore safe to conclude from the above Table that whilst the Concept Plan will increase traffic in the area, the proposal will not significantly alter the existing traffic conditions. This means there will be little or no impact on the level of service afforded by the intersections in the immediate vicinity of the hospital, despite the increase in peak period traffic.

The proponent has also made the following commitments in relation to this issue;

- further traffic and parking assessment will be undertaken for the detailed design of the project to ensure that the development will be consistent with the recommendations made in the PPR;
- further liaison will be undertaken with the Ministry of Transport to ensure that full consideration is given to the integration of Auburn Hospital into medium to long term strategies or improved bus services in the local area and Region 13 a part of the annual integrated network plan reviews; and
- the transport, traffic and access proposals will support the strategic transport policy objectives contained in the Metropolitan Strategy, SEPP 11, and Auburn LEP 2000.

The RTA, whilst consulted, has not provided any comment in relation to the proposal.

The Department generally accepts the proponent's findings and on this basis it is considered that the surrounding street network can cope with the increased traffic generation associated with the proposal without requiring traffic calming measures and intersection controls as part of this Concept Plan approval. In addition, a way finding strategy is not required for the Auburn Hospital as it currently occupies the site and a way finding strategy for St Josephs hospital can be separately addressed at a future project application stage.

6.5 Strategic Transport Issues

Issue:

Whether adequate provision of efficient public transport network(s) exist or are proposed, to service the development.

Raised By:

Ministry of Transport (MoT)

Consideration:

MoT raised the issue of reducing the number of staff car parks for the proposal in order to promote public transport patronage. It is considered that the provision of car parking for the proposed development is not excessive given the two Hospitals' continued reliance on on-street car parking. The proponent considers any reduction in staff car parking is impractical due to the nature of staff requirements and arrangements in the health service industry.

The proponent supports the need for improved public transport networks to service the hospital. To address this issue the proponent has made a number of commitments aimed at promoting public transport which include;

- provision of bus shelter and time table information at the Norval Street bus stop adjacent to the Hospital;
- preparation and implementation of a "Green Travel Plan" for the hospital (Travel Smart);
- provision of a safe and direct link from the two hospitals to public transport connections on Norval Street.
- further liaisons with MoT to ensure full consideration is given to the integration of the Auburn Hospital site into medium to long term transport strategies.

The proponent has stated that they will commit to enter into negotiations with Veolia Transport with a view to introduce 908 Sunday bus services. The 908 service passes by the Hospital on Norval Street Mondays to Saturdays. Similarly, the Department is aware of the 909 service (operated by Transit First) which operates on a Sunday but passes about 5 blocks away to the west, and the 911 service (Transit First) which passes near the site along Park Street about 3 blocks west (both en route to and from Auburn Station). A modification is included to augment the commitment made to ensure the proponent liaises with both Veolia Transport and Transit First about securing a rerouting of Routes 908, 909, or 911 past the site on a Sunday and public holidays.

The Department is satisfied that the above Commitments will improve public transport services to Auburn Hospital. It is considered that the introduction of improved bus services and the provision of a new bus shelter, and the preparation of a "Green Travel Plan" will promote the use of alternative forms of transport by new residents, staff, and visitors. It is considered that the above measures will help reduce the level of traffic generation and car parking around the site and make greater use of existing public transport including bus services and the Auburn train station which is approximately 1.5km from the site. On this basis it is considered that this issue has been appropriately addressed.

6.6 Car Parking

Issue:

Council is concerned that the proposal provides a car parking shortfall which must be provided on residential streets.

Raised By:

Auburn Council and surrounding residents.

Consideration:

The proponent's traffic study prepared by Masson Wilson Twinney also addresses car parking provision. The study indicates that the existing Auburn Hospital currently provides 150 car parking spaces spread over the site for the public, staff, residents and pick up / drop off spaces. Observations indicate that the majority of these spaces are near capacity during weekdays. The proponent's traffic study also suggests that the existing hospital relies on 100 on street car parking space to satisfy the peak parking demand created by the existing hospital.

To determine the car parking rate for the hospital component of the Concept Plan, the existing parking demand was compared to the number of existing beds at both Auburn and St Josephs Hospitals (Table 9).

Table 9 – Existing Car Parking Demand

	Parking Demand	Parking Provision*	No. of Beds	Parking Demand (demand / beds)
Auburn	240	240	179	1.34
St Josephs	100	100	81	1.23
Total	340	340	260	1.31

* = denotes car parking space provision both on site and on street.

On the basis that both hospitals are replacing / relocating "like for like", it is considered that the parking demand will be similar for both the existing and proposed hospitals. The parking demand ratio (1.31 – being current parking spaces divided by the number of beds) was therefore applied to the proposed number of beds (286). This indicates that a car parking demand of 376 total car parking spaces is required for the hospital component (Table 10). To determine the car parking rate for the residential components, the proponent has applied the car parking requirements as set out in Auburn's Development Control Plan for residential flat buildings. That DCP assumes a 75:25 mix of one / two bedroom to three bedroom units. The DCP requires 1 car parking space for every 1 and 2 bedroom unit and 2 spaces for 3 bed units, along with 2 visitor spaces for every 10 units (Table 10).

