

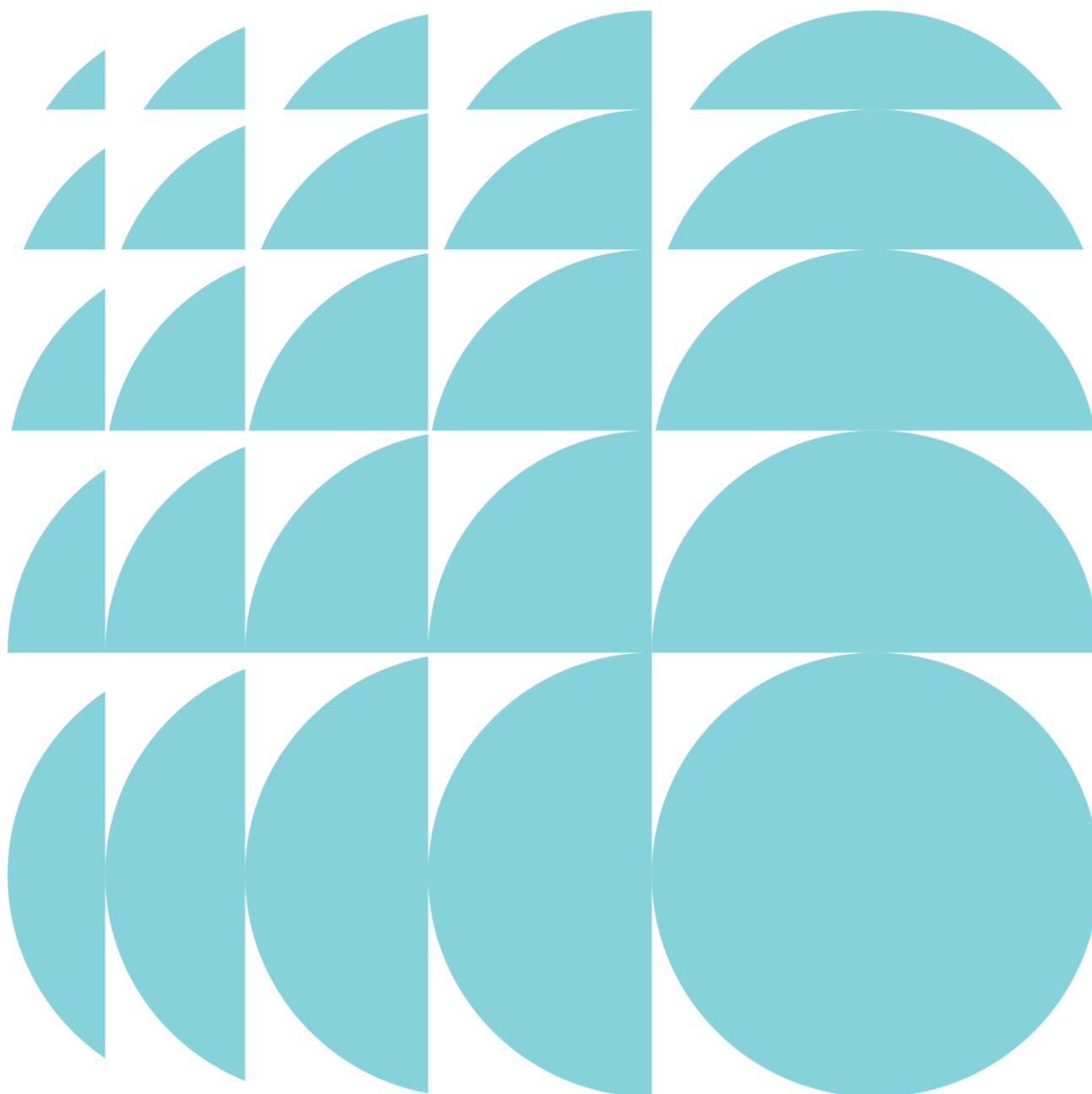
ETHOS URBAN

Social and Economic Study and Impact Assessment

Campsie Private Hospital
445-459 Canterbury Road, Campsie

Submitted to Hailiang Property Group Australia
Pty Ltd

27 April 2021 | 2200006



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Executive Summary

This Social and Economic Impact Assessment (SEIA) has been prepared for the Hailing Property Group (HPG) on behalf of Ethos Urban to support the Planning Proposal relating to 445-459 Canterbury Road, Campsie. The purpose of this report is to explain the social and economic drivers for the proposed hospital at the subject site, as well identify the social and economic impacts that are likely occur to the local and regional area as a result the construction and operation of Campsie Private Hospital.

The Planning Proposal relates to the future redevelopment of the site into a modern non-acute private hospital that will provide a range of high-quality medical services including intensive care, oncology, maternity, day surgery and cardiac care. The proposal will allow for the co-location of a private and public hospital and would provide an opportunity for medical specialists to carry out elective surgery within close proximity to a public hospital.

The Site is located along a major road within proximity to the main thoroughfare of Campsie. The existing site currently consists of large format retail businesses and a car mechanic, across eight lots. The Site is located within the recently earmarked 'Eastern Lifestyle and Medical Precinct' (ELMP). The aim of this precinct is to expand the provision of health services and investment within the Campsie to Kingsgrove Corridor.

A study area for the purposes of this SEIA has been defined to include both a primary and secondary catchment. The Primary Study Area (PSA) has been defined as a catchment in which the proposed hospital would principally service. The Secondary Study Area (SSA) is defined using the Greater Sydney region.

Compelling social and economics drivers exist for the Planning Proposal in relation to the future redevelopment of the site at 445-459 Canterbury Road to a private hospital. The social and economic benefits for this project align with the broader state and local government strategic and renewal plans for the precinct. HPG are committed to delivering significant social and economic benefits through the project, particularly to the local area.

Study area – area of social and economic influence

For the purposes of the study, key areas of relevance with communities likely to be affected by, or have an interest in the project, have been defined as including:

- The site and the local community within the Canterbury Bankstown, Inner West, Burwood and Strathfield Local Government Areas (PSA), and
- The regional context of Greater Sydney (SSA).

This baseline analysis of the relevant areas for consideration has identified that the PSA is:

- Home to an estimated resident population of 634,010 as at 2016, and during 2006 to 2016 it experienced significant population growth, with the number of residents increasing by 90,958, reflecting an average annual growth of 1.6%.
- Largely characterised by a community of younger residents: young professionals living in high density housing, and couple households with no children;
- Relatively more culturally and linguistically diverse than Greater Sydney;
- Relatively less socio-economically disadvantaged than Greater Sydney;
- Home to a relatively smaller proportion of residents who identify as being of Aboriginal and/or Torres Strait Islander descent, and
- Home to residents typically employed in white collar occupations with a majority travelling to work by car.

