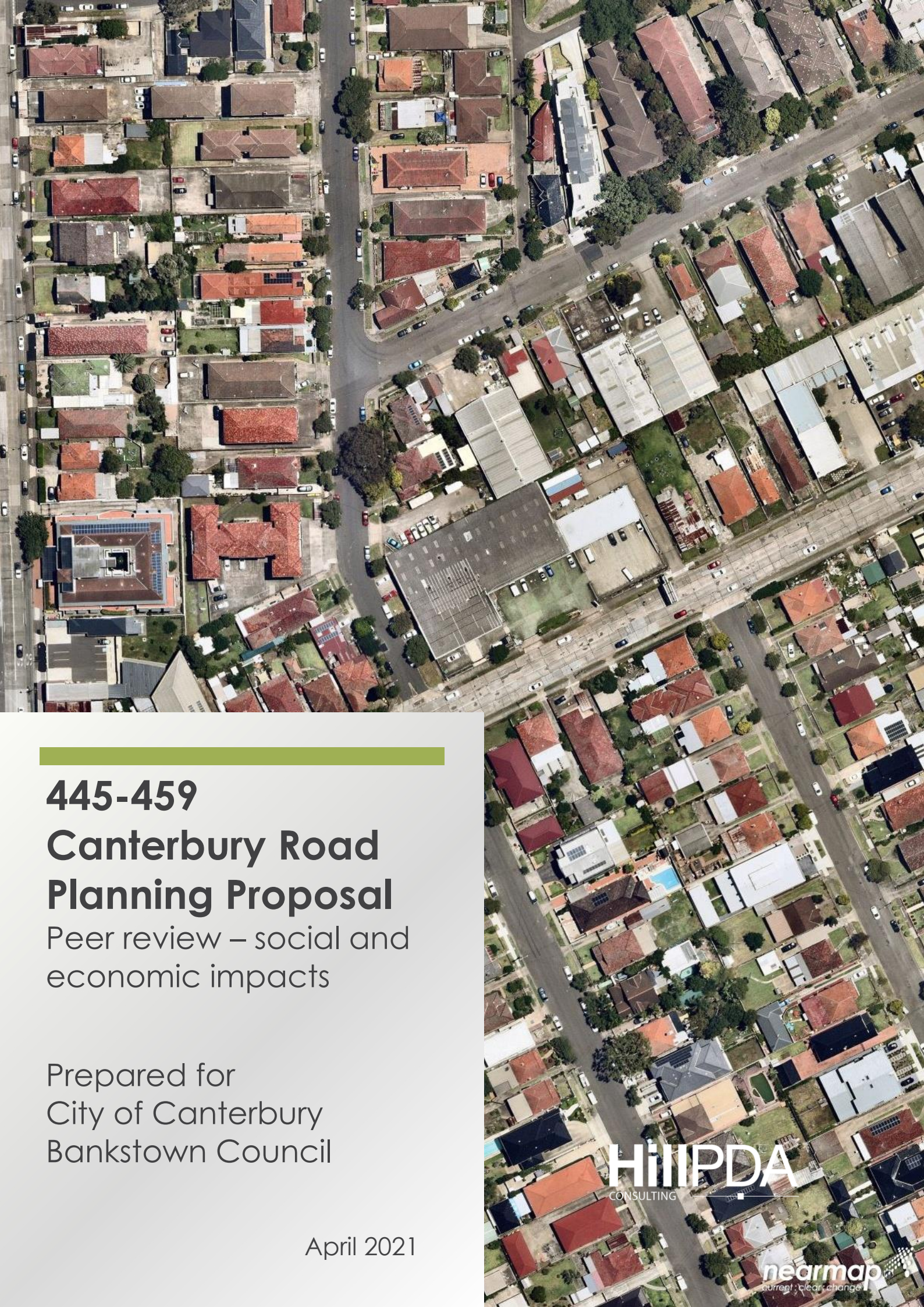

445-459 Canterbury Road Planning Proposal

Peer review – social and economic impacts

Prepared for
City of Canterbury Bankstown Council

April 2021

HillPDA CONSULTING

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This document is for discussion purposes only unless signed and dated by a Principal of HillPDA.

Reviewer

Signature		Dated	08/04/21

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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 445-459 Canterbury Road in Campsie.

This peer review focuses on the social and economic impacts of the planning proposal as described in the planning proposal prepared by Mecone and dated July 2020. The analysis in this report is to inform the preparation of a report prepared by Council officers, to be considered by the Canterbury Bankstown Local Planning Panel and subsequently, Canterbury Bankstown Council. Specifically, it includes:

- A consideration of documentation submitted as part of the planning proposal
- A review the proposal's relationship with relevant state and local statutory and strategic frameworks
- An examination of the assumptions, methodology and key findings of the Social and Economic Impact Assessment prepared by Ethos Urban dated July 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 health care provision and services based on current supply/demand and projected population growth, particularly in the context of the ongoing evolution of Campsie as a strategic centre and potentially for the health education precinct in Bankstown.

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

1.1 The planning proposal

In July 2020, Hailiang Property Group (HPG) submitted a planning proposal to Canterbury Bankstown Council to facilitate the development of a private hospital at 445-459 Canterbury Road in Campsie. The planning proposal seeks to amend Canterbury Local Environmental Plan 2012 by amending the maximum permissible height of building to from 12 metres to 56 metres. A Social and Economic Impact Assessment (SEIA) prepared by Ethos Urban, dated 30 July 2020, was submitted with the planning proposal.

1.2 The proposed development

The planning proposal is sought to facilitate development of a private hospital of approximately 22,828 square metres total floor area, comprising:

- New clinical and support facilities and approximately 218 beds
- Proposed FSR of 5:1, including two levels of basement parking, two ground floor levels and eleven above ground stories with plant
- Eight operating theatres on level 1
- 266 car parking spaces
- Associated servicing and loading areas
- A new rear laneway
- Retail and café premises on the lower and upper grounds floors
- Public domain works including integrated open space and associated landscaping.

1.3 The site

The site is located at 455-459 Canterbury Road Campsie, legally defined as Lots A and B of DP 355656; Lots A and B of DP 416123; Lots 13 and 15 of SP3995; and Lots A and B of DP 391661.