As indicated above, there appears to be a 100 space shortfall in car parking. The proponent has advised that the short fall can be accommodated by inclusion of the 29 car parking spaces provided at the existing Norval Street car park, located immediately north of the Main Hospital Site and currently used for hospital car parking. This leaves approximately 71 spaces which will need to be accommodated on the surrounding streets. As stated earlier, the existing hospital relies on up to 100 largely unrestricted on-street spaces. The traffic study submitted in support of the Concept Plan suggests that on-street car parking is not at capacity on the basis that *"it is typically not difficult to obtain an available parking space within close proximity to the hospital"* during peak periods.

Table 10 – Proposed Car Parking

	Parking Rate*	No. of Beds / Dwellings	Parking Required	Parking Provision
Hospital	1.31	286	376	273
Residential**				
Main Hospital Site	DCP rates	60	75	90
Arthur Stone Annexe	DCP rates	55	69	80
Visitor (total)	DCP rates	115	23	-
TOTAL			543	443

* = denotes parking demand based on existing ratio of current parking spaces to number of beds and includes on street car parking spaces.

** = denotes 75:25 mix of one & two bedroom to three bedroom units. 1 car parking space provided for every 1 and 2 bedroom unit and 2 spaces provided for 3 bed units. 2 visitor spaces for every 10 units.

It can therefore be concluded that the Concept Plan will not result in a net change to the existing on-street car parking demand as feared by Council and the community.

To further address the concerns raised by Council and the community, the proponent has committed to the following actions in its Statement of Commitments:

- further traffic and parking assessment to be undertaken for the detailed design of the project to ensure that the development will be consistent with the recommendations made in the PPR.
- all car parking and loading areas will be designed in accordance with the relevant Australian Standards and enable vehicles to enter and exit the site in a forward direction.
- the detailed design of facilities will permit effective, appropriate, safe and dignified use by all people, including those with disabilities and will be in accordance with: NSW Health Facility Guidelines, including Part B - Design for Access, Mobility, OH&S and Security. DDS32 Improved Access for Health Care Facilities. AS 1428.

On this basis, the Department accepts that adequate on-site car parking has been provided for the proposal and that the above statement of commitments will further ensure the satisfactory provision of car parking during the detailed design stage of the proposal.

To formalise the provision of car parking it is considered appropriate to modify the concept plan to ensure that residential car parking requirements are provided in accordance with Auburn Council's Residential Flat Building DCP (**Modification No. 4 – Car Parking**).

6.7 Landscaping

Issue:

- The landscape strategy does not allow for deep soil planting and that the provision of landscaping is generally insufficient.
- Removal of existing trees.

Raised By:

Auburn Council and surrounding residents.

Consideration:

A landscaping plan has been submitted which proposes perimeter landscaping on all street frontages around the Main Hospital Site and the Arthur Stone Annexe. The plan also seeks to retain some significant vegetation surrounding both sites including an established stand of trees fronting Water Street on the Arthur Stone Annexe.

The proponent argues that the proposed landscaping is sufficient and the area provided for deep soil planting is approximately 20% of the site. Landscaped areas provide for substantial setbacks around the hospital site ranging between 5 and 10 metres. The Concept Plan also provides passive recreation areas for each of the identified development zones.

The proponent has indicated that the proposed landscaping plan has been strategically designed to soften the visual impact of the built form from the street and surrounding area. The proposed landscaping solution contributes to the positive image and contextual fit of the development and also helps reduce the visual impact of the proposal when viewed from the street. Whilst effort has been made to retain existing vegetation on site some trees will need to be removed to develop the site. The applicant points out that the replacement landscaping will more than compensate for the loss of existing trees.

The proponent has committed to engaging a qualified landscape architect to provide detailed advice and documentation as part of any future applications for the hospital or residential development. The proposals and documentation are to be consistent with the prevailing environmental planning instruments such as SEPP 65 and the current Auburn Council landscaping provisions.

The Department generally accepts the proponent's argument and considers that the proposed landscaping is acceptable on the basis that a number of significant trees are being retained, the setbacks allow for deep soil planting and sufficient areas have been provided for additional landscaping. It is also considered that the proponent's Statements of Commitment in relation to landscaping will further address this issue at the project application stage.

6.8 ESD Principles

Issue:

Consideration of ESD principles.

Raised By:

Department of Planning.