Social assessment and impacts

The methodology for the social assessment has considered the demands and likely impacts of the objectives of the Planning Proposal in relation to the local and broader communities surrounding the site and is based on the *NSW DPIE Social Impact Assessment Guideline for state significant mining, petroleum production and extractive industry development, September 2017*. This study identifies the following key factors relevant to the assessment of social impacts of the project:

- People's way of life and their community: how they live, work, play and interact with each other on a day-to-day basis, the cohesion, stability, character, services and facilities;
- Their environment, the quality of the air and water people use; the availability and quality of the food they eat; the level of hazard or risk, dust and noise they are exposed to; the adequacy of sanitation, their physical safety and their access to and control over resources;
- Their health and wellbeing: including physical and mental health, safety, personal and community aspirations.

Negative impacts primarily relate to impacts to amenity during construction (e.g. noise, vibration, increased traffic movements), and ongoing increased traffic around the site, including after hours, which may affect surrounding neighbours. These negative impacts can be effectively mitigated through an appropriate Construction Management Plan to reduce the impacts associated with noise and vibration, visual amenity, and air quality impacts during the construction phase. A Plan of Management is also recommended to ensure that surrounding residents, workers and visitors are not unduly impacted by the operation of the private hospital at this location. This Plan is to be regularly reviewed and updated to incorporate issues if and as they arise.

Positive benefits of the proposal resulting from the proposal primarily relate to:

- Increased provision of health services, in an accessible strategic centre (Campsie) to support the growing Sydney Local Health District. The local area currently experiences demand for health care provision for specialists and rehabilitation, aged health, paediatric care and health services that address the needs of people of non English-speaking backgrounds – some of these needs may be met through the proposed development. Additionally, the recent COVID-19 outbreak has highlighted the importance of and demand for health services.
- Opportunities for increased collaboration and innovation between health services, due to an increased concentration and co-location of health services and infrastructure within walking distance.
- Activation of Campsie as a centre, through increased numbers of workers and visitors. The change of use of the current site would allow for a more activated local precinct, creating opportunities for enhanced social connections through improved local amenity.

Positive benefits can be enhanced through ensuring that the site design encourages walkability within the broader health precinct, connecting the site to other providers, including the existing Canterbury Hospital; ensuring that the ground level of the new private hospital is activated, and meaningful place strategies are incorporated to provide opportunities for a health innovation hub, sharing of ideas between health care professionals as well as allowing for an active centre for those who are visiting the local health precinct. An ongoing engagement program, including establishment of a precinct liaison committee and opportunities to link health professionals and visitors to the precinct with each other, would also enhance benefit of the proposed development.

Economic assessment and impacts

The methodology for the economic assessment has included the analysis of the existing locality, socio-economic environment, economic profile; identifying and assessing potential impacts (both direct and indirect) as a result of the Planning Proposal.

The economic assessment of the Planning Proposal relating to the redevelopment of the subject site considers:

- Demand for the proposed development, taking into account the local economic context and supply provision of hospital beds within the study area.
- Local economic impacts (both positive and negative) from the proposed development including construction and ongoing employment generation (direct and multiplier); expenditure generated during the construction and operational phases; business growth; and improved benefits to the local and regional area.

An estimated 634,010 persons live within the Study Area, which is forecast to increase by 298,930 persons (or 47.1%) between 2016 and 2041. Currently, there is an undersupply of hospital beds in the Study Area with a supply provision approximately 59.0% lower than the national average, as based on existing bed to population ratios.

An undersupply of beds has resulted in significant demand pressures at Canterbury Public Hospital, prompting its recent expansion. These demand pressures represent a pre COVID-19 environment.

Population and admission forecasts indicate the Study Area will require an additional 2,630 hospital beds by 2036, (based on national bed/population ratios). This beds gap figure does not factor in the ongoing rate of ageing in the Study Area, and other external drivers such as the current pandemic, and is therefore likely to be understated in both the short and long term. A substantial increase in admissions will generate additional demand for hospital beds and place further supply constraints on the existing hospitals within the Study Area, prompting residents to seek health care within other regions of Greater Sydney.

The key supply and demand drivers for private hospitals in the Study Area include:

- Below average bed numbers (public and private hospitals) of 1.6 beds per 1,000 population, 59.0% lower than the national average of 3.9 beds per 1,000 persons.
- A new private hospital will contribute to investment in health services in the Study Area, particularly within the Eastern Medical and Lifestyle Precinct.
- The proposed hospital will provide up to 218 new hospital beds in the Study Area, and as such will contribute to reducing wait times and alleviate supply constraints.
- There will be an estimated 36,470 additional hospital submissions within the Study Area by 2036.
- A new private hospital will develop opportunities for new and expanded allied health services within proximity to an existing public hospital facility and will therefore support the establishment of the Eastern Lifestyle and Medical Precinct.

Importantly for the site and surrounding area, the Planning Proposal delivers an opportunity to establish the co-location of the public and private sector within the precinct. Specifically, the proposal has potential to demonstrate advanced urban design and thinking for the site and surrounding B6 zoned land between the site and Canterbury Hospital and deliver considerable benefits for public and private health workers and patients.

A summary of the key economic findings and anticipated impacts resulting from the development of the hospital are shown below.

Comment	Anticipated Impact
<p>Expenditure and employment impacts (construction)</p> <p>The initial economic impacts generated by the project will occur during the demolition and construction phase, which is expected to span three to four years.</p> <p>The development cost of \$125 million will consist of construction spending and ancillary development costs. This level of economic activity is estimated to support close to 245 FTE jobs over the three to four year period.</p> <p>In addition, around 392 FTE indirect jobs are expected to be created over a three to four year period.</p>	Positive
<p>Employment impacts (direct)</p> <p>Around 453 additional direct FTE jobs are expected to be created as a result of the ongoing operation of the proposed hospital.</p>	Positive
<p>Economic Output</p> <p>Ongoing jobs at the proposed private hospital will generate significant economic output, including a net gain of approximately +\$50 million in value added, or \$83 million in GRP.</p>	Positive
<p>Loss of Businesses</p> <p>The proposed Campsie Private Hospital at the 445-459 Canterbury Road site will result in the loss of the four existing businesses currently operating on the site. This includes the loss of up to 12 direct FTE jobs.</p>	Negative
<p>Supporting local businesses (construction)</p> <p>Increased spending at local businesses due to the increase in workers travelling to the area during both the construction phase.</p>	Positive
<p>Expenditure impacts (indirect – local businesses)</p> <p>The ongoing operation of the hospital is expected to greatly improve movements, visitation and spending within the local and regional area and to, in turn, increase demand for ancillary health services, food and dining facilities, retail services and short-term accommodation, which will contribute to employment generation in the locality.</p>	Positive
<p>Recommended mitigation measures:</p>	
<p>Reinstatement of existing businesses</p>	<p>Care must be given to ensure appropriate communication and project updates are provided to these businesses to ensure the transition of the site does not unduly disrupt their operations. It is recommended the redevelopment of the site allows for time for existing businesses to relocate, in particular The Staples Bag, which provides a community service to low income earners.</p>

1.0 Introduction

Hailing Property Group (HPG) is seeking to develop a new private hospital at 455-459 Canterbury Road, Campsie, herein known as Campsie Private Hospital. This Social and Economic Impact Assessment supports the Planning Proposal at 445-459 Canterbury Road for the future development of Campsie Private Hospital.