The site is generally rectangular in shape, being approximately 4,414 square metres in area. It is bordered by Canterbury Road along its south eastern frontier and Stanley Street along its south western frontier. To the north west, the site is bordered by a combination of light industrial and residential properties, with a further residential property to the north east, along Canterbury Road.

2.0 PEER REVIEW

2.1 Compliance with strategic planning

2.1.1 South District Plan

The District Plan does not identify Campsie as a specialised health and education centre, but it does identify Campsie as a strategic centre. The importance of the centre is identified as arising from high levels of amenity, with a density of employment, diverse range of services and active main street (Beamish Street). The District Plan describes the Campsie Strategic Centre as "*a thriving commercial centre with a range of medical services nearby*".

Of the actions applying specifically to Campsie that relate to the proposal, the following is of relevance:

> *34. Strengthen Campsie through approaches that:*
> *(c) strengthen links to Canterbury Hospital and surrounding allied health services*

The overriding strategic priority for Campsie under the District Plan centres around the maintenance and enhancement of high levels of amenity. The planning proposal has the potential to contribute to this by enhancing the range and capacity of services within the centre. The location of the subject site, being on the southern fringe of the centre and adjacent to Beamish Street, would contribute to the centre but minimise impact on the high pedestrian and retail activity along Beamish Street which has been identified in the District Plan as a key driver of amenity in the centre.

2.1.2 Future Transport 2056 - Sydney Metro Southwest

Sydney Metro is currently upgrading the existing Sydney Trains T3 Bankstown Line for incorporation into the Sydney Metro network, with high frequency metro services set to replace the existing service in 2024. The upgrade will provide more frequent links with the Sydney CBD and Bankstown, as well as add new direct links with North Sydney, Chatswood and North West Sydney. The metro will utilise the existing Campsie Railway Station and includes enhancements to cater for the additional capacity.

Access to the future Campsie Metro Station will be as for the existing station, via Beamish Street. From the site, this trip is a 1 kilometre walk or a 10 min bus trip along Beamish Street (buses operate to approximately 20 min frequencies throughout the day).

2.1.3 Local Strategic Planning Statement – *Connective City 2036*

The Canterbury Bankstown Local Strategic Planning Statement (LSPS), *Connective City 2036*, was adopted by Council in 2019. The LSPS sets the strategic intent for future growth and development in the LGA.

One of the five city directions that headline the LSPS relates to the development of the *Eastern lifestyle and Medical precinct* in an area stretching from Campsie to Kingsgrove.

The aim of the strategy is to enhance the strategic role of these centres, while leveraging existing developments and future enhancements to public transport (i.e. Sydney Metro Southwest), to make Beamish Street and Kingsgrove Road "the shopping, medical and cultural centre in the city's east".

The strategy identifies a need to optimise existing health support services, facilities and retail along Canterbury Road and support Canterbury Hospital to create a cohesive medical precinct, stating "*industrial land in the vicinity of Kingsgrove Road, Canterbury Road and Harp Street could be transformed to create an extended hospital precinct and include allied health activities*". The intent of this is also to provide greater amenity in order to transform Canterbury Road into an urban boulevard and destination.

As such, the planning proposal, being a possible medical facility situated on Canterbury Road, is consistent with the strategic intent of the LSPS. As a private hospital and reuse of an existing light industrial site used for bulky goods retail, its presence would enhance and support the function of Canterbury Hospital.

2.1.4 Implications

The LSPS identifies that Campsie is to become a high amenity lifestyle centre, with medical services supporting Canterbury Hospital around its periphery. The proposal, in seeking to construct a private hospital on Canterbury Road, is consistent with these ends.

The Greater Sydney Commission identifies Campsie as a strategic centre with high amenity, supported by active streets and a range of services. The proposal is broadly in keeping with these strategic goals, being positioned away from but adjacent to the active spine of the centre, it could potentially serve to augment the range of services and retail already offered along Beamish Street, without displacing them.

While Campsie will benefit from improved public transport connection with the completion of the Sydney Metro, some consideration needs to be given to the accessibility of the site from Campsie station. This is considered further below.

2.2 Review of economic impacts

The following undertakes a review of the key assumptions, methodology and conclusion of the economic impact assessment section of the Ethos Urban *Campsie Private Hospital Social and Economic Impact Assessment*. Specifically, this is a review of Chapter 13 of that report.

2.2.1 Economic impact peer review findings

Generally, we accept the overall methodology, assumptions, and conclusions of the economic impact assessment. There are four main points where we differ in the Ethos Urban reports methodology and/or conclusion, these being:

- The report does not estimate the current economic contribution of the site. This is an essential step in calculating the economic impact of the proposed land uses
- We believe the report overestimates the post-construction employment generated on-site by around 633 jobs or 58%
- The calculation in the report of the GRP and value added are essentially the same metric. The GRP calculation in the report is incorrect and should be the gross out of the workers on-site.
- Based on our revised employment estimate, the gross output and value added are around $72.2 and $43 million, respectively.
- No assessment or discussion on the ability of the four displaced businesses currently on-site to be relocated or absorbed into surrounding employment/commercial precincts is undertaken. If this is not able to occur, the economic loss of these businesses to the LGA should have been explored.

2.2.2 Absence of a base case

Typically, an economic impact assessment should consider the proposal against a base case scenario. A base case scenario is typically a 'business as usual' case where the economic contribution of the current land uses is assessed.

The economic output of the base case is then compared to that generated by the proposed land uses to highlight where the proposal generates either a positive or negative economic outcome.

The Ethos Urban report did not undertake this comparative analysis. As such, any post-development employment and other economic outcomes are totals and not net increases.

2.2.3 Demand for hospital bed provision

Ethos Urban estimate the current supply of hospital bed provision within the PSA at 823 beds. To project the demand for beds, a national average provision of 3.9 beds per 1,000 residents was applied to the current and projected resident population in the PSA. Applying this methodology, the report concludes that the PSA would require an additional 2,630 beds by 2036.

Determining the optimal number of hospital beds is a complex and challenging endeavour and requires models and techniques which are sensitive to the multi-level, uncertain, and dynamic variables involved. With this in mind, the methodology applied by Ethos Urban is industry standard practice and acceptable.