Consideration:

There are five generally accepted ESD principles:

- (a) decision-making processes should effectively integrate both long-term and short-term economic, environmental, social and equitable considerations (the integration principle);
- (b) if there are threats of serious or irreversible environmental damage, lack of full scientific certainty should not be used as a reason for postponing measures to prevent environmental degradation (the precautionary principle);
- (c) the principle of inter-generational equity - that the present generation should ensure that the health, diversity and productivity of the environment is maintained or enhanced for the benefit of future generations (the inter-generational principle);
- (d) the conservation of biological diversity and ecological integrity should be a fundamental consideration in decision-making (the biodiversity principle); and
- (e) improved valuation, pricing and incentive mechanisms should be promoted (the valuation principle).

The Department has considered the redevelopment in relation to the ESD principles and has made the following conclusions:

- **Integration Principle** – the social and economic benefits of the proposal are well documented. The environmental impacts are and will be addressed through the proponent's Statement of Commitments. Additionally the environmental impacts will be assessed as future applications are. The Department's assessment has duly considered all issues raised by the community and public authorities. The proposal as recommended for approval does not compromise a particular stakeholder or hinder the opportunities of others. The proposal's promotion of good public transport access is very important and supported. The proposal also consolidates two hospitals on one site and utilises existing services and infrastructure.
- **Precautionary Principle** – Following an assessment of the proponent's EA it is considered with certainty that there is no threat of serious or irreversible environmental damage as a result of the proposal. The site has been extensively developed for some time and the site has therefore a low level of environmental sensitivity. There is little natural vegetation on the site and the site does not contain any threatened or vulnerable species, populations, communities or significant habitats. In addition, where practical, significant stands of native vegetation will be retained as a part of the proposal.
- **Inter-Generational Principle** – It is considered that the proposed development represents a sustainable use of a site which has had a long association with the surrounding community for the provision of health care. The redevelopment of this site will utilise existing infrastructure and

make more efficient use of the site for the provision of health care services. The residential components of the proposal will also indirectly reduce the rate of development demand at the urban fringe as well as enabling the orderly and timely redevelopment of land no longer required for its original purpose. It is considered that the redevelopment of this site will have positive social, economic and environmental impacts and as a result will maintain the environment for the benefit of future generations and improve health care for future generations.

- **Biodiversity Principle** – Following an assessment of the proponent's EA it is considered with certainty that there is no threat of serious or irreversible environmental damage as a result of the proposal. As stated earlier, the site has been extensively developed for some time and the site has therefore a low level of environmental sensitivity. There is little natural vegetation on the site and the site does not contain any threatened or vulnerable species, populations, communities or significant habitats. Therefore the proposal will not impact upon the conservation of biological diversity or ecological integrity.
- **Valuation Principle** – The approach taken for this project has been to assess the environmental impacts of the proposal and identify appropriate safeguards to mitigate adverse environmental effects. The mitigation measures include the cost of implementing these safeguards in the total project cost.

The proponent has committed to ESD principles including ensuring that the hospital design construction and operation will be undertaken in accordance with Environmental Performance Guide for Buildings (EPGB) developed by the Department of Works and Services. The proponent has also committed to comply with SEPP 65 and BASIX for the residential component of the proposal which aim to deliver good design, energy and water efficiency.

The proponent is committed to ESD principles and has reinforced this through the Statement of Commitments and the Environmental Assessment which explores key ESD opportunities, including mechanical, electrical and hydraulic systems as well as architectural designs to ensure high environmental performance is delivered. Further assessment of ESD principles will be undertaken during subsequent project application stages of the proposal.

6.9 Section 94 Developer Contributions

Issues:

Application and payment of Section 94 Developer Contributions.

Raised By:

Auburn Council.

Consideration:

Section 94 contributions will not be required for the Auburn Hospital redevelopment as determined by the approval for Stage 1 of the project.

The relocation of St Joseph Hospital may attract Section 94 contributions as the proposed facility is a private hospital. However, as the new facility will be replacing an existing facility within the same LGA area, there may be some credits for the existing facility depending on the net change in floor space and demand on infrastructure and services created by the new hospital.

The residential components of the proposal will however be levied for Section 94 contributions to meet the additional demand for infrastructure and services from new residents. To resolve this issue the proponent has entered into a commitment to pay Section 94 contributions in accordance with Auburn Council's relevant Section 94 Contributions Plan. Contributions will be levied at the relevant project or development application stage.

7 CONCLUSION

The Department has reviewed the environmental assessment and the preferred project report for the concept plan. In doing so, the Department has duly considered advice from public authorities as well as issues raised in general submissions in accordance with Section 75(2) of the Act and has formed the view that the proposal can be recommended for approval.

All relevant environmental issues associated with the proposal have been extensively assessed. The issues raised mainly relate to, built form, residential land use, traffic, car parking and landscaping. The submitted Preferred Project Report and Statement of Commitments further seek to address the concerns and provide added mitigation measures.

On balance the Department is of the view that the proponent has satisfactorily mitigated the environmental impacts associated with the proposal. The recommended modifications to the Concept Plan (at Appendix A) seek to encourage good urban design, maintain the amenity of the local area, and adequately mitigate the environmental impacts of the proposal. The proposal is also consistent with Ecologically Sustainable Development principles.