1.1 Requirements for the Assessment

The purpose of this report is to provide an overview of the likely demands and needs of the development and study area, as well as understanding the potential social and economic impacts that could arise. The report explores recommended social and economic strategies that could be implemented, having regard to population trends and projections for the local and broader areas, and their implications for health services, specifically what may be proposed for the Campsie Private Hospital project. This report has been prepared by Ethos Urban on behalf of HPG to be submitted with the Planning Proposal prepared by Mecone Group.

1.2 Covid-19 Disclaimer

COVID-19 is an unprecedented global health crisis and economic event that is rapidly evolving. In these circumstances the short-term economic environment is extremely uncertain, especially where the forecasting of economic trends is involved. At the current time, the research and analysis of economic data – such as forecasts of economic activity, population, employment growth and beds gap analysis, and so on – reflects a return to “*business as usual*” scenario, while also noting the potential impacts that may be associated with the COVID-19 virus and the anticipated return to growth in economic indicators. Where required, we will be clear where a specific consideration of the implications of COVID-19 is being provided outside a business as usual scenario.

1.3 Planning Proposal

The planning proposal is submitted to amend the Canterbury Local Environmental Plan (CLEP) 2012 to enable a transformative vision for the subject site and facilitate the delivery of important new healthcare and medical facility at 445-449 Canterbury Road as part of the designated Eastern Lifestyle and Medical Precinct in the Local Strategic Planning Statement, ‘Connective City 2036’.

The aim is to achieve the following objectives and outcomes:

- To provide a site-specific framework that enables a new private hospital development consistent with the current zoning for the site;
- To accelerate delivery of the Eastern Lifestyle and Medical Precinct on Canterbury Road and effectively complement medical and healthcare services at existing public hospitals in the area;
- To enable a scale of built-form which provides the critical mass needed to facilitate the range of facilities and functions of a modern private hospital; and
- To manage the likely effects of the proposal in relation to the amenity of the low density residential development; in particular located to the south of Canterbury Road.

The planning proposal seeks to achieve the intended outcomes above through amending the LEP Height of Building Map to increase the current maximum permissible height to suit the requirements of the design of the new private hospital. There is no FSR control for the site.

1.3.1 Background and general description

HPG is looking to progress a development of a private hospital at 445-459 Canterbury Road, Campsie. With hospitals permitted within the existing zoning it is understood that any medical related development on site would require a Planning Proposal and Development Application, to ensure the project meets strategic planning objectives for the site, considers likely impacts, both positive and negative, on the local and broader communities.

Following the planning proposal, a State Significant Development (SSD) will be prepared and will include the following:

- Demolition of existing buildings and structures;
- Construct of new clinical and support facilities and the provision of approximately 218 beds;
- Servicing/loading area at the rear of the development, including basement car parking;
- A new rear laneway;
- Retail and café premises on lower and upper ground floors;
- Eight operating theatres on Level 1; and
- Integrated open space and landscaping.

The current proposed concept design nominates an indicative massing model which comprises the following:

- Total Floor Area of 22,628sqm;
- 2 Levels of Basement Parking;
- 2 Ground Floor levels, Upper and Lower; and
- 11 Levels above ground with plant with an estimated total height of 50m.

1.4 Strategic need for the proposal

The Australian health system is considered to be one of the most effective in the world, however, as with all health systems, they must be prepared to meet future challenges.¹ At the time of writing, global health systems are facing unprecedented challenges in managing and controlling the COVID-19 Public Health Emergency. The World Health Organisation (WHO) has released guidelines to help worldwide health systems manage the demand on health facilities and health care workers to ensure operation is effective in navigating these challenges.

Figure 1 World Health Organisation



“The best defence against any outbreak is a strong health system”^{1F2}

Source: World Health Organisation

Figure 2 NSW State Health Plan



Source: NSW Government - Health

The future of global health is uncertain, with some expecting major changes in health will result in the way people live in the future it is clear that investment in healthcare is essential to ensure our system continues to provide and deliver high quality, accessible and affordable care for all.

¹ NSW Health. 2019 *NSW Health Annual Report 2019-2019*.

² Tedros Adhanom Ghebreyesus, WHO Director General, 2020.

Health care in NSW needs to continue to meet patient expectations, deliver services to an ageing population, and provide response to disease burdens as a result of acute care, chronic and complex conditions. In response to these challenges NSW Health is committed to providing a value-based healthcare system, with a focus on:

- Positive health outcomes for patients and communities
- Quality experiences for patients
- Improved experiences of providing care
- Effective and efficient care provision³

The NSW health system faces similar pressures to others around the world, finding ways to provide quality health care that can cater for population health trends such as increasing rates of chronic diseases, ageing populations and inequitable access to services as well as changing expectations of service delivery from clients and patients there is an increasing demand for more personal, integrated care and technologically efficient health care provision. Research has shown that preventative health programs will assist in improving the overall health and wellbeing of communities, and whilst the NSW health system must focus on treating illness it is important for investment to be made in preventative measures, such as wellness and prevention programs, as well as new business models to provide integrated care to ensure integrated health care can deliver new products, solutions and health experiences.

As identified within the NSW State Health Plan, the NSW Government focus is to provide a health system that is more connected across the primary and acute settings, reducing unnecessary hospitalisations and Emergency department presentations, creating a more financially sustainable health system for the future. The provision of additional private health care services forms part of the directions for the NSW State Health Plan, with an integrated and connected health care system, providing care for those if and when they need it through a connected State and private health service.

The site of the proposed private health facility is located within the Sydney Local Health District (LHD), one of the most densely populated LHD in NSW, providing health care to over 700,000 people living in the Sydney centre, and inner west area.