However, HillPDA would have applied the population provision rates identified for NSW and further distilled demand for public and hospital beds, as seen in the table below.

Applying NSW specific rates, it is estimated that there is a current unmet demand of around 1,640 hospital beds within the PSA, of which, 595 are private hospital beds. With no additional supply, to meet demand, an additional 2,610 hospital beds will be required, of which 890 are attributed to private hospital beds. The overall additional demand is in accordance with the Ethos Urban findings.

From this analysis, we concur that there is likely an undersupply of hospital beds currently within the PSA, which has led to pressure on existing facilities. Over the 20-year forecast period, this undersupply is projected to increase. We make further comments on the PSA adopted by Ethos Urban below.

Table 1: Demand for hospital beds (public and private)

	Public hospitals	Private hospital	Total
New South Wales per 1,000 population	2.70	1.18	3.88
Supply	671	152	823
Demand 2016	1,712	748	2,460
Demand 2036	2,388	1,044	3,432
Undersupply 2016	-1,041	-596	-1,637
Undersupply 2036	-1,717	-892	-2,609

Source: HillPDA

2.2.4 Construction employment

The Ethos Urban report assumes a construction cost of $125 million over a three-four-year construction period. This would *support an estimated 245 jobs in the construction industry and support a further 392 jobs in related (supplier) industries over the development period. In total, approximately 637 FTE construction jobs are likely to be supported during the construction phase.*

HillPDA construction multiplier Input-Output (I-O) tables use a combination of ABS 2017-18 national account I-O data and other specific LGA employment data. HillPDA's bespoke model better refines and tailers the likely impacts at the specific LGA level while the Ethos Urban report likely applies 2015 I-O data at the national level.

Applying a construction cost of $125 million, our model suggests that 290 job years would be directly generated by the proposed development with a further 167 job years being created indirectly. In total, the proposal would generate 457 job years directly and indirectly.

Our total estimate of job years created (directly and indirectly created) is around 180 job years less than that estimated in the Ethos Urban report. Despite this discrepancy, the proposal would have positive employment outcomes for the locality and wider area and is supported from this perspective.

Our model also suggests that the proposed development would generate:

- Just over $15 million in on-site wages and a further $8 million in indirect wages over the construction period – totalling just over $23 million in direct and indirect wage creation
- Directly contribute around $38 million in Gross Value Added (GVA) and a further $35 million GVA indirectly – totalling approximately $73 million in direct and indirect contribution to GDP.

Table 2: Estimate on direct and indirect job years comparison

Category	Ethos Urban	HillPDA	Difference
Direct job years	245	290	+45
Indirect job years	392	167	-225
Total	**637**	**457**	**-180**

2.2.5 Ongoing employment

Estimating employment levels within a hospital can vary based on any specialisms in treatment, teaching and surgery the hospital may have. Where hospitals require higher numbers of operating theatres or specialist care facilities, these will have much higher staffing levels than a hospital with more 'general' ward space.

The Ethos Urban report estimates that the 218-bed facility would *support ongoing employment of approximately 1,090 workers (full time, part time and casual) at a full bed occupancy.* This is based on a 2012 Western Sydney Regional Organisation Councils report which provides an estimate of an average of 5 workers per hospital bed.

The proposal would provide 22,828sqm GFA of hospital floorspace. As such, the overall employment density for the proposal equates to around 1 job per 21sqm of GFA. This rate is quite high and is more in accordance with commercial office rates for suburban locations. To attain this rate the proposed hospital would likely need to have higher numbers of operating theatres, specialist care facilities and teaching services.

Typically, we would apply a per sqm employee rate for health services of between 1 job per 45-95sqm of GFA. This range is further validated the employment density within the new Northern Beaches Hospital and the City of Sydney 2017 floorspace survey.

The Northern Beaches Hospital provides 488 beds over 69,800sqm of GFA and employees around 1,342 staff. This equates to 1 job per 52sqm of GFA or 1 per 2.75 beds. At the same time, the City of Sydney floorspace survey found that across Sydney LGA there was 1 job per 44sqm of Net Leasable Area (NLA). This rate could be increased to around 1 per 50sqm to convert NLA to a per GFA rate.

Applying a rate of 1 employee per 50sqm of GFA, we estimate the proposal to generate a total of around 457 jobs. This is around 633 jobs or 58% lower than that estimated in the Ethos Urban report. Although the total net increase in employment over the current employment generated on-site is not estimated or provided, it is considered a net benefit to the LGA's employment.

2.2.6 Increased economic output

This section of the report calculates what the workers on-site would contribute to Canterbury-Bankstown's Gross Regional Product (GRP). Although this section the GRP and value added contribution by the workers, these two economic metrics are essentially the same and should have concluded the same figure.

The value added by an industry can be seen as the contribution that the industry makes to the GRP. The report's GRP estimation is, in fact, the industries gross output for the locality. This is explained further below.

Gross Regional Product (GRP)

In calculating what the workers on-site would contribute to the Gross Regional Product (GRP) the report applies a rate of $158,000/worker. It is then stated that the 1,090 workers on-site would contribute $172.2 million to

the local GRP (158,000 x 1,090). This GRP rate and contribution however, have been incorrectly calculated with the rate applied being the per work output rate for the hospital industry.

As such the $172.2 million estimates is the gross output for the works on-site. Gross output is principally a measure of sales or revenue from production for most industries. It is a much broader measure of the economy than gross domestic product (GDP).

For example, the total gross output for the whole Canterbury-Bankstown in 2018/19 (the table where the report gets its gross output per worker rate) is $28,144 million. This is significantly higher than Canterbury-Bankstown's total estimated headline GRP in 2019 ($15,527 million) and what all the industries in the LGA contributed to the GRP ($13,211 million)[1].

As such, the report's estimate of the contribution to the LGA's GRP from the 1,090 workers on-site is the gross output of the proposal. Based on our revised employment on-site the gross output is around $72.2 million.

The value added and their contribution to the GRP is calculated correctly in the following section in the report.

Value Added

Table 16 of the Ethos Urban reports estimates the industry value added from the proposal at around $104 million (although stated as $110 million in the text). This figure has been estimated from a worker productivity rate of around $95,000/worker and is sourced from Economy Id.

We concur with this method. However, given the overestimate in employment, we estimate the value-added from the proposal at $43 million. This is $60 million or 58% below that estimated in the report.