If developed in accordance with the recommended modifications, the Concept Plan will provide for a development that comprises:

Stage 1

- Staged demolition of all buildings on both sites;
- Construction of new Auburn Hospital; and
- Provision of 273 car parking spaces on Arthur Stone Annexe.

Stage 2

- Relocation of the 82-bed St Joseph's Hospital to the Main Hospital Site;
- Nomination of building envelopes for the future construction of two residential towers over a 4 storey car park on the Main Hospital Site; and
- Nomination of building envelopes for the future construction of one 4 storey (max) residential development accommodating 55 dwellings (max) on the Arthur Stone Annexe.

The redevelopment will facilitate State and regional planning outcomes by contributing to the on-going provision of health services, renewal of existing areas under the Metropolitan Strategy, providing desirable residential land uses in close proximity to employment areas and contribute to Metropolitan Strategy objectives such as providing greater housing mix and diversity, and efficiently utilising land.

Overall, the proposed development is considered to be acceptable and the two sites can sustain the proposed redevelopments. Both the Main Hospital Site and the Arthur Stone Annexe redevelopments perform adequately in terms of their respective relationships to the surrounding built and natural environment, particularly in relation to likely impacts upon surrounding residential amenity. The proposal foremost achieves key service delivery objectives for the health sector, however it also supports the objectives of the Metropolitan Strategy and State Environmental Planning Policies particularly those which seek to encourage urban consolidation, provide greater housing supply and choice and utilise existing public transport and other physical infrastructure. The development of the Auburn Hospital site therefore provides an important opportunity to redevelop a site which supports these aims. Consequently, the proposal is supported from an environmental planning perspective

APPENDIX A. CONDITIONS OF APPROVAL / MODIFICATIONS

SEE "SCANNED INSTRUMENT OF APPROVAL"

APPENDIX B. STATEMENT OF COMMITMENTS

REFER TO PREFERRED PROJECT REPORT FOR DETAILS

APPENDIX C. PREFERRED PROJECT REPORT

REFER TO PREFERRED PROJECT REPORT FOR DETAILS

APPENDIX D. RESPONSE TO SUBMISSIONS

REFER TO PREFERRED PROJECT REPORT FOR DETAILS

AUBURN HOSPITAL PROJECT APPLICATION (MP No. 06 0129) SUMMARY OF ISSUES RAISED IN PUBLIC SUBMISSIONS

No.	Date	Submitter	Nature	Key concerns	Issue Summary
1	31 Oct 2006	Local resident	Objection	<ul style="list-style-type: none"> Height of the residential development on Auburn Hospital and 'Arthur Stone' site is too high; Private residential towers are not landmark buildings; Streetscape impact of residential development – excessive bulk and scale; Residential component not inline with Metropolitan Strategy in terms of distance from rail and town centre; Residential components of the proposal will limit the future expansion of the site for health care purposes (past 2016); and Need for protection of 'Bills water trough' located on the corner of Water Street and Auburn Road. 	<ul style="list-style-type: none"> Height Streetscape (bulk & scale) Compatibility with surrounding development Future health care expansion Heritage Metropolitan strategy
2	4 Nov 2006	Local resident	Objection	<ul style="list-style-type: none"> Loss of European heritage associated with the demolition of the 'Arthur Stone' annex; Need for protection of 'Bills water trough' located on the corner of Water Street and Auburn Road; Will the memorial fountain will be retained ?; Loss of trees especially iron barks; and Height of proposed residential components of the proposal and impact on overshadowing. 	<ul style="list-style-type: none"> Heritage Tree loss Height of residential components Overshadowing
3	5 Nov 2006	Local resident	Objection	<ul style="list-style-type: none"> Reduced property values; Driveway: traffic, noise, light spill and pedestrian safety; Loss of on street car parking associated with the new access from Water Street; Consideration of an alternative access other than Water Street; and Loss of privacy particularly from pedestrian traffic. 	<ul style="list-style-type: none"> Property values Residential amenity Pedestrian safety
4	15 Nov 2006	Local resident	Objection	<ul style="list-style-type: none"> Excessive height of residential components; Residential density; Overshadowing; Residential component not inline with Metropolitan Strategy in terms of distance from rail and town centre and; Need to consider future health care expansion rather than short term value creation from residential development.. 	<ul style="list-style-type: none"> Height Density Overshadowing Metropolitan strategy Future health care expansion

APPENDIX F. ENVIRONMENTAL ASSESSMENT

APPENDIX G. ENVIRONMENTAL PLANNING INSTRUMENTS CONSIDERATION

ENVIRONMENTAL PLANNING AND ASSESSMENT ACT 1979

Part 3A of the Environmental Planning and Assessment Act 1979 (the Act)

On 1 August 2005, Part 3A was introduced to the Environmental Planning and Assessment Act 1979 (EP&A Act). Part 3A and its accompanying Regulations and Guidelines (the latter yet to be gazetted), contains a new assessment and determination framework for major projects.