With a significant increase in the population expected to be living within the District over the next 20 years, a focus of health provision for the District is to provide care for an ageing demographic, that is socially and culturally diverse.

Health trends show people in the District are relatively healthy with good life expectancy, however health indicators reveal attention may need to be given to addressing health issues related to obesity, alcohol consumption, physical exercise and fruit and vegetable consumption as well as managing infectious diseases.

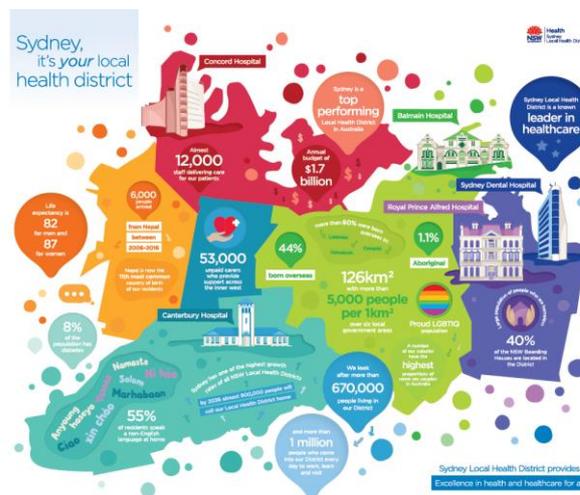


Figure 3 Sydney Local Health District Priorities
Source: NSW Government - Health

In order to cater for the changing population health needs there is a need to ensure private healthcare providers adopt a collaborative approach, ensuring health care provision is coordinated within precincts. Since the 1980s private hospital beds have increased in NSW with many doctors able to work across both the private and public sector. Private hospitals form an integral part of the NSW health system, providing additional choices in health services, ranging from medical, surgical, childbirth, mental health and rehabilitation services. It is common for elective surgeries, cardiac procedures, rehabilitation and psychiatric services to be performed within a private hospital setting. Private hospitals are more likely to treat people aged 65years and over, and as a result may have increasing demands in supporting health care provision in NSW as the general population ages. ⁴

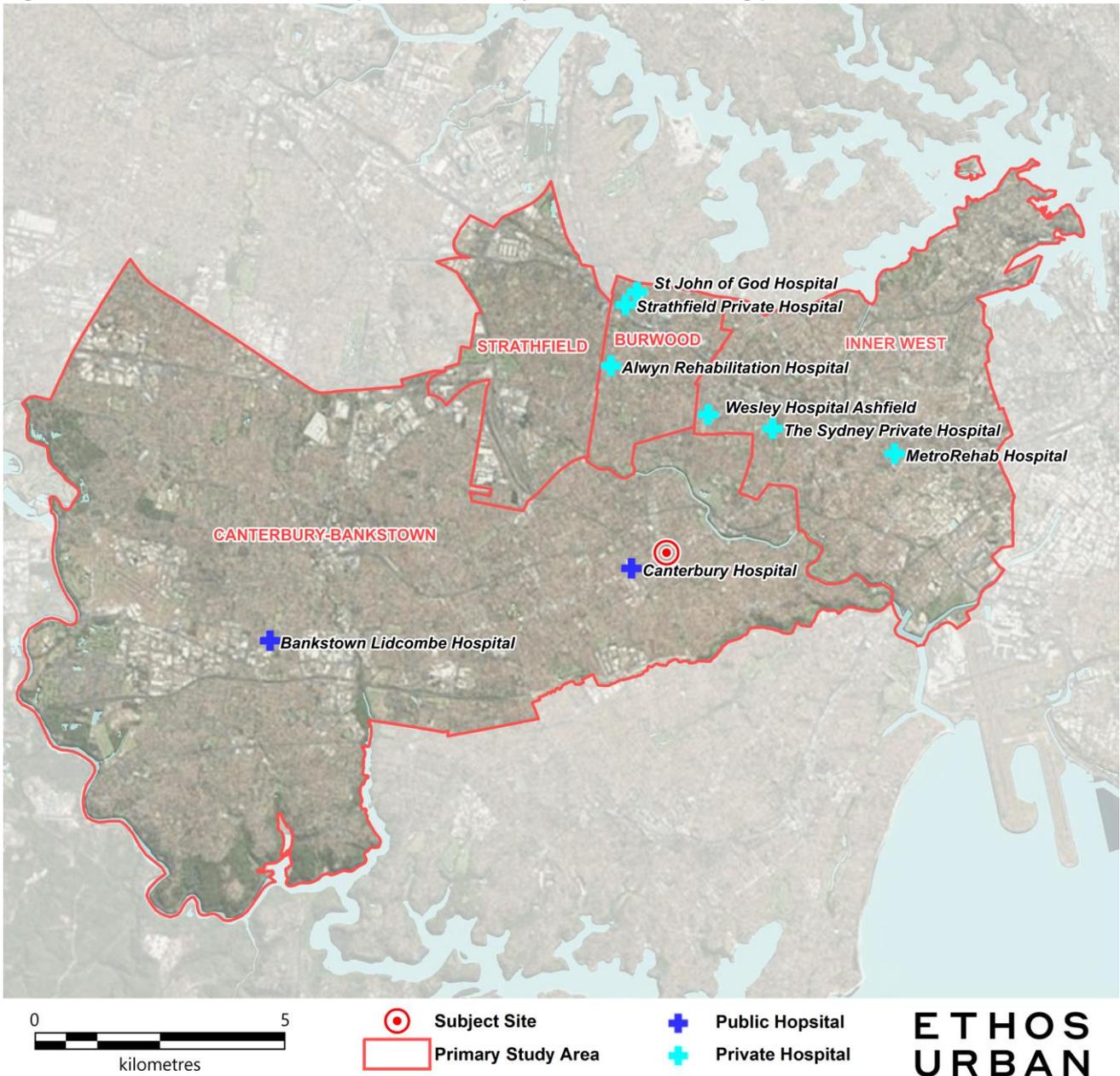
³ NSW Health. 2019 *NSW Health Annual Report 2019-2019*.

⁴ Australian Private Hospital Service Provision. 2018. *APHA facts on private hospitals*.

The site provides an opportunity to provide additional medical facilities for the South District of Sydney. The site will form part of the strategic centre for Campsie, aligning health needs of the broader community through the facilitation of both private and public health care within the Campsie Strategic Centre. The opportunity to develop a new health care facility on site will allow for additional medical services, including inpatient and outpatient services, emergency and intensive care, to be provided to the growing community, with increasing health care needs. Of benefit would be a range of private elective procedures complementing the public health system, attracting top quality medical practitioners and specialists to the area.

