

Prepared for City of Canterbury Bankstown Council

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# **Quality Assurance**

# **Report Contacts**

**Alex Peck** 

Consultant

B. Science, B. Social Science, M. Planning, MPIA

Alexander.Peck@hillpda.com

# **Supervisor**

**Nicholas Hill** 

Associate

B. Science, M Human Geography, M.A Property Development

Nick.Hill@hillpda.com

# **Quality Control**

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## Reviewer

Signature Dated 25/03/21

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# 1.0 INTRODUCTION

HillPDA has been engaged by Canterbury Bankstown Council to undertake a peer review of the social and economic aspects of a planning proposal for a private hospital and care facility at 297-299 Canterbury Road in Revesby.

This peer review focuses on the social and economic impacts as described in the planning proposal report prepared by GSA Planning, dated February 2018 and the Social and Economic Benefit Statement (SEBS) prepared by GSA Planning, dated December 2020. The analysis of this report is to supplement the above planning proposal on certain matters relating to social and economic benefits arising from the proposal for the exhibition of this planning proposal. Specifically, it includes:

- A consideration of documentation submitted as part of the planning proposal
- An examination of the assumptions, methodology and key findings of the Social and Economic Benefit Statement prepared by GSA Planning dated December 2020
- An assessment of the adequacy and use in informing strategic land use decisions, including the identification of gaps in assessment
- A high level assessment of additional community need arising from the proposal and identify potential approaches to address them in a planning agreement
- A consideration of the need for healthcare provision and services based on current supply/demand and projected population growth, particularly in the context of the ongoing evolution of the health education precinct in Bankstown.

Council is currently in receipt of two other planning proposals for Private Hospitals at 11 Harp Street and 445-459 Canterbury Road in Campsie.

#### 1.1 The planning proposal

In February 2018, Canterbury-Bankstown Private Hospital Pty Ltd submitted a planning proposal to Canterbury Bankstown Council to facilitate the development of a private hospital at 297-299 Canterbury Road in Revesby. The planning proposal seeks to amend Bankstown Local Environmental Plan 2015 by amending the maximum permissible floor space ratio from 1:1 to 2.3:1. A Social and Economic Benefits Statement prepared by GSA Planning, dated December 2020, was submitted with the planning proposal, in addition to a Flood Risk Assessment, Architectural Concept Design, Traffic Report and a Preliminary Site Investigation by ADE Consulting Group.

## 1.2 The proposed development

The planning proposal seeks to facilitate the development of a six-storey, approximately 195-bed private hospital, with parking for over 400 vehicles within three basement levels, and hospital and related medical services which may include, but not be limited to:

- Pathology and imaging services
- GP clinic
- Pharmacy
- Café and gift shop
- Operating theatres and associated pre and post-operative services
- Intensive care unit
- Sterile services
- Nurses' stations and staff facilities
- Wards



- Hydrotherapy pool
- Back of house facilities
- Tenancies.

The proposal is also described as including a new left turn slip road from Canterbury Road into Mavis Street, based on advice from RMS.

#### 1.3 The site

The site is located at 297-299 Canterbury Road Campsie, legally defined as Lot 9 of DP663160 and Lot 202 of DP840245.

The site is irregular in shape, being approximately 9,175 square metres in area. It is bordered by Canterbury Road along its south eastern frontier and Mavis Street along its north eastern and northern frontiers. To the north west, the site is bordered by an existing warehouse and to the south west it is bordered by another warehouse with an attached office building.



# 2.0 PEER REVIEW

# 2.1 Review of economic impacts

This section provides a review of the key assumptions, methodology and conclusion of the economic impact assessment section of the SEBS.

The proposal would provide a 195 bed private hospital. In total, around 21,142 square metres of space would be provided of which 17,186 square metres is hospital related, 2,697 square metres is tenancy space, and the remaining 1,257 square metres is circulation/back of house space.

The report notes that the development has a capital investment value of \$112.9 million which would generate 500-600 construction jobs over 3 years while over 800 to 1,000 full and part time jobs.

The report provides no analysis, source benchmarks or reference material for how the construction and operational employment estimates were calculated.

#### 2.1.1 Economic impact peer review findings

The GSA Planning report provides no detailed description of their calculations, source material or benchmarks. This makes corroboration of the overall methodology, assumptions and conclusions difficult.