The Director General as delegate of the Minister has formed the opinion that the development to which this application relates is a project for the purposes of Part 3A of the Act. The project application to which this Environmental Assessment report relates has therefore been lodged pursuant to Section 75M of the Act, for approval to carry out a project as defined in Part 3A of the Act.

STATE ENVIRONMENTAL PLANNING POLICIES

State Environmental Planning Policy (Major Projects) 2005 (Major Projects SEPP)

The Major Projects SEPP outlines the types of development declared a project for the purposes of Part 3A of the Act. For the purposes of the Major Projects SEPP certain forms of development may be considered a Major Project if the Minister (or his delegate) forms the opinion that the development meets criteria within it.

On 28 April 2006, the Director General formed the opinion that the project is a development which meets the criteria of Clause 18, Group 7 of Schedule 1 of the SEPP which refers to Health and Public Service Facilities.

The opinion was formed on the basis that the development is for the purposes of a hospital with a Capital Investment Value (CIV) of \$170 million, which exceeds the \$15 million threshold identified in the SEPP. Accordingly, the Minister is the approval authority.

State Environmental Planning Policy 11 – Traffic Generating Developments (SEPP 11)

The main objectives of SEPP 11 are to ensure that the RTA is made aware of and is given an opportunity to make representations in respect of development set out in Schedules 1 and 2.

The Concept Plan meets the criteria under Schedule 1 of SEPP as follows:

- (n) *"areas used exclusively for parking or any other development having ancillary accommodation for 200 or more motor vehicles, or the enlargement or extension of a parking area where the enlargement or extension accommodates 200 or more motor vehicles."* (The Main Auburn Hospital site seeks parking for about 363 vehicles).

The Concept Plan also meets the criteria under Schedule 2 of the SEPP as follows:

- (a) *the erection of, or the conversion of a building into, a residential flat building comprising 75 or more dwellings or the enlargement or extension of a residential flat building by the addition of 75 or more dwellings* (the Concept Plan proposes 3 residential flat buildings with a maximum of 115 dwellings);
- (o) *"the erection of a building for the purpose of a hospital with accommodation for 100 or more beds or the enlargement or extension of a building for the purposes of a hospital where that enlargement or extension provides accommodation for 100 or more beds."* (Auburn Hospital and St Joseph's Hospital will provide 286 beds);

- (q) "areas used exclusively for parking or any other development, in each case having ancillary accommodation for 50 or more motor vehicles, or the enlargement or extension of a parking area where the enlargement or extension accommodates 50 or more motor vehicles" (the development seeks approval for 443 car parking spaces across the Main Hospital Site and the Arthur Stone Annexe).

The development proposal was referred to the RTA on 10 October 2006 for comment. The RTA did not provide a response. Traffic and car parking was however given detailed consideration in Section 6 of this report and is considered to be acceptable.

State Environmental Planning Policy No. 55 (Remediation of Land) (SEPP 55)

SEPP 55 aims to promote the remediation of contaminated land for the purpose of reducing the risk of harm to human health or any other aspect of the environment by specifying that certain considerations be made by the consent authority when determining development applications in general, and where relevant, land has been appropriately remediated.

The proponent has prepared a preliminary investigation of the land concerned in accordance with the contaminated land planning guidelines. The *Stage 1 Environmental Site Investigation Report* included a site inspection, review of geology and groundwater conditions and limited soil sampling and analyses. The Report's conclusions and recommendations are as follows;

- No obvious on-site or nearby off-site activity was present that could be expected to generate significant soil or groundwater contamination.
- Contaminated imported fill material and asbestos clad buildings are considered to be the only potential contamination sources. Accordingly, it is recommended that a licensed asbestos contractor be engaged to monitor and certify asbestos removal.
- No elevated levels of contaminants or significant quantities of contaminated soils have been detected to date. Further assessment should be undertaken where significant amounts of soil will be exposed / disturbed. Such investigations should occur following removal of the existing buildings on the site.
- During demolition and / or excavation works, the site should be regularly inspected by experienced environmental personnel to assess any unexpected conditions or subsurface facilities that may be discovered. Demolition should also be undertaken in accordance with *Australian Standard AS 2601 – 2001: The Demolition of Structures*.

A Stage 2 geotechnical report has been submitted for the site which concludes any potential contamination is likely to be localised. The report recommends additional bore testing post demolition, additional investigation in the vicinity of the underground storage tanks (USTs) and their subsequent removal, and additional ground water testing if the USTs are found to be contaminated.

The proponent has committed to undertake further investigations for subsequent applications and implementing all recommendations made within the *Stage 1 Environmental Site Investigation Report*. On this basis the Department is satisfied that the Contamination will be satisfactorily addressed.