Investigations have revealed that there are no acute or sub-acute private hospitals in the Canterbury Bankstown Local Government Area, with no private acute facilities servicing the LGA (as shown in **Figure 4**). Population growth predicted for the region is expected to lead to a demand for increased access to elective private medical services, that could be supported by a new facility at the site.

Figure 4 Private and Public Hospitals in the Study Area and surrounding precincts



Source: Ethos Urban, MapinfoPro

2.0 Purpose, objectives and scope of the assessment

2.1 Social and Economic Impact Assessment

The purpose of this Social and Economic Impact Assessment (SEIA) is to provide a baseline analysis of the local area, providing an overview of the likely demand for private health facilities and services, and assess the impacts of the proposed development, both during construction and operation, including the benefits the development will generate for Campsie and the local region.

Social Impact Assessment typically involves the analysis of social changes and impacts on communities that are likely to occur as a result of a particular development, planning scheme, or government policy decision. Economic impact assessment is a tool for understanding changes to income, employment opportunities and wider effects in purchasing and spending in the region. Applied together, a SEIA can provide a comprehensive, co-ordinated picture of these overlapping issues, providing information on potential economic impacts as well as important social values held by the community which inform likely attitudes and responses to the proposed change.

2.2 Methodology and assessment framework

The SEIA involves a number of steps, including analysis of the existing socio-economic environment; scoping of issues; identifying and assessing potential social and economic impacts; determining the significance of these impacts, and identifying measures to manage or mitigate potential negative impacts and enhance potential benefits.

The methodology employed in preparing this SEIA is designed to ensure that the social and economic environment of communities potentially impacted by a project are properly accounted for and recorded, and anticipated impacts are adequately considered and assessed.

Social Impact Assessment methodology

The assessment of social trends and impacts considers the demands and likely impacts of the objectives of the Planning Proposal in relation to the local and broader communities and has been based on the NSW DPIE *Social Impact Assessment Guideline for state significant mining, petroleum production and extractive industry development*, September 2017. It also draws on guidelines published by the International Association for Impact Assessment (IAIA), *International principles for social impact assessment* (Vanclay 2003), which defines Social Impact Assessment as:

'The process of analysing, monitoring and managing the intended and unintended social consequences, both positive and negative, of planned interventions (policies, programs, plans, projects) and any social change processes invoked by those interventions. Its primary purpose is to bring about a more sustainable and equitable biophysical and human environment.' (2003, p.5)

The DPIE Guideline classifies social impacts in the following way, which forms the basis for this assessment:

- Way of life: how people work, play and interact with one another on a day-to-day basis.
- Culture: people's shared beliefs, customs, values and language or dialect.
- Community: its cohesion, stability, character, services and facilities.
- Political systems: the extent to which people are able to participate in decisions that affect their lives, and the resources provided for this purpose.
- Environment: the quality of the air and water people use, the availability and quality of the food they eat; the level of hazard or risk, dust and noise they are exposed to, the adequacy of sanitation; their physical safety; and their access to and control over resources.
- Health and wellbeing: people's physical, mental, social and spiritual wellbeing.
- Personal property rights: particularly when people are economically affected, or experience personal disadvantage which may include a violation of their civil liberties.
- Fears and aspirations: their perceptions about their safety, their fears about the future of their community, and their aspirations for their future and the future of their children.

As outlined in the IAIA Social Impact Assessment Guideline (2015), the assessment recognises that social impacts vary in their nature and can be: positive or negative; tangible or intangible (perception based); direct (caused by planned development itself), indirect (occurring as a result of a direct impact) interdependent (affecting each other) and/or cumulative (as a result of the incremental and combined impacts of one or more projects, including the current and foreseeable future projects); experienced differently by different individuals or groups within a community, and experienced differently at the local, regional, state or national level.

Economic Impact Assessment methodology

In the absence of formal guidelines available from the NSW DPIE for economic impact analysis, the methodology for this economic assessment has been developed with consideration of socio-economic assessment practices.

Key steps in undertaking the economic assessment have included: analysis of the existing locality and the community, including its economic profile; identification and assessment of potential impacts (both direct and indirect) as a result of the proposed development, and recommendations for mitigation or enhancement measures.

The baseline profile for current businesses and the economy within the defined study area was developed using published data sources, including the Australian Bureau of Statistics (ABS), with this data supplemented by additional information where available.

Economic impacts were then evaluated in terms of direct impacts and indirect impacts:

- Direct impacts relate to both construction activity and the scale of additional expenditure related to the development of the private hospital.
- Indirect impacts are linked to expenditure by additional visitors outside of the hospital and flow-on industry impacts.

In the case of both direct and indirect effects, the key metric for the analysis is an estimate of jobs.

2.3 Information sources and assumptions

Information sources used to prepare this SEIA include:

- ABS Average Weekly Earnings, Australia Nov 2018
- ABS Census of Population and Housing 2016
- ABS Counts of Australian Business, June 2013 to June 2017
- ABS Australian National Accounts: Input-Output Tables, 2014-15
- ABS Counts of Australian Businesses, including Entries and Exits, 2020
- Other ABS publications as referenced
- .id Consulting Economy.id data
- Department of Planning, Industry and Environment population and housing projections 2019
- NSW Health 2020
- Australian Institute of Health and Welfare, Australian Government 2018
- Organisation for Economic Co-operation and Development 2017
- Australian Prudential Regulation Authority (APRA)
- IBISWorld – General Hospitals in Australia
- City of Sydney Floorspace and Employment Survey 2017

Assumptions applied to complete this SEIA include:

- Socio-economic data for each study area accurately reflects the community demographic profile;
- The key findings of the background studies and technical reports are accurate;
- Outcomes of the community consultation and engagement undertaken to date accurately reflect community views, and;
- All potential social impacts to the local community and special interest groups are identified.

3.0 Site context and Study Area

The proposed site is located at 445-459 Canterbury Road Campsie and within the Canterbury Bankstown Local Government Area. Importantly, the site is situated within the Eastern Lifestyle and Medical Precinct (ELMP) – Campsie to Kingsgrove, a newly identified health and medical services precinct. The Site is located approximately 800m from Campsie Station and 650m from Canterbury Hospital.