2.2.7 Other economic impacts

HillPDA generally concurs with the other economic positive and negative impacts of the proposal described in the report. It is noted, however, that no assessment or discussion on the ability of the four displaced businesses to be relocated or absorbed into surrounding employment/commercial precincts is undertaken. If this is not able to occur, the economic loss of these businesses to the LGA should be explored.

2.3 Review of social impacts

The following undertakes a review of the key assumptions, methodology and conclusion of the social impact assessment sections of the Ethos Urban *Campsie Private Hospital Social and Economic Impact Assessment*.

2.3.1 Social impact peer review findings

Generally, we accept the overall methodology, assumptions and conclusions of the social impact assessment. There are four main points where we differ in the Ethos Urban reports methodology and/or conclusion, these being:

- The SEIA includes the necessary demographic indicators for a proposal of this nature, however the catchment defined as the wider study area could be reviewed to include local government areas to the south, which would be positioned to likely use the services of a future health precinct.
- The assessment of need for additional hospital facilities has omitted to take into account a significant number of existing private hospitals in the surrounds, bringing into question the accuracy of the extent of the stated shortfall in hospital facilities
- Notwithstanding some irregularities in the methodology and of the matters assessed, the SEIA's broad findings and recommended mitigations are appropriate. Further consideration of impacts to livelihood

[1] Economy id

and access to services and facilities would likely add to the existing long-term beneficial assessment of the proposal's impacts.

- As with the economic impacts, 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.

2.3.2 Definition of the study area

The study area defined in the SEIA prepared by Ethos Urban are:

- Primary study area, consisting of the following Local Government Areas (LGAs):
  - Canterbury Bankstown
  - Inner West
  - Burwood
  - Strathfield
- Secondary planning area, consisting of Greater Sydney (GCCSA).

Principally the overall approach to defining the primary study area is sound, utilising LGA boundaries to define a wider servicing catchment for the proposed hospital. However, the basis upon which LGAs were included is not explicitly stated, particularly whether the LGAs were selected based on distance or another metric. For example, while Inner West and Burwood LGAs to the north are included in the study area, Bayside and Georges River to the south, which are both less than 3 kilometres from the site, are not.

The implications of this are significant when considering the gap in health care provision as relatively nearby hospitals in Georges River LGA have not been taken into account (see section 2.3.6 below).

2.3.3 Social baseline -demographics

Overall, the demographics provide an adequate profile of the community in the primary study area, notwithstanding the overall definition of the primary study area. Data provided in the community overview is generally in line with the 2016 census. Social advantage and disadvantage has been based upon ABS the SEIFA Index of Relative Socio Economic Advantage and Disadvantage (IRSAD), minimal justification is provided as to the selection of this index over other SEIFA indexes (e.g. the Index of Relative Social Disadvantage). The social advantages done on an LGA basis with very limited analysis particularly at a local level.

2.3.4 Local Health and wellbeing trends

The analysis of health trends includes useful research and macro health trends analysis. However, the report does not examine local health trends, particularly regarding hospitalisation rates, preventable health care and disease, which could be sourced for the LGA using data from healthstats.nsw.gov.au.

There is some local research linking the proposed hospital to the local population, but again extremely general, inferring disease from demographics and overall social disadvantage (e.g. levels of year 12 completion, proportion of culturally and linguistically diverse residents, proportion of low income households).

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 3: 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	↑	2,106.7	↑
Potentially avoidable deaths	78.1	↓	99.4	↓
Chronic obstructive pulmonary disease hospitalisations	220.8	↑	230.0	↓
Coronary heart disease hospitalisations	456.2	↑	492.5	–
Asthma hospitalisations	156.6	↓	142.1	↓
Overweight and obesity attributable hospitalisations	725.1	–	758.9	–
Overweight and obesity attributable deaths	40.6	↓	41.9	↓
Smoking attributable hospitalisations	593.0	↓	658.9	–
Smoking attributable deaths	61.2	↓	67.0	↓
Alcohol attributable hospitalisations	367.1	↑	514.0	↑
Alcohol attributable deaths	17.0	↓	20.0	↓

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. This could indicate an need for the proposal, which would augment the existing public healthcare options to offer preventative health services to segments of the local population.

2.3.5 Market overview

This section discussed the cumulative impacts and benefits of collocating health care services, identifying the advantages of co-locating health care services. HillPDA agrees with the suggestions that co-location of health facilities had a number of advantages.

As noted above, we question the definition of the study area used by Ethos Urban because it excludes Georges River LGA and Bayside LGA which are only around 3 kilometres to the south and south east of the site. In doing so, the analysis has excluded the following health facilities:

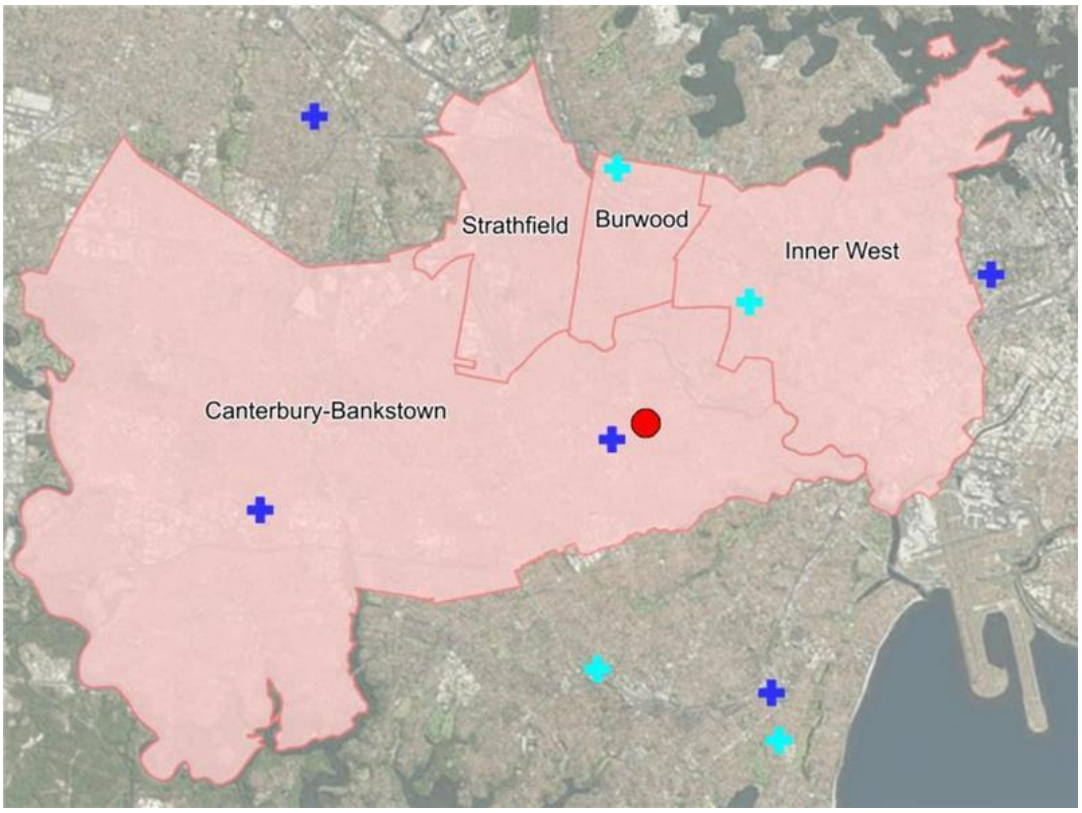
- Calvary Hospital
- St George Hospital
- Hurstville Private
- St George Private Hospital
- Wesley Hospital Kogarah
- Waratah Private Hospital.