Despite this, there are three main points where we differ in the report's employment estimates and overall discussion, these being:

- Construction employment generated directly on-site is around 73 to 107 jobs per annum higher than our estimate
- Total operational employment is around 146 to 346 jobs higher than our estimate
- The report provides no analysis of the economic impact of the proposal on the current and future economic activities of the industrial precinct and especially those uses adjoining the site.

#### 2.1.2 Construction employment

As stated, the GSA Planning report estimates that the proposal would generate 500-600 construction jobs over three years. No analysis or reference material on how these employment estimates were calculated is provided in the report. Also, given that there is only one construction cost provided, it is unclear why a range of potential employment was provided.

Additionally, it is not clear if the 500-600 jobs are directly generated on-site or if this includes indirect employment. For this assessment, we have assumed they are directly employed on-site, equating to 167-200 jobs per year.

The report provides no breakdown of construction cost across its various components or where the figure has been sourced from. We have applied their estimate to validate the reports conclusions.

Applying a construction cost of \$112.9 million, our model suggests that 262 job years would be directly generated on-site. This equates to 87 jobs on-site per annum over the construction period and is around 73 to 107 jobs per annum lower than that estimated in the GSA Planning report.

Our model also suggests that the proposed development would generate:

- A further 150 job years indirectly generated over the construction period
- Around \$13.7 million in on-site wages and a further \$7.2 million in indirect wages over the construction period – totalling just over \$21 million in direct and indirect wage creation



Directly contribute around \$34 million in Gross Value Added (GVA) and a further \$32 million GVA indirectly – totalling approximately \$66 million in direct and indirect contribution to GDP.

#### 2.1.3 Ongoing employment

The GSA Planning report estimates that the proposal would generate 800-1,000 operational full-time, part-time, and casual jobs. Once again, no breakdown of these jobs is provided, nor are the benchmarks/reference material used to calculate this employment estimate identified.

Typically, economic impact assessment would estimate the number of full-time equivalent (FTE) jobs during the proposal's operational phase. A breakdown of this employment by its various land components would also typically be provided.

We have estimated that the proposal could generate around 517 FTE jobs upon operation. This equates to an employment density of around 1 per 41 square metres for the 21,241 square metres of space proposed. This is more in line with the employment density within the Northern Beaches Hospital (1/52 square metres) and Tweed Valley Shire Hospital (1/49 square metres). A breakdown by various land uses is provided in Table 1 below.

Table 1: Estimated operational FTE employment

Land use	GFA/beds	Employment density	FTE
Café	322	20	16
Allied health	2375	45	53
Hospital	195	2.5 per bed	517
Total			517

Source: HillPDA \*Based of Northern Beaches Hospital, Tweed Valley Hospital Stage 1 and Parliament of Aust. COVID-19: Major partnership with private hospitals

FTE employment has been translated into total employment (full and part-time employment) using Economy.id FTE to total employment ratios for Canterbury-Bankstown LGA. This has been completed to the ANZSIC 2-digit level for the industries of Food and Beverage Services; Hospitals; and Medical and Other Healthcare Services.

With the above approach, it is estimated that the proposal could generate 654 total jobs (full and part-time) upon operation. This is around 146 to 346 fewer jobs than that estimated in the GSA Planning report.

#### 2.1.4 Other economic impacts

The GSA Planning report provides no analysis of the economic impact of the proposal on the current and future economic activities of the industrial precinct and especially those uses adjoining the site (including logistics and urban services). It is recommended that, at the detailed design phase, the proponent request an analysis of the economic impacts of the proposal on the current and future economic activities (particularly, logistics and urban services uses) of the surrounding area.

#### 2.2 Review of social impacts

The following undertakes a review of the key assumptions, methodology and conclusion of the *Social and Economic Benefits Statement* prepared by GSA Planning.

#### 2.2.1 Social impact peer review findings

As the SEBS is a statement of benefits and not a formalised impact assessment, it is understood that the consideration of social matters is high level. As such, the peer review has considered the benefits as stated and not the rigour of the overall approach and methodology in arriving at the stated conclusions. It is also understood that, as a statement of benefits, it does not require analysis of potential social risks or negative impacts. Our findings are summarised as follows:



- The demographic indicators used are appropriate and, although there is limited analysis, that is accepted
  in the context of the high level nature of the SEBS
- The assessment of need for additional hospital facilities, particularly private hospitals, is accurate, the projected need is increasing, and the proposal would substantially improve access to private healthcare for residents in a wide catchment, where no such services are currently available
- The benefits arising from the public domain, public amenity (other than access to healthcare) and health and safety are very high level and can only be properly assessed at the detailed design phase
- The proposed relocation of Bankstown Lidcombe Hospital and identified ongoing use of the surround lands for industrial purposes would negate most of the stated clustering benefits
- The proposal could further consider the existing uses of the site and compare likely social impacts and/or benefits of what is proposed with existing uses.