State Environmental Planning Policy 32 – Urban Consolidation (Redevelopment of Urban Land) (SEPP 32)

SEPP 32 aims to promote new housing in areas where there is existing public infrastructure, transport and community facilities, close to employment, leisure and other opportunities. The intent of the SEPP is to reduce the rate at which land is released for development on the fringe of existing urban areas. The objectives are to ensure that urban land suitable for multi-unit housing and related development is made available for development in a timely manner resulting in an increase in the availability and diversity of housing within a particular locality.

The Minister must consider whether urban land is no longer needed or used for the purposes for which it is currently zoned or used, whether it is suitable for redevelopment for multi unit housing and related development in accordance with the aims and objectives of the policy. The site is located within a well established urban area in close proximity to public transport infrastructure and other services and facilities. Its redevelopment accords in principle with the aims and objectives of this policy.

The proposal seeks to promote new residential and employment generating development in an existing urban area in close proximity to public transport infrastructure enabling residents and workers to live near work, leisure and other opportunities. The proposal will indirectly reduce the rate of development demand at the urban fringe as well as enabling the orderly and timely redevelopment of land in part no longer required for its original purpose. It is considered that this proposal is in keeping with the intent of SEPP 32.

State Environmental Planning Policy 65 – Design Quality of Residential Flat Development (SEPP 65)

SEPP 65 aims to improve the design quality of residential flat development. Part 2 sets out a number of design principles which should be adhered to. These include;

Principle 1: Context

Good design is a creative process which, when applied to towns and cities, results in the development of great urban places, buildings, streets, squares and parks.

The Concept Plan for the site has been prepared following a comprehensive contextual analysis of the site and its immediate context. The residential towers on the Main Hospital Site have been scaled down in order to achieve a 'nil' change in height, bulk and scale when compared to the existing hospital, while the Arthur Stone Annexe is considered to be large enough to provide a transition from low density housing to higher density on the site. In this sense, the buildings and their strategic siting as proposed, represent an appropriate response to the context. The proposed form of the buildings ensure that the buildings fit the context and make a positive contribution to the quality and identity of the area. It is considered that the proposed development particularly on the Main Hospital Site will result in an improved streetscape outcome.

Principle 2: Scale

Good design provides an appropriate scale in terms of the bulk and height that suits the scale of the street and the surrounding buildings.

Building form and heights have been amended across the site having regard to the scale of the existing development and the site characteristics. The residential towers on the Main Hospital Site have been reduced in order to achieve a 'nil' change in height, bulk, and scale when compared to the existing hospital. The Concept Plan also provides for generous setbacks and uses the existing vegetation on the site to provide added visual absorption of the proposed development. Further design details will be developed for future Major Project Applications for individual buildings.

Principle 3: Built form

Good design achieves an appropriate built form for a site and the building's purpose, in terms of building alignments, proportions, building type and the manipulation of building elements.

The Concept Plan provides buildings aligned to streets and the topography of the land. Built form is defined by building envelopes and will contribute to the character of the area. The buildings will enhance the quality of the streetscape through their design which will result in an improved streetscape outcome when compared to existing hospital buildings. Further design details will be developed for future Major Project Applications for individual buildings.

Principle 4: Density

Good design has a density appropriate for a site and its context, in terms of floor space yields (or number of units or residents).

The proposed density is appropriate for the site which lies in close proximity to two train stations and is serviced by a wide range of services. The proposed development will perform adequately in terms of traffic impacts and the surrounding residential amenity. The proposal assists in achieving State Government Policy in respect of urban consolidation.

Principle 5: Resource, energy and water efficiency

Good design makes efficient use of natural resources, energy and water throughout its full life cycle, including construction.

The layout and design of building footprints and the proposed landscape works combine to achieve a high level of energy efficiency. The proponent has also committed to ESD principles and BASIX for future Major Project Applications.

Principle 6: Landscape

Good design recognises that together landscape and buildings operate as an integrated and sustainable system, resulting in greater aesthetic quality and amenity for both occupants and the adjoining public domain.

The location of the building envelopes will enable the design of the future buildings to respond to the natural constraints of the site. The landscape plan together with the retention of existing trees represents an integrated landscaping solution to the site by incorporating perimeter planting to soften the visual impact of the built form. Overall the proposed landscaping solution and retention of existing established vegetation contributes to the positive image and contextual fit of the development.

Principle 7: Amenity

Good design provides amenity through the physical, spatial and environmental quality of a development.

The issues of architectural design are yet to be addressed. However, the Concept Plan is capable of providing amenity through good design considering physical, spatial and environmental quality during major application stage of the proposal. The proponent has committed to ensuring compliance with this principle. Amenity will be further assessed at future applications.

Principle 8: Safety and security

Good design optimises safety and security, both internal to the development and for the public domain.

Safety and security will be considered during detailed design in subsequent applications. The Concept Plan commits to incorporate best practice CPTED principles into all detailed designs for future applications.

Principle 9: Social dimensions

Good design responds to the social context and needs of the local community in terms of lifestyles, affordability and access to social facilities.