The Site fronts Canterbury Road to the south and is bound by Stanley Street to the west and detached residential dwellings to the north and east. The Site comprises multiple lots, which are legally described as:

- Lot B in DP355656
- Lot A in DP355656
- Lot A in DP416123
- Lot B in DP416123
- Lot 15 in DP3995
- Lot B in DP391661
- Lot A in DP391661
- Lot 13 in DP3995

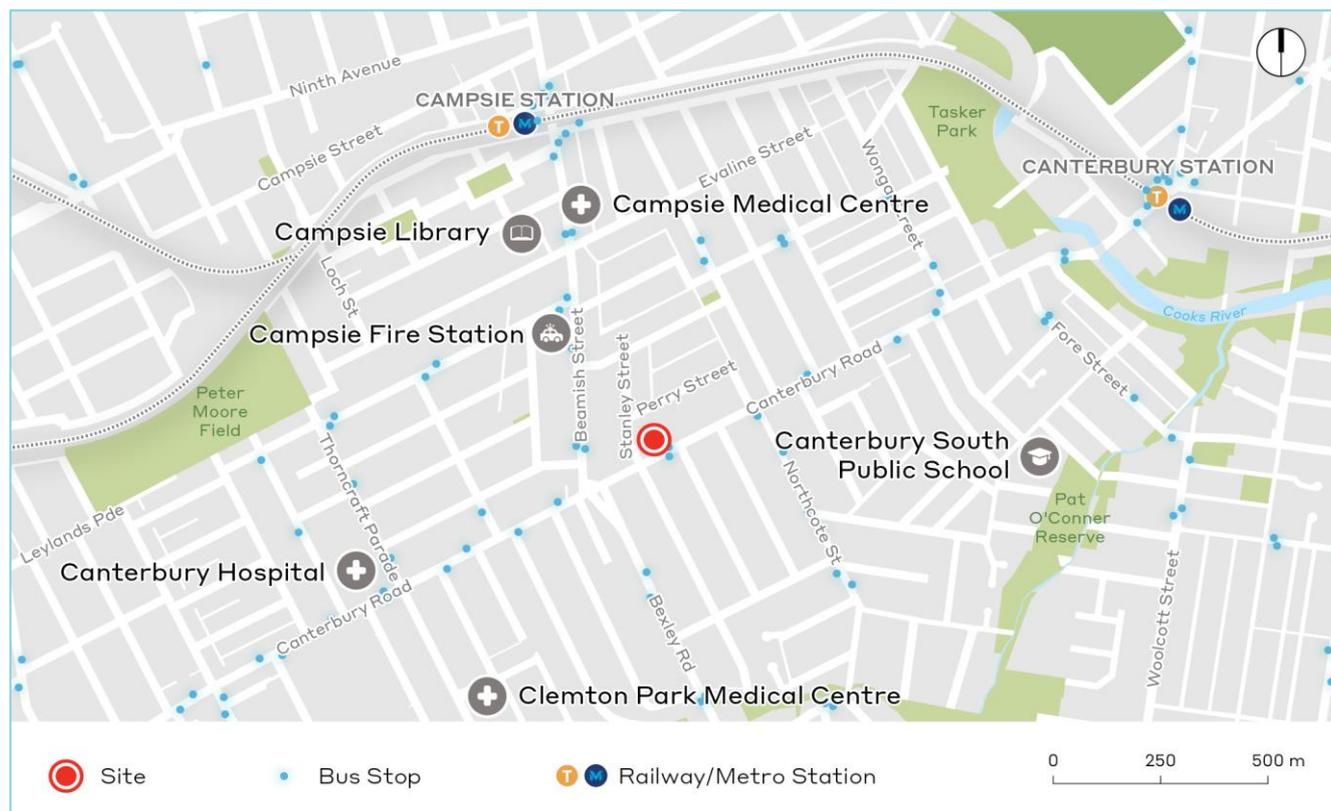
The site has various existing land uses situated over approximately 3,950m² including large format retail and food and liquor stores. The Site forms part of the ELMP and is situated within the Sydenham to Bankstown Urban Renewal Corridor. It benefits from convenient pedestrian access along Canterbury Road, which will increase significantly upon the completion of Sydney Metro South West. Public transport access to the site includes bus services on Canterbury Rd and the nearby Campsie train station on Beamish St. A site aerial is shown in **Figure 5** and the location context of the site is shown in **Figure 6**.

Figure 5 Site aerial



Source: Ethos Urban

Figure 6 Site context map



Source: Ethos Urban

3.1 Surrounding development and land uses

The site is located along a major arterial road, that services as a major vehicular link between Liverpool, the Inner West, and Sydney CBD. The site benefits from nearby public transport, including the T3 train line and future metro line, as well as numerous bus services along Beamish Street and Canterbury Road. These transport services provide frequent connectivity to broader areas including the CBD, Bankstown, Liverpool, Hurstville, and Newtown.

The Site is situated within the recently earmarked Eastern Lifestyle and Medical Precinct and the Sydenham to Bankstown Urban Renewal Corridor. As such, Campsie and the surrounding suburbs have been subject to significant development, particularly higher density development along major road corridors and near stations.

Typically, Canterbury Road is characterised by commercial usages, retail tenancies, and low to medium density housing. However, the area is undergoing rapid renewal, transitioning from its existing usages to include a greater amount of high density residential, retail, and, importantly, medical facilities.

The site is located within walking distance to Beamish Street, the local centre of Campsie and major retail thoroughfare providing a wide range of established thriving retail and non-retail services. More broadly, Campsie is primarily characterised by low and medium density residential developments, either in the form of detached dwellings or 3-4 storey buildings. Similarly, for the subject site, land uses surrounding the site are predominately low to medium density residential, in addition to a number of industrial/warehouse buildings.

Canterbury Public Hospital

Canterbury Hospital is located 650m immediately east of the proposed site, also fronting Canterbury Road. The main entrance to the site is located off Thorncraft Parade. The Hospital was originally opened in 1928, was rebuilt in 1998 and is currently undergoing significant expansion of the Emergency Department. The Hospital currently serves an estimated 175,000 people, has capacity for 215 beds and provides for a range of medicals services including 24-hour emergency, allied health, 15 clinical departments and community health services. There is a large car park on site and the hospital is situated over a site of approximately 2.9ha.

The Canterbury Emergency Hospital is currently undergoing an expansion program, with works designed to cater for over 45,000 patients every year, with 11,500 presentations for children and their families. The works include the redesign of the entrance to the Emergency Department, a new paediatric area, with treatment spaces, resuscitation area, specialist isolation areas and amenities for young patients and their families. Updates to existing areas are underway with a new medical records department being built.

These upgrades build upon the already existing services at Canterbury Hospital, which include but are not limited to emergency, intensive care, maternity, obstetrics, orthopaedics, palliative care, pathology, radiology, geriatric medicine, and surgery. Allied health services such as social work, dietetics and physiotherapy are also available at the hospital, as well as outpatient clinics and community health services including respiratory and cardiac care, and mental health.

The Canterbury Hospital will generate the need for further revitalisation of the area, in terms of residential, commercial, retail, and ancillary medical uses.