In addition, the following day surgeries are located in Georges River LGA:

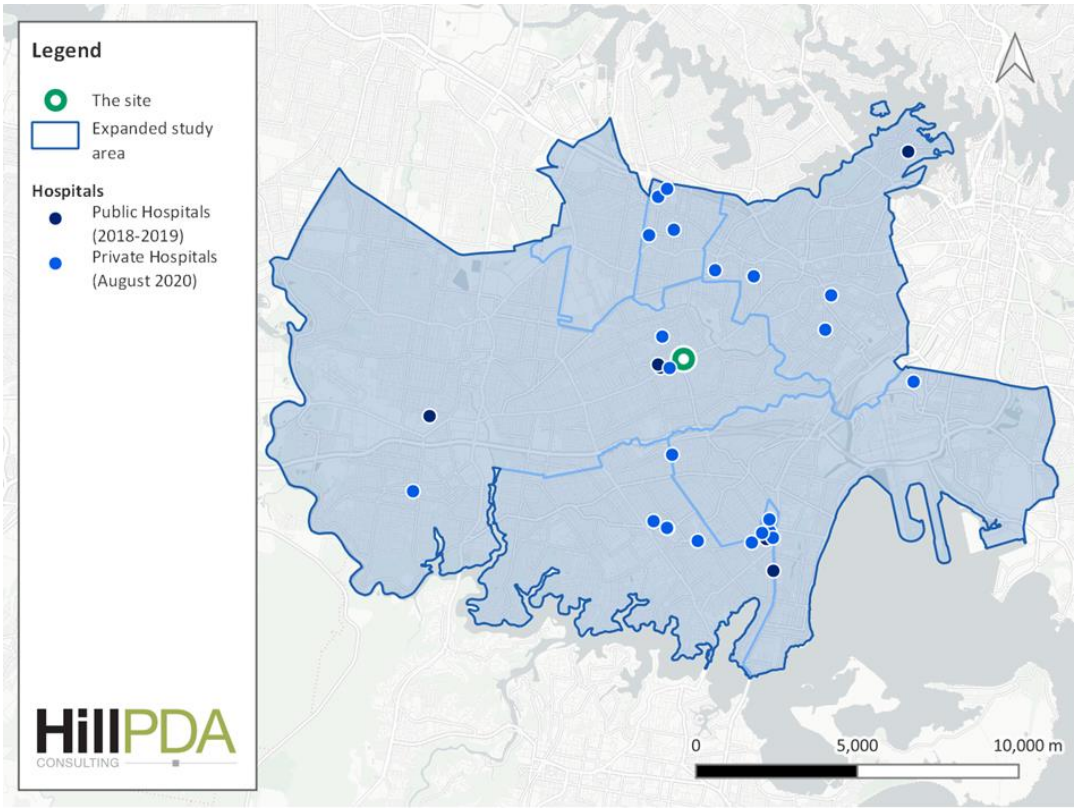
- Aesthetic Day Surgery
- Vision Day Surgery Hurstville.

This suggests that the gap in hospital beds may not be as significant as stated by Ethos Urban in section 9 of their report. Figure 1 illustrates the difference between the HillPDA approach and that of Ethos Urban.