The proposed buildings respond to the social context of the area by providing increased housing choice close to a wide range of health, social and economic facilities in the area. The subject site also lies within close proximity to Auburn Town Centre and the regional transport network, being Auburn and Lidcombe train stations. The introduction of improved bus services on-route (908) linking the hospital to Auburn train station will also help maximise public transport use to and from the site. The site also lies in close proximity to a number of parks, the closest being Civic Park.

Principle 10: Aesthetics

Quality aesthetics require the appropriate composition of building elements, textures, materials and colours and reflect the use, internal design and structure of the development. Aesthetics should respond to the environment and context, particularly to desirable elements of the existing streetscape or, in precincts undergoing transition, contribute to the desired future character of the area.

The issues of aesthetics are yet to be addressed. However, the Concept Plan is capable of providing an appropriate aesthetic response through considering physical, spatial and the surrounding residential character during the major application stage of the proposal. The proponent has committed to ensuring compliance with this principle and its aesthetics will be further assessed at future project application stages.

State Environmental Planning Policy (Building Sustainable Development Index: BASIX) (BASIX SEPP)

Regulations under the Act have established a scheme to encourage sustainable residential development (the BASIX scheme) to ensure consistency in the State wide implementation of the BASIX scheme. The proponent has endorsed these general principles and has agreed to future compliance with the BASIX SEPP as a Statement of Commitment.

OTHER ENVIRONMENTAL PLANNING INSTRUMENTS (EPI's)

Section 75R(3) of the Act provides that EPI's (other than State Environmental Planning Policies) do not apply to or in respect of an approved project. Notwithstanding this, the Department has nevertheless undertaken an assessment of relevant EPI's applicable to this project as set out below.

Auburn Local Environmental Plan 2000

Zoning

Auburn Hospital is zoned 2(b) Residential (Medium Density) pursuant to the provisions of Auburn LEP 2000. The objectives of the 2(b) Residential (Medium Density) zone are as follows:

- (a) *to permit multiple dwelling residential development on appropriate zones;*
- (b) *to permit residents to work at home whether there is no adverse impact on the amenity of the area; and*
- (c) *to permit appropriate uses in the zone that complement the residential nature and functioning of the zone.*

Development must be consistent with the objectives of the zone

Clause 9(5) of Auburn LEP 2000 provides that the consent authority must not grant consent to the carrying out of development on land to which the LEP applies unless the consent authority is of the opinion that the proposal is consistent with the objectives of the zone within which the land is located. The concept plan is not inconsistent with the zone objectives.

Development which can be carried out without consent

Only exempt development, being development of minimal environmental impact that is listed and satisfies the criteria for exempt development relevant to land zoned 2(b) Residential (Medium Density) in the Auburn Development Control Plan identified in Schedule 5, is permissible without consent.

The Development Control Plan in Schedule 5 is identified as *Auburn Development Control Plan 2000—Exempt and Complying Development Control Plan*.

However, as the Minister's opinion applies to the whole redevelopment of the Auburn Hospital and Section 75B(3) of the EP & A Act specifies that if part of any development is a project to which Part 3A applies, the other parts of the development are taken to be a project to which Part 3A applies, the development is being entirely dealt with under Part 3A as a single proposal.

Development which can be carried out with consent

Pursuant to the provisions of the 2(b) Residential (Medium Density) zoning, development which can be carried out only with development consent include; bed and breakfast accommodation, child care centres, community facilities, dwelling houses, educational establishments, exhibition homes, home industries, hospitals, local shops multiple dwellings, places of public worship, professional consulting rooms, public buildings, recreation areas, recreation facilities, site identification signs, subdivision, transitional group homes, and utility undertakings.

Development which is prohibited

Development that is not identified as permissible with consent is prohibited development.

Hospitals are permissible within the Residential 2(b) Zone, however residential flat buildings are not permissible. The Concept Plan is however not affected by the zoning of the site as the Concept Plan approval does not give approval to construct. However, prior to approving future project applications, the site will have to be rezoned unless permissible from part of the application. The proponent has requested the site be considered a State

Significant Site (SSS) and the Minister agreed to this on 6 June 2006. It is anticipated that the rezoning of the site will be reconciled through the SSS process which will require the submission of a Study justifying the proposed land uses and further community consultation. Whilst study requirements have been issued, the proponent has deferred the SSS process, choosing to focus on securing a Concept Plan approval. Alternatively, the proponent may wish to pursue a rezoning through the conventional LEP process.

The Minister's approval of the Concept Plan is not inhibited by the underlying land use controls.

General restrictions on development in residential zones

Clause 14 of Auburn LEP states that consent may be granted for development on land within Zone No 2 (a), 2 (b) or 2 (c) only if, in the opinion of the consent authority, it is compatible with the existing and likely future character and amenity of nearby properties in terms of:

- (a) *its scale, bulk, height, siting and landscaping, and*
- (b) *its operation, and*
- (c) *traffic generation and car parking, and*
- (d) *noise, dust, light and odour nuisance, and*
- (e) *privacy, and*
- (f) *stormwater drainage, and*
- (g) *hours of operation, and*
- (h) *overshadowing.*

All environmental impacts associated with this proposal have been assessed within Section 6 of this report in so far as they can be (given the conceptual nature of the proposal) and / or have been addressed through the proponent's Statement of Commitments where relevant.