#### 2.2.2 Definition of the study area

The study area defined in the SEBS are as follows:

- Primary study area, consisting of the following suburbs:
  - Revesby
  - Bankstown
  - Padstow
  - Condell Park
- Secondary study area (comparator), consisting of Canterbury Bankstown LGA
- Some statistics are also benchmarked against Greater Sydney averages.

Principally the overall approach to the study areas are sound, as the SEBS is intended to focus on local community impacts, the four adjacent suburbs provide a sufficient catchment from which to gauge relevant community characteristics.

#### 2.2.3 Socio-economic profile

Overall, the demographics provide an adequate profile of the community and local residents' living and working habits therein with detailed statistics for each suburb and comparator area provided in the appendix. The data provided in the community overview is generally in line with the 2016 Census.

Crime and safety information is sourced from the Bureau of Crime Statistics (BOCSAR). Aping and data are provided for one type of crime (non-domestic assault), stating that there are no other crime hotspots that the site is located within. This is true for all crime metrics for which hotspot data is available except for theft (break and enter non-dwelling) for which a low level hotspot exists (the hotspot is medium level from October 2018 to September 2020 and remains at a low level from October 2019 to September 2020). Minimal detailed statistics on crime rate are provided to provide detail around local crime levels, but data available indicate that crime levels around the site are otherwise low.

Population projections have been sourced from Forecast.id, showing that the nearby population is expanding, likely generating an increased demand for services and employment opportunities.

The section concludes with a brief analysis around the broad implications of the data provided in the profile for the proposal, summarising in the two key points below:

- The proposed private hospital will assist in satisfying the demand for services for an increasing population.
  Peer review: It is agreed that, based on the evidence, demand for healthcare services is likely to increase.
  The analysis is accurate and broadly supports the proposal.
- Its location near the main areas of activity but away from high level crime hotspots will provide greater opportunities to work closer to home.



**Peer review:** The site's location, while being within the collaboration area, is not immediately accessible from Bankstown (assumed to be the nearest a main area of activity). It is agreed that the proposal would provide more opportunities for work within the local area.

#### 2.2.4 Social and economic benefits of the proposal

The general summary provides a useful outline of the potential benefits of private hospitals, including:

- A macro overview of the role of private hospitals and their importance within the Australian healthcare system
- Examples of beneficial services to be provided within the proposal for wellbeing and rehabilitation services to assist patients who are recovering or requiring ongoing care with acute non-critical conditions (relating to a growth in older residents), pointing to a shortage of hospitals offering those services within the local area.
- Examples of specialised services to assist patients with specific medical needs, including obesity, residents requiring special assistance with core activities, maternity and paediatrics. These are all linked to broad population trends (e.g. the likely future need for paediatrics is linked to a projected growth in number of women in the LGA of childbearing age)
- Future trends analysis stating that the hospital will incorporate the latest technology and processes, identifying advantages in terms of efficiency and social advantages.

The lattermost of these points links social advantage to the anticipated delivery of the latest medical technology, however, does not clearly explain this connection. Given the proposal is a private hospital, the subset of the population who will access the service will be relatively more affluent and socially advantaged. It cannot be assumed that the incorporation of advanced technology would impart social benefits upon the wider community.

As identified in the points above, the SEBS provides a broad-based analysis of health trends, inferring disease rates from demographics using local population trends and data sourced from NSW Health and the Australian Private Hospitals Association. However, the report does not examine local health trends, particularly regarding hospitalisation rates, preventable healthcare and disease, which could be sourced for the LGA using data from healthstats.nsw.gov.au.

For example, in Canterbury Bankstown LGA, NSW Health determined that life expectancy for a 65 year old resident in 2018 was approximately 87 years (85 amongst men, 89 amongst women), largely matching the wider NSW average of 87 years (85 amongst men and 88 years amongst women).