Figure 1: Comparison of study area and hospitals analysis



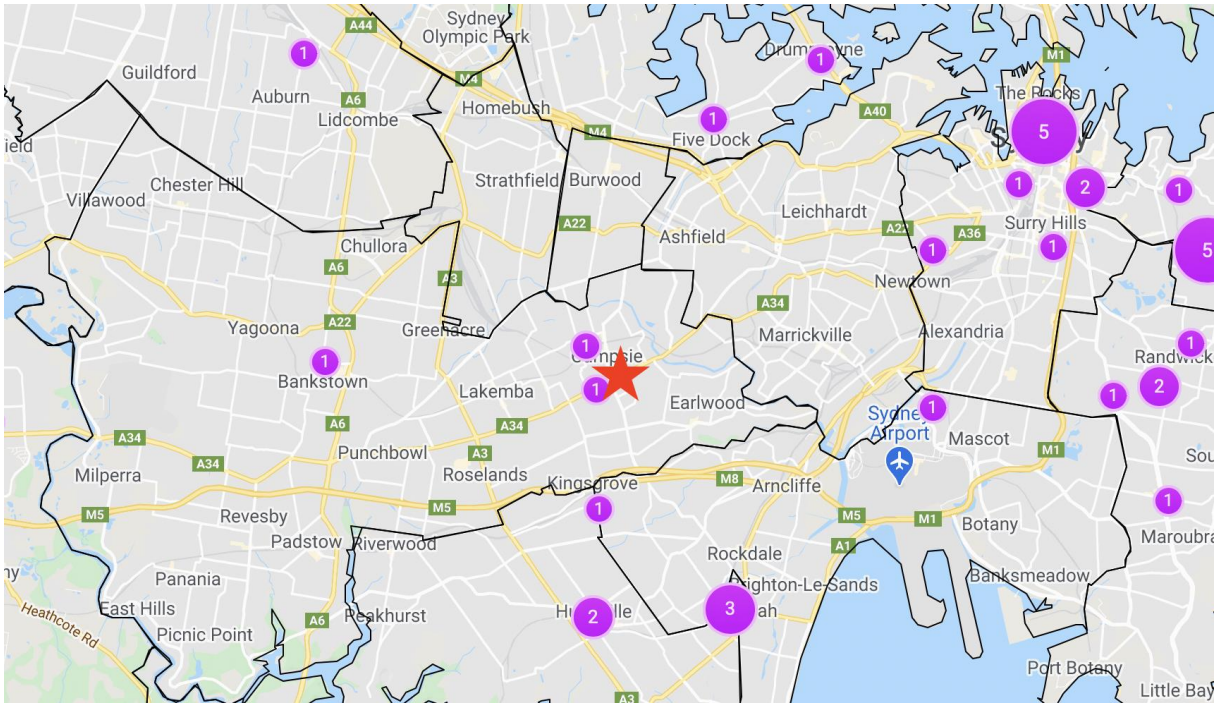
Source: Ethos Urban



Source: HillPDA

Data on the locations of existing nearby private same-day hospitals from the National Health Services Directory, procured via Healthmap is shown in Figure 2. It can be seen that there are currently two private same-day hospitals located in Campsie being Campsie Day Surgery and Excel Endoscopy Centre.

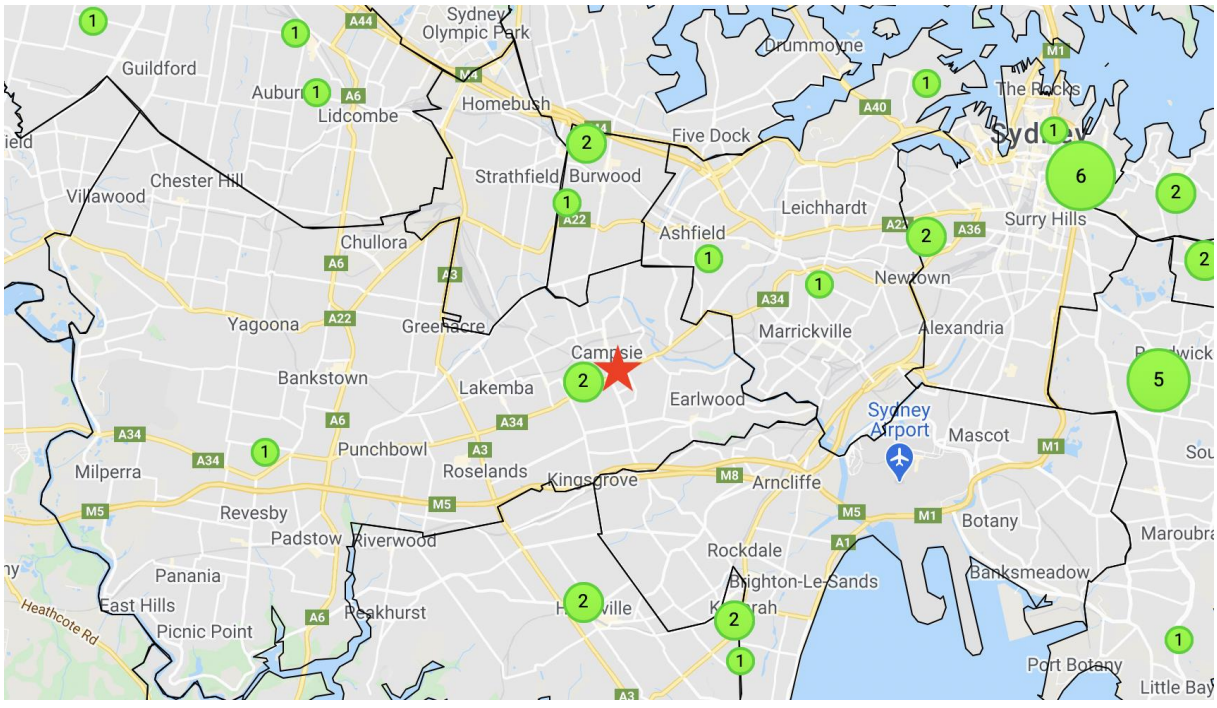
Figure 2: Locations and clusters of private same-day hospitals showing LGA boundaries (red star marks site)



Source: Healthmap.com.au (2020)

Figure 3 shows the location of clusters of hospitals within the wider catchment of the site. It can be seen that there are two hospitals located nearby, Canterbury Hospital and the Tresillian Family Care Centre – Canterbury.

Figure 3: Locations and clusters of hospitals showing LGA boundaries (site marked with red star)



Source: Healthmap.com.au (2020)

These maps help demonstrate both the nature of existing health care services nearby, as well as the relatively space distribution of hospital facilities in Canterbury Bankstown LGA. This information is largely supportive of the proposal, in the context of the wider strategy for Campsie and the growing demand for healthcare services in the wider region.

2.3.6 Forecasting

The forecast social and economic context draws upon population growth data available from NSW DPIE for the LGAs that form the Primary Study Area. The growth data is broken down by age to provide analysis of future need, highlighting growth in age groups that are higher users of health care, particularly residents aged 65 years and older. It is also noted that at the time of writing, Forecast.id population forecast data is unavailable for comparison. Notwithstanding the issues with the selection of the primary study area, the forecasting approach is supported.

2.3.7 Stakeholder engagement

This section is an adequate summation of engagement undertaken with Central and Eastern Sydney Public Health Network and the Sydney Local Health District, with particular detail around existing gaps identified in their respective jurisdictions.

2.3.8 Social impact assessment

The HillPDA method for assessing social impacts differs slightly for that undertaken by Ethos Urban. This section includes a description of the HillPDA approach taken in evaluating social impacts, followed by an assessment of the approach taken in the SEIA.