Figure 7 Photomontage of Canterbury Hospital – Emergency Department



Source: NSW Government – Sydney Local Health District

4.0 Strategic Policy Context

The following section identifies the key social drivers for this site, based on a review of the key state and local policies and strategies. A summary of the key themes of this review is provided in **Table 1** below. The comprehensive analysis is provided at **Appendix A**. The following documents have been reviewed:

- *South District Plan* (Greater Sydney Commission, 2018)
- *CB City 2028 – Community Strategic Plan* (City of Canterbury Bankstown Council, 2018)
- *Draft Campsie Town Centre Masterplan* (City of Canterbury Bankstown, 2021)
- *Connective City 2036 – Local Strategic Planning Statement* (City of Canterbury Bankstown, 2020)
- *NSW Health State Plan – 2021* (NSW Health, 2014)
- *Sydney Local Health District Strategic Plan 2018 – 2023* (Sydney Local Health District, 2018)

A comprehensive review of the strategic policy context for the development is available at **Appendix A**.

Table 1 Strategic Policy context – key themes

Policy theme	Key implications for community needs	Relevant documents
Population growth and change, concentrated in major centres, including Campsie	<ul style="list-style-type: none"> • Canterbury Bankstown is one of the largest, most populous and most diverse LGAs in Sydney. It is Council's vision to prioritise growth and renewal in major and local centres in Canterbury-Bankstown with strong access to infrastructure, public transport, employment and education opportunities. • Canterbury Bankstown LGA is rapidly changing, having to provide services and infrastructure for a diverse and growing community. To support these changes there is a policy focus on supporting growth through increased housing, infrastructure improvements, increased employment and business opportunities. This growth will be further supported by improved built form outcomes, public and active transport options, social infrastructure and services. • Population growth is placing pressure on existing infrastructure, which will need to be more flexible and adaptable to support community needs. 	<p>South District Plan (GSC, 2018)</p> <p>LSPS (City of Canterbury Bankstown, 2020)</p>
Supporting the wellbeing of a diverse and growing population	<ul style="list-style-type: none"> • It is a state and local priority to deliver healthy, safe and inclusive places for people of all ages and abilities to support active, resilient and socially connected communities across the South District of Greater Sydney, where the site is located. Place-making will play an important role in developing activated and vibrant spaces where people can come together. • Canterbury Bankstown LGA is a diverse community, with residents from a broad range of communities. It is a Council priority to develop thriving communities where people are safe, have strong connections, care for each other and are inclusive. • Providing high quality housing, public spaces, services, open space and community facilities that reflect community values and enhance sense of place is a key community priority as the LGA grows. 	<p>Community Strategic Plan (City of Canterbury Bankstown, 2018)</p> <p>LSPS (City of Canterbury Bankstown, 2020)</p>
Need for new and enhanced health infrastructure	<ul style="list-style-type: none"> • At state level, is an identified need for new and expanded health infrastructure to support the growing and changing health and wellbeing needs of the NSW population: <ul style="list-style-type: none"> – NSW Health has a strong focus on providing integrated care services through a connected health system that links the various NSW Health services with other health services. 	<p>NSW Health State Plan (NSW Health, 2014)</p> <p>Sydney Local Health District Strategic Plan (SLHD, 2018)</p>

	<ul style="list-style-type: none"> - Meeting the health needs of an ageing and growing population will be the key challenges faced by in the Health Industry. Improving the suite of existing health infrastructure as well as the provision for new health infrastructure is a priority and should be designed for future-needs, the support for search and innovation, adaptability, and integration with other agencies. - Strengthening health services that achieve early intervention is a key focus and will work to improve public awareness as well as short and long term health outcomes. • At a local level, Sydney Local Health District (SLHD) has identified the need to redevelop Canterbury Hospital, and other health infrastructure in the district, to address the significant population growth, increasing demand and issues related to ageing infrastructure. The upgrade of Canterbury Hospital will include: upgraded emergency department, ambulatory care, acute medical and surgical services, theatres, imaging, maternity and paediatrics, imaging, diagnostic services and education facilities. • To meet community needs, NSW Health is exploring opportunities to develop partnerships across the health and social care sector that will integrate care, build capacity and deliver on key strategic goals, with a focus on areas with a high degree of population growth and health needs (including Canterbury). IN particular, Canterbury has been identified as an area with high levels of socio-economic disadvantage. 	
<p>Campsie as a vibrant local centre</p>	<ul style="list-style-type: none"> • Campsie is diverse commercial centre with a range of medical services nearby and a high degree of amenity. The centre is an important transport nexus, with rail and bus connections to the broader region. This accessibility and connectivity will be further enhanced by the deliver of Sydney Metro City & Southwest. • Campsie is a key strategic centre within the Canterbury-Bankstown LGA, providing services, housing and employment for the surrounding area. At a state level, Campsie has been earmarked for housing and employment growth. At a local level, Campsie is one of two major centres in the Canterbury-Bankstown LGA (along with Bankstown CBD). Council have identified the need to enhance housing diversity, public domain and social infrastructure in Campsie to support population growth. 	<p>LSPS (City of Canterbury Bankstown, 2020)</p> <p>South District Plan (GSC, 2018)</p> <p>Draft Campsie Town Centre Masterplan (City of Canterbury Bankstown, 2021)</p>
<p>Strengthening the health precinct in Campsie</p>	<ul style="list-style-type: none"> • It is a Council priority to optimise the existing health support services, facilities and retail along Canterbury Road and support Canterbury Hospital to create a cohesive medical precinct in Campsie. This includes attracting investment in allied and private health services to activate the area as a medical precinct. • Council supports the development of a private hospital as part of the health precinct, as it would be “beneficial to establishing a genuine health cluster and attracting knowledge based and population serving workers” (Campsie Town Centre Masterplan, p.70) 	<p>LSPS (City of Canterbury Bankstown,2020)</p> <p>Draft Campsie Town Centre Masterplan (City of Canterbury Bankstown, 2021)</p>

5.0 Social baseline analysis: current social demographic context

This section provides an overview of the site and the existing social context surrounding the site. It analyses the existing socio-economic characteristics of the community within the identified study areas to better understand the potential characteristics and context of the existing community that may be impacted by the proposed development.