Data from NSW Health shows the following trends within the broader LGA population:

**Table 2: Hospitalisations** 

Indicator	Spatially adjusted rate per 100,000 population (2017-19) CBC LGA	LGA Trend	Spatially adjusted rate per 100,000 population (2017-19) NSW	NSW Trend
Potentially preventable hospitalisations	2,376.4	<b>↑</b>	2,106.7	<b>^</b>
Potentially avoidable deaths	78.1	Ψ	99.4	Ψ
Chronic obstructive pulmonary disease hospitalisations	220.8	<b>^</b>	230.0	•
Coronary heart disease hospitalisations	456.2	<b>↑</b>	492.5	-
Asthma hospitalisations	156.6	Ψ	142.1	Ψ
Overweight and obesity attributable hospitalisations	725.1	-	758.9	-
Overweight and obesity attributable deaths	40.6	Ψ	41.9	Ψ



Smoking attributable hospitalisations	593.0	Ψ	658.9	-
Smoking attributable deaths	61.2	•	67.0	Ψ
Alcohol attributable hospitalisations	367.1	<b>↑</b>	514.0	<b>↑</b>
Alcohol attributable deaths	17.0	Ψ	20.0	Ψ

Source: HealthStats NSW (2020), Data by Local Government area, trend

This data shows that residents of Canterbury Bankstown are generally healthier than the state-wide average, presenting with fewer recurrent health problems, although it can be seen that heart-related (pulmonary and cardiovascular) disease has been rising, against the state average. It can also be seen that potentially preventable hospitalisations have been rising both within the LGA and state-wide, an increase which has been occurring since 2010-12, also with a higher rate in the LGA. This could indicate a need for the proposal, which would augment the existing public healthcare options to offer preventative health services to segments of the local population, as well as specialised services for ongoing chronic conditions.

### 2.2.5 Potential to provide infrastructure support during medical crises

This section briefly discusses the use of private hospitals during the COVID-19 pandemic, where they were available to augment public hospital capacity through a partnership entered into by the Australian Government and the private hospital sector. This section supports the proposal and is broadly accurate, despite the benefit described relating to a specific set of circumstances.

#### 2.2.6 Improved public domain/infrastructure

Section 6.4 of the SEBS section notes contributions from the proposal to the public domain and infrastructure in the area. These are primarily drawn from road infrastructure improvements proposed to be delivered as part of the proposal, including intersection upgrades, new footpaths, kerbs, lighting and relocation of a bus stop.

#### 2.2.7 Gaps in healthcare provision

Section 6.5 of the SEBS identified as "Addressing the Current Hospital Gaps in the Locality and Demand for Private Care" examines potential servicing gaps for private healthcare in the area around the site. The SEBS includes mapping of hospitals within a regional catchment (LGA level) of the site. A comparator map has been prepared to check the accuracy of the underlying data. It can be seen that the map included in the SEBS is broadly accurate, showing that, excluding Bankstown-Lidcombe Hospital, limited availability of public and private hospitals near the site.



Control Contro

Figure 1: Map of hospitals near the site included in SEBS

Figure 11: Map of Public and Private Hospitals within 12 km Radius of the Site

Subject Site
Public Hospital
Private Hospital

Source: Google Earth (2020)

A map produced by HillPDA, using data from NSW Health, is included below to validate the map included in the SEBS. It can be identified from the map that the statement regarding the local inaccessibility of public and private hospitals is broadly accurate, with no hospitals other than Bankstown-Lidcombe Hospital within a 5 kilometre radius of the site. The nearest private hospitals are the Liverpool Day Surgery in Chipping Norton, with the nearest private full service hospitals being Hurstville Private and Waratah Private in Hurstville and Sydney Southwest Private Hospital in Liverpool. This bears out the data included in the audit conducted on page 21 of the SEBS.



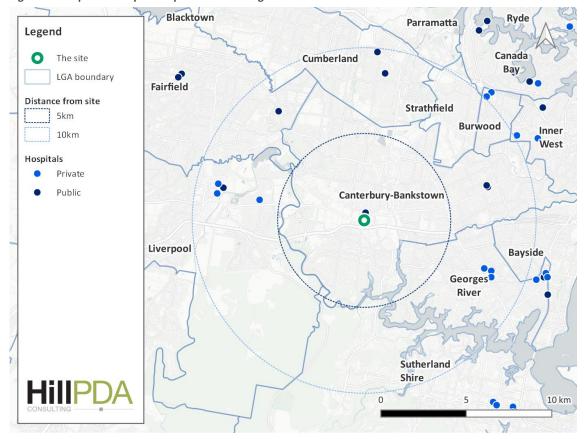


Figure 2: Comparison map of hospitals surrounding the site with LGA boundaries

Source: NSW Health (2020)

Data on the locations of existing nearby private same-day hospitals from the National Health Services Directory, procured via Healthmap, is shown in Figure 3. There is currently one private same-day hospitals located Bankstown (Bankstown Primary Healthcare Day Surgery) and a further two located in Campsie (Campsie Day Surgery and Excel Endoscopy Centre).