A social impact can be defined as the net effect of an activity on a community and the well-being of individuals and families. The NSW DPIE *Social Impact Assessment Guideline* defines social impacts as arising from changes that impact people in one of nine key areas:

- way of life, including:
  - how people live, for example, how they get around, access to adequate housing
  - how people work, for example, access to adequate employment, working conditions and/or practices
  - how people play, for example, access to recreation activities
  - how people interact with one another on a daily basis
- community, including its composition, cohesion, character, how it functions and sense of place
- access to and use of infrastructure, services and facilities, whether provided by local, state, or federal governments, or by for-profit or not-for-profit organisations or volunteer groups
- culture, including shared beliefs, customs, values and stories, and connections to land, places, and buildings (including Aboriginal culture and connection to country)
- health and wellbeing, including physical and mental health
- surroundings, including access to and use of ecosystem services, public safety and security, access to and use of the natural and built environment, and its aesthetic value and/or amenity
- personal and property rights, including whether their economic livelihoods are affected, and whether they experience personal disadvantage or have their civil liberties affected
- decision-making systems, particularly the extent to which they can have a say in decisions that affect their lives, and have access to complaint, remedy and grievance mechanisms
- fears and aspirations related to one or a combination of the above, or about the future of their community

Source: NSW DPIE (2017)

We note that the Ethos Urban report also references this guideline.

The SEIA by Ethos Urban considers the key social impact areas grouped in three main sections:

- Way of life, culture and community, health and wellbeing
- Surroundings – amenity
- Health and wellbeing.

It is acknowledged that social impact assessment methodology can vary from project to project, depending on the nature of the proposal. However, in grouping the impact areas identified in the DPIE Guideline, health and wellbeing appears to be considered twice.

In addition, the categories of *access to and use of infrastructure, services and facilities* and *personal and property rights* could be further considered as part of this assessment. Access to and use of infrastructure, services and facilities is important because it deals with potential impacts from the proposal for short- or long-term access. The headline impact here would be the positive impact of introducing additional services to the community, while also considering the potential impacts to accessing existing services and facilities during construction and operation, particularly with reference to any proposed impacts to local transport networks or adjacent services and facilities. While it appears that this may have been considered as part of way of life, it is not explicitly stated.

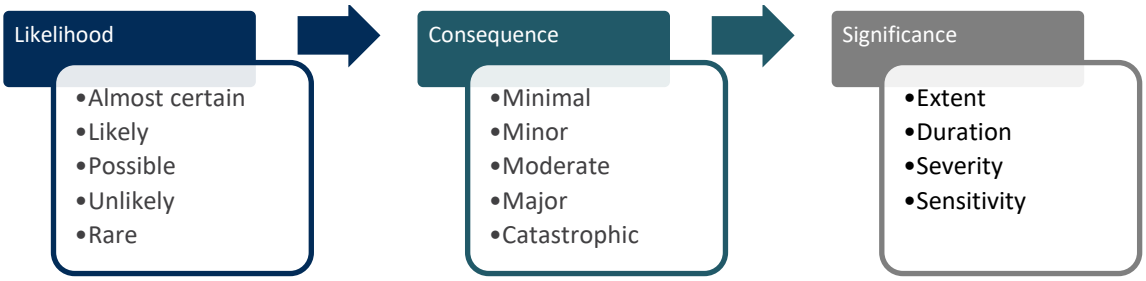
Similarly *personal and property rights* would draw upon findings of the economic impact section to draw out the social dimensions of the economic impact assessment. This would ultimately be another net positive impact, but consideration should be given to any nearby residents and businesses who may be affected by amenity impacts during construction.

The SEIA does not make reference to the existing uses on site within the consideration of social impacts. The absence of consideration of *livelihood* has previously been mentioned, however no evaluation of the social risk arising from the discontinuation of existing businesses on site has been included as part of the assessment.

Impact assessment framework

The impact assessment method used by HillPDA identifies and evaluates changes to existing social conditions due to the project. This includes the assessment of direct and indirect benefits and effects/impacts, as well as consideration of any cumulative impacts. Individual impacts are evaluated in terms of the likelihood of the impact occurring, the magnitude of the consequence and the significance of the impact.

Figure 4: Social impact assessment process



The likelihood of a potential impact is a primary element of considering each social impact and its risk rating. The criteria used to determine the likelihood of any potential impact are described below in Table 4.

Table 4: Likelihood of impact

Likelihood	Description	Indicative Probability
Almost certain	Expected to occur, almost frequently	90 percent
Likely	Could occur in many instances	70 percent
Possible	Just as likely to happen as not	50 percent
Unlikely	Limited occurrence	30 percent
Rare	Very limited occurrence	10 percent

The consequence of a potential impact is a key consideration to determine a risk rating. Each consequence is detailed below in Table 5.

Table 5: Consequence

Consequence	Description
Insignificant	No lasting detrimental or negligible impact on the community or environment.
Minor	Minor, short-term isolated impact on the community or environment.
Moderate	Modest, medium-term, widespread impact on the community or environment.
Major	Serious, long-term, widespread impact on the community or environment. Widespread community unrest or discomfort.
Catastrophic	Severe/ extensive on-going, widespread impact on the community or environment.

Potential impacts are identified as part of the scoping process. They are then analysed based on the nature of the impact and its predicted severity. A mitigation strategy is proposed if necessary and finally, both impacts are assigned a Social Risk Rating (SRR) for a scenario with and a scenario without mitigation. The matrix used to calculate SRR is included below in Table 6. Using this rating system, the social risks for the proposed development are assessed as follows:

Table 6: Social risk matrix

		Consequence				
		Minimal	Minor	Moderate	Major	Catastrophic
Likelihood	Almost certain	**High**	**High**	**Extreme**	**Extreme**	**Extreme**
	Likely	**Moderate**	**High**	**High**	**Extreme**	**Extreme**
	Possible	**Low**	**Moderate**	**High**	**Extreme**	**Extreme**
	Unlikely	**Low**	**Low**	**Moderate**	**High**	**High**
	Rare	**Low**	**Low**	**Moderate**	**High**	**High**

Source: NSW Planning & Environment (2017) | Vanclay, F; Esteves, A; Aucamp, I; Franks, D (2015)

While is seems that Ethos Urban may have used a similar approach, it is not explicitly stated in their report.