Special Provisions

Auburn LEP 2000 contains a number of specific provisions which collectively require:

- consent authority to determine whether development will prevent the surrounding lots from being developed in accordance with the LEP (Clause 48); and
- development on contaminated land to be carried out only with development consent, subject to the *Contaminated Land Management Act 1997* and *State Environmental Planning Policy No 55—Remediation of Land* (Clause 51).

The proposal will not hinder the ability of the adjoining lots to be developed. Contamination issues have been considered as discussed above.

Development Control Plans

Five (5) of Auburn City Council's Development Control Plans (DCP) are relevant to the Concept Plan Proposal – Residential Flat buildings, Parking and Loading, Stormwater Drainage, Guidelines for Erosion and Sediment Control, and Revised Access and Mobility.

The DCPs set out the minimum standards required to be satisfied by all development in the Auburn LGA. The Concept Plan is generally consistent with the requirements of these DCPs. Whilst the proponent is not obliged to comply with the various DCPs under Part 3A of the EP & A Act, the proponent has considered the DCPs where relevant. The Department is satisfied with this approach.

Regional Strategies

Sydney Metropolitan Strategy Discussion Paper (December 2004)

The Discussion Paper outlines a number of "Directions" which identifies visions, challenges, directions, priorities, actions and ideas for growth and change in Sydney over the next 30 years. Directions 1 (Plan for Balanced Growth within Natural Resource Constraints), 5 (Renew Existing Areas) and 7 (Connect Centres with the Transport Network) appear most relevant:

Direction 1 states that in Sydney, policies will provide for 60 to 70 percent of housing development to take place in established areas and 30 to 40 percent in identified greenfield "growth centres" over the next 25 to 30 years. Redevelopment of this site for residential development should be encouraged to ensure an appropriate mix and density of development is adopted and any environmental impacts arising from the Concept Plan proposal can be adequately mitigated.

Direction 5 states that new housing should be located in existing areas, focused in centres and corridors, be well planned and designed with access to good public transport, services, parks and recreation. Redevelopment within existing residential areas creates opportunities to provide greater mix of housing and choice to buy or rent at a range of prices. The site is located within an established urban area in close proximity to Auburn town centre and has good access to existing public transport corridors. The Concept Plan provides a mix of housing types, open space, recreation and community facilities and associated infrastructure.

Direction 7 states that the Government is seeking to build upon the comprehensive transport network that connects centres where jobs, services and people are located. The site is considered to be well served by public transport. The site lies within close proximity to Auburn and Lidcombe train stations. Buses also connect the site to these rail services. It is considered that the proposal is appropriately situated to take advantage of the existing public transport.

City of Cities – A Plan for Sydney's Future (December 2005)

This document is the final component of the Metropolitan Strategy and identifies subject areas or strategies. Of particular relevance to the Concept Plan is "housing" and "transport" strategies. The housing strategy seeks to ensure that the supply of appropriate and well located housing will be provided to meet the needs of the increasing and diversifying population. The proposed development will provide greater housing supply and choice to community and will encourage policies, particularly those which seek to encourage urban consolidation.

- The West Central region (including Parramatta LGA) is anticipated to provide 95,000 additional dwellings in existing areas within the next 25 years. The residential component of the Concept Plan proposal will make a useful contribution towards achieving this target, albeit by a minor amount.

The transport strategy aims to encourage rail and bus networks to connect centres by fast, frequent and direct rail services connecting centres across the City. The site is considered to be well served by public transport. The site lies within close proximity of Epping and Eastwood train stations. Buses also connect the site to these rail services. It is considered that the proposal is appropriately situated to take advantage of the existing public transport.

OTHER ACTS AND APPROVALS

Commonwealth Environment Protection and Biodiversity Conservation (EPBC) Act 1997

The EPBC Act commenced on 16 July 2000. The EPBC Act includes the assessment and approvals system for actions that have a significant impact on:

1. Matters of National Environmental Significance (NES); and
2. The environment on Commonwealth land.

Should an action be determined to likely have a significant impact, an approval from the Commonwealth Minister for the Environment and Heritage is required.

The EPBC identifies seven matters of national environmental significance being:

1. World Heritage properties;
2. National Heritage places;
3. RAMSAR wetlands of international significance;
4. Nationally listed threatened species and ecological communities;
5. Listed migratory species;
6. Commonwealth marine areas; and
7. Nuclear actions.

The Environmental Assessment identified that no NES matters or Commonwealth land are likely to be impacted by the proposal and therefore an approval from the Commonwealth Minister is not required.