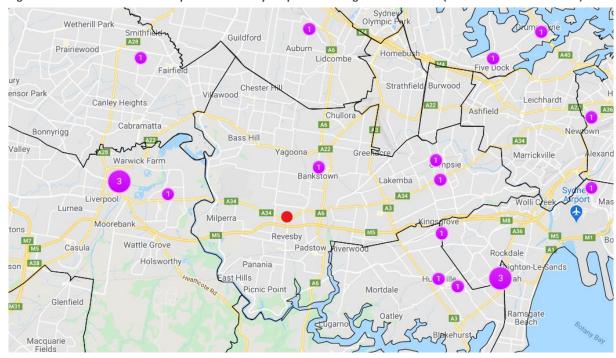


Figure 3: Locations and clusters of private same-day hospitals showing LGA boundaries (site marked with red circle)

Source: Healthmap.com.au (2021)

Figure 4 shows the location of clusters of hospitals within the wider catchment of the site. Again, it can be seen the only hospital located near the site is Bankstown Lidcombe Hospital.



Figure 4: Locations and clusters of hospitals showing LGA boundaries (site marked with red circle)

Source: Healthmap.com.au (2021)

These maps help demonstrate both the nature of existing healthcare services nearby, as well as the relative spatial distribution of hospital facilities in Canterbury Bankstown LGA. This information is largely supportive of the proposal in the context of the growing demand for healthcare services in the wider region.



The SEBS states that the lack of private hospitals is disadvantageous for local residents. This is because of (1) the reduced access to specialist treatment options (2) through increased pressure on the public system arising and (3) potential displacement of residents requiring access to a public hospital through patients who could utilise a private option but don't have access to one. It also states that the proposal would also assist in alleviating increasing demand on public health service, reducing the urgency of investments in additional public healthcare capacity within the region, citing the *State Infrastructure* Strategy. These benefits are broadly supported by this peer review.

#### 2.2.8 Visual built form and amenity

Section 6.8 of the SEBS largely deals with elements of the proposed design, identifying that the proposal will "activate the street frontage and provide a substantially improved streetscape appearance". There is a general description of visual impacts, but it is noted that no specialised technical reports have been prepared to verify the visual impacts of the proposal (views, overshadowing, light spill, privacy). It is understood that these would follow at the detailed design phase and this section evaluates the concept at a high level. However, it can therefore not be assumed that the impacts will all be beneficial as the proposal would result in a substantial change in the scale of the built form on the site (i.e. from a relatively low rise warehouse to a significantly taller structure).

#### 2.2.9 Other benefits

Section 6.9 of the SEBS includes a summary of other benefits arising from the proposal. These are summarised, along with findings from this peer review below.

Table 3: Evaluation os SEBS Section 6.9 "other benefits"

Benefit	Detail	Peer review
New in-house business opportunities	The proposal will include ancillary businesses such as a florist, café and other support services.	This benefit is accurate.
Additional medical services	The proposal will include a GP Clinic as an additional medical service in the locality which will have a positive impact on the wellbeing of the community, along with pathology and medical imaging services. These services are used often by the public and co-locating them on the site provides more efficiency for both visitors and medical professionals.	The co-location of medical service is likely to improve amenity and is accurate.
Improved safety and security	The site is in an area that has relatively low levels of crime. The proposal and associated public domain works will improve street activation and pedestrian safety and increase public surveillance around the site. This will discourage antisocial behaviour and increase safety for staff and visitors attending the site during the day and at night. A secure basement carpark will also improve the convenience and accessibility for staff and visitors.	This statement is broadly supported, however these benefits would all be dependent on detailed design elements, so any benefits identified would be at a high level.
Revitalisation catalyst	Redevelopment of the site would significantly improve the vitality of the area. The location of a new medical service in the vicinity of the Bankstown centre with upgraded public infrastructure supports economic growth and contributes to the attractiveness as a place to live and do business.	As previously identified, the site is in a predominantly industrial area, which is to be retained as industrial in character. As such, the stated economic benefits derived from this change in amenity would be extremely limited compared to if the proposal were located closer to the centre, as such this benefit may be overstated.