2.3.9 Evaluation of social impact assessment

In general we agree with the social impact assessment undertaken in 12 of the Ethos Urban report. In addition to the impacts identified by Ethos Urban we would suggest the following impacts be considered by Council:

Type	Potential social impacts	Social risk rating
Way of life, culture community and wellbeing	Reduced travel to access health care services Potential for long term improved health outcomes to the community through improved access to health facilities Potential for changes to community and character through an influx of skilled workers at the proposed hospital Potential for the proposed hospital to encourage hospital workers to live locally leading to a long term changes in community demography	High - Positive
	Potential increase in demand for affordable housing through an increase in key workers employed at the hospital and seeking homes nearby.	High

Type	Potential social impacts	Social risk rating
Surrounds - amenity	Potential for changes in amenity, particularly for residences to the rear of the site (fronting Perry Street and Stanley Street) Change in character as the site transitions from a low rise traditional employment precinct with older style specialised retail uses to a transformative private hospital of up to 56 metres in height Increase vehicular and pedestrian movement associated with a significant increase in visitors to the site including patients, visitors and staff	High
	Potential for the proposed development to stimulate further development leading to longer term changes in character and amenity, noting that hospitals typically attract a clustering of allied health, pharmaceutical and other medical related uses Potential impact to existing businesses during construction period with potential for long term displacement as the proposed development stimulates development and increases in land values	High
Access to and use of infrastructure	Pedestrian access to the proposed hospital from Campsie station could be challenging for those in ill-health or mobility impaired, requiring mitigation (e.g. courtesy car)	High

We question whether the various references in the Ethos Urban report to the proposed development being co-located with the public Canterbury Hospital (e.g. page 52). This may overstate the situation given that the two facilities will be around one kilometre apart and require travel on Canterbury Road. However we recognise the longer term potential for a health cluster to grow in Campsie which is consistent with the strategic planning by Council.

2.3.9.1 Proposed mitigation/enhancement measures

For *way of life, culture and community, health and wellbeing* the SEIA makes the following recommendation (finding an overall positive impact with mitigation):

- Implementation of an effective communications and engagement program as well as investment in local health programs, working with health providers. The intended effect of this is minimise local disruption as a result of the proposal, to enhance existing community culture and provide significant improvements to existing health care provision in the local community.

It is agreed that the overall impact will be positive across *way of life* and *culture and community* with this mitigation, however *health and wellbeing* has separate mitigations further below.

To address potential *surroundings* (environmental) amenity impacts, the SEIA makes the following recommendations (finding minor social impacts overall):

- Preparation of a Construction Management Plan (CMP), as well as an Operational Management Plan (OMP) for the facility when operational.
- It is recommended that a precinct liaison committee is established to discuss and provide updates about the project development, addressing any concerns if/when they may arise.

Both recommendations are supported by this review, in addition to the recommended noise and, vibration, air quality and visual impacts.

The SEIA makes the following recommendations with respect to *health and wellbeing*, in addition to assessing impacts to be positive overall, in the long term.

- An engagement program should be established and undertaken with local residents and business operators on and surrounding the site, ensuring they are kept well informed as to the planning process and change of use of the site, including construction timetabling and operational stages.
- It will be important to foster and strengthen relationships with existing health providers, finding coordinated approaches for health care provision in the LHD.
- As a result, consideration should be given to the potential spaces that can be provided to cater for a community health centre, as well as specialist spaces for GPs and mental health care, pathology, and integrated care services.

These mitigation measures are supported by this review. In addition we would suggest health services should be responsive to the culturally and linguistically diverse community by providing information about health care services in community languages and providing translator services at all times. This is to address the comments on page 36 of the SEIA that:

> *"Researchers have also found that people from culturally and linguistically diverse backgrounds "tend to have lower levels of health literacy than people born in Australia. People with lower health literacy are less likely to access health care and more likely to mismanage chronic health conditions (for example, by misinterpreting medical advice or medicine dosage instructions, or having a limited sense of severity of "disease." Achieving improved health outcomes for culturally diverse communities (like the Campsie community) will require health services to be sensitive to cultural and linguistic differences."*

Consideration could also be given to the operation of an on demand courtesy car for the hospital to Campsie station to improve access to the proposed development.

3.0 CONCLUSIONS

This peer review has been prepared for City of Canterbury Bankstown Council. It considers an SEIA prepared by Ethos Urban as part of a planning proposal to construct a private hospital at 445-459 Canterbury Road Campsie. This review has assessed the planning proposal and SEIA on its compliance with strategic planning policies, its methodology, the assessment of economic impacts and assessment of social impacts.

Our findings are summarised as follows:

- The proposal is broadly in keeping with the strategic intent of Council and the State Government in developing Campsie as a strategic centre, either as one specialised as a health and lifestyle precinct, or as a significant strategic centre offering a diversity of services and facilities.
- Economic impact
    - The report does not estimate the current economic contribution of the site. This is an essential step in calculating the economic impact of the proposed land uses
    - We believe the report overestimates the post-construction employment generated on-site by around 633 jobs or 58%
    - The calculation in the report of the GRP and value added are essentially the same metric. The GRP calculation in the report is incorrect and should be the gross out of the workers on-site.
    - Based on our revised employment estimate, the gross output and value added are around $72.2 and $43 million, respectively.
    - No assessment or discussion on the ability of the four displaced businesses currently on-site to be relocated or absorbed into surrounding employment/commercial precincts is undertaken. If this is not able to occur, the economic loss of these businesses to the LGA should have been explored.
- Social impact assessment
    - The SEIA includes the necessary demographic indicators for a proposal of this nature, however the catchment defined as the wider study area could be reviewed to include local government areas to the south, which would be positioned to likely use the services of a future health precinct.
    - The assessment of need for additional hospital facilities has omitted to take into account a significant number of existing private hospitals in the surrounds, bringing into question the accuracy of the extent of the stated shortfall in hospital facilities
    - Notwithstanding some irregularities in the methodology and of the matters assessed, the SEIA's broad findings and recommended mitigations are correct. Further consideration of impacts to livelihood and access to services and facilities would likely add to the existing long-term beneficial assessment of the proposal's impacts.
    - As with the economic impacts, 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.

Overall, we consider that the planning proposal has merit on social and economic grounds.

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