Key current community characteristics

- In 2016, the estimated population of the Primary Study Area was 634,010. Between the period 2006 to 2016, the Primary Study Area experienced significant population growth, with the number of residents increasing by around 90,958.
- Residents within the Primary Study Area are typically young professionals and families, with a median age of 34.7 and a large proportion of residents aged 25-34 (17.7%).
- The Study Area is an attractive place for families to reside where 71.6% of households are family households.
- The Primary Study Area is culturally and linguistically diverse, with 43.1% of residents speaking a Northern European language at home.
- The Primary Study Area had relatively lower levels of disadvantage when compared to other areas within Greater Sydney.
- Smaller proportion of residents identified as being of Aboriginal and/or Torres Strait Islander descent.
- Residents were employed in white collar occupations with a majority travelling to work by car as a driver.
- A large proportion of dwellings in the Primary Study Area are rented, and median weekly rent and median monthly mortgage costs are lower than the Greater Sydney average.
- Households in the Primary Study Area typically have a lower weekly income when compared to Greater Sydney.

5.1 Study area definition: area of social and economic influence

For the purposes of the Social and Economic Impact Assessment, the chosen study areas have considered social and economic impacts both on a local and broader scale. Less desirable social and economic impacts are likely to be more pronounced in short term, relating to the immediate surrounds of the hospital. For example, impacts associated with the demolition of the existing sites and construction of the hospital (i.e. amenity values, access, noise, air quality etc) will be very localised. Longer term impacts (both negative and positive), such as visual amenity, traffic, noise, connectivity, and community sense of place, are also anticipated to occur within the close proximity to the project.

For the purposes of this analysis, a Primary Study Area has been defined using several Local Government Area (LGA) boundaries, including Canterbury Bankstown, Inner West, Strathfield and Burwood LGAs.

This Primary Study Area has been identified on the following basis:

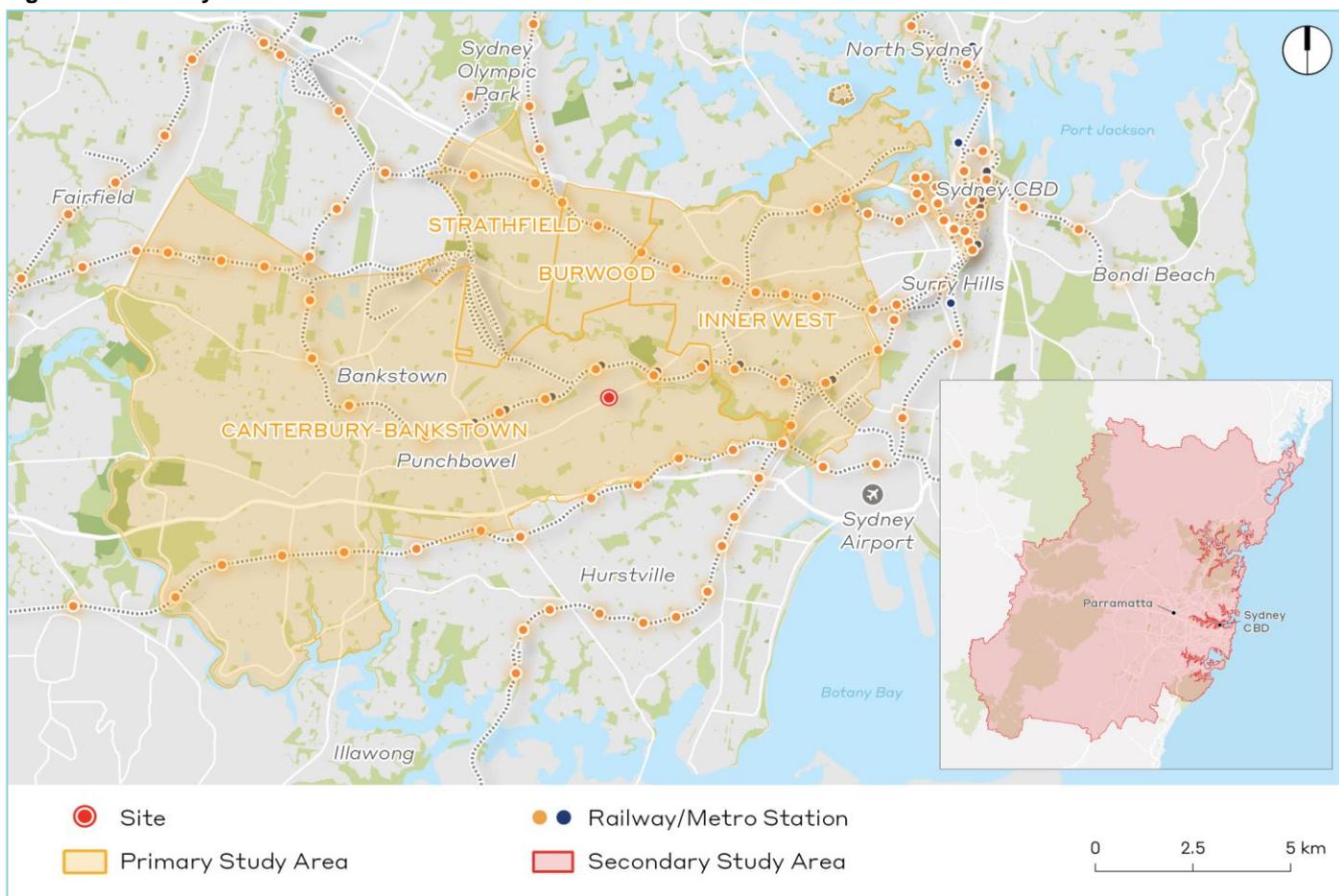
- There are a limited number of private hospitals in Canterbury Bankstown LGA, where the site is located, and adjacent LGAs which border Canterbury Bankstown (i.e. Strathfield, Burwood, Inner West). Residents seeking access to private health services are likely to access private hospitals in this area, which is relatively close to their homes. As shown in **Figure 15** below (and further discussed in **Section 9.4 – Supply considerations**), there are currently no private hospitals within Canterbury Bankstown LGA or Strathfield LGA. There are six private hospitals in Burwood and Inner West LGAs, but these have limited capacity (between 26 and 95 beds).

The Primary Study Area does not include adjacent LGAs (i.e. Georges River, Bayside), as these LGAs contain a number of private hospitals, including St George Private Hospital, Wesley Hospital Kogarah, Kogarah Private Hospital, Waratah Private Hospital and Hurstville Private Hospital. Residents of these LGAs are likely to access these private hospitals located closer to their homes.

For the purposes of this analysis, a Secondary Study Area is established using the boundary of Greater Sydney and is defined using the Greater Sydney Capital City Statistical Area (GCCSA). It is considered necessary to assess the Greater Sydney area to help demonstrate the unique population characteristics within the local area and provide for a point of comparison. The range and degree of social impacts from the proposed development on both the local area and Greater Sydney is described in the following sections.

A map showing the study areas is shown over the page in **Figure 8**.

Figure 8 Study Areas



Source: Ethos Urban