Benefit	Detail	Peer review
Increased opportunity for older residents	The co-location of medical, pathology and rehabilitation services between the Bankstown and Revesby centres (and close to public transport) will enable older people to access these services closer to their residence, thus maintaining their independence.	The co-location of specialised medical service is likely to improve amenity for older residents and is accurate.

### 2.2.10 Nexus between planning proposal and Bankstown-Lidcombe Hospital

This section (6.10) discusses the benefits of locating the proposal close to the hospital while also touching on the proposed relocation of Bankstown-Lidcombe Hospital. The benefits of co-locating healthcare services, particularly public and private hospitals, are understood and supported by this peer review.

In the context of the proposed relocation, SEBS suggests that "Even if the current hospital is relocated to an alternate site in Bankstown or East Hills, the subject site is Revesby is still considered well-located between the two suburbs. A new private hospital will contribute to filling the existing health service gaps in the LGA." As identified in Section 2.2.7, there is a gap in the local availability of private hospitals within Bankstown and its surrounds. However, the statement above in Section 6.10 of the SEBS does not adequately deal with the proposal in the context of the proposed relocation, with the following paragraphs focusing on the agreed benefits of colocation rather than the similarly possible scenario of the proposal existing as a standalone private hospital.

While the potential relocation of the existing public hospital has been announced, details are currently unclear as to the extent of the proposed relocation that may occur. It is recommended, however that as more details emerge, potential impacts to the proposal, particularly in relation to its proximity to the existing public hospital be further explored and analysed at the detailed design phase.



#### 2.3 Conclusion

This peer review has been prepared for City of Canterbury Bankstown Council. It considers a Social and Economic Benefits Statement prepared by GSA Planning which accompanies a planning proposal to construct a private hospital at 297-299 Canterbury Road Revesby. This review has assessed the planning proposal and SEBS on its compliance with strategic planning policies, its approach, the assessment of economic benefits and assessment of social benefits.

As the SEBS is a statement of benefits and not a formalised impact assessment, it is understood that the consideration of social and economic matters is high level. As such, the peer review has considered the benefits as stated and not the rigour of the overall approach and methodology. It is also understood that, as a statement of benefits, it does not require analysis of potential social risks or negative impacts. Regarding economic impacts, the GSA Planning report provides no detailed description of their calculations, source material or benchmarks making corroboration of the overall methodology, assumptions and conclusions difficult.

Our findings are summarised as follows:

#### Economic benefits

- Construction employment generated directly on-site is around 73 to 107 jobs per annum higher than our estimate
- o Total operational employment is around 146 to 346 jobs higher than our estimate
- The report provides no analysis of the economic impact of the proposal on the current and future economic activities of the industrial precinct and especially those uses adjoining the site.
   It is recommended that an analysis of the economic impact of the proposal on surrounding land uses, particularly logistics and urban services, be undertaken at the detailed design phase.

#### Social benefits

- The demographic indicators used are appropriate and, although there is limited analysis, that
  is accepted in the context of the high level nature of the SEBS
- The assessment of need for additional hospital facilities, particularly private hospitals, is accurate, the projected need is increasing, and the proposal would substantially improve access to private healthcare for residents in a wide catchment, where no such services are currently available
- The benefits arising from the public domain, public amenity (other than access to healthcare) and health and safety are very high level and can only be properly assessed at the detailed design phase
- The possible future relocation of Bankstown Lidcombe Hospital and identified ongoing use of
  the surround lands for industrial purposes would negate most of the stated clustering benefits.
   Greater analysis of operations under this scenario is recommended at the detailed design
  phase, if additional information regarding the future operations of the existing public hospital
  is available
- The proposal could further consider the existing uses of the site and compare likely social impacts and/or benefits of what is proposed with existing uses
- o If the proposal proceeds, a more detailed impact assessment is recommended, which considers additional demand upon social (in particular child care) above existing uses.

The proposal would afford social and economic benefits to the local and wider community, principally through improved access to healthcare and local investment accompanying construction and operation.



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# **SYDNEY**

Level 3, 234 George Street Sydney NSW 2000 GPO Box 2748 Sydney NSW 2001

t: +61 2 9252 8777 f: +61 2 9252 6077

e: sydney@hillpda.com

# **MELBOURNE**

Suite 114, 838 Collins Street Docklands VIC 3008

t: +61 3 9629 1842

f: +61 3 9629 6315

e: melbourne@hillpda.com

# WWW.HILLPDA.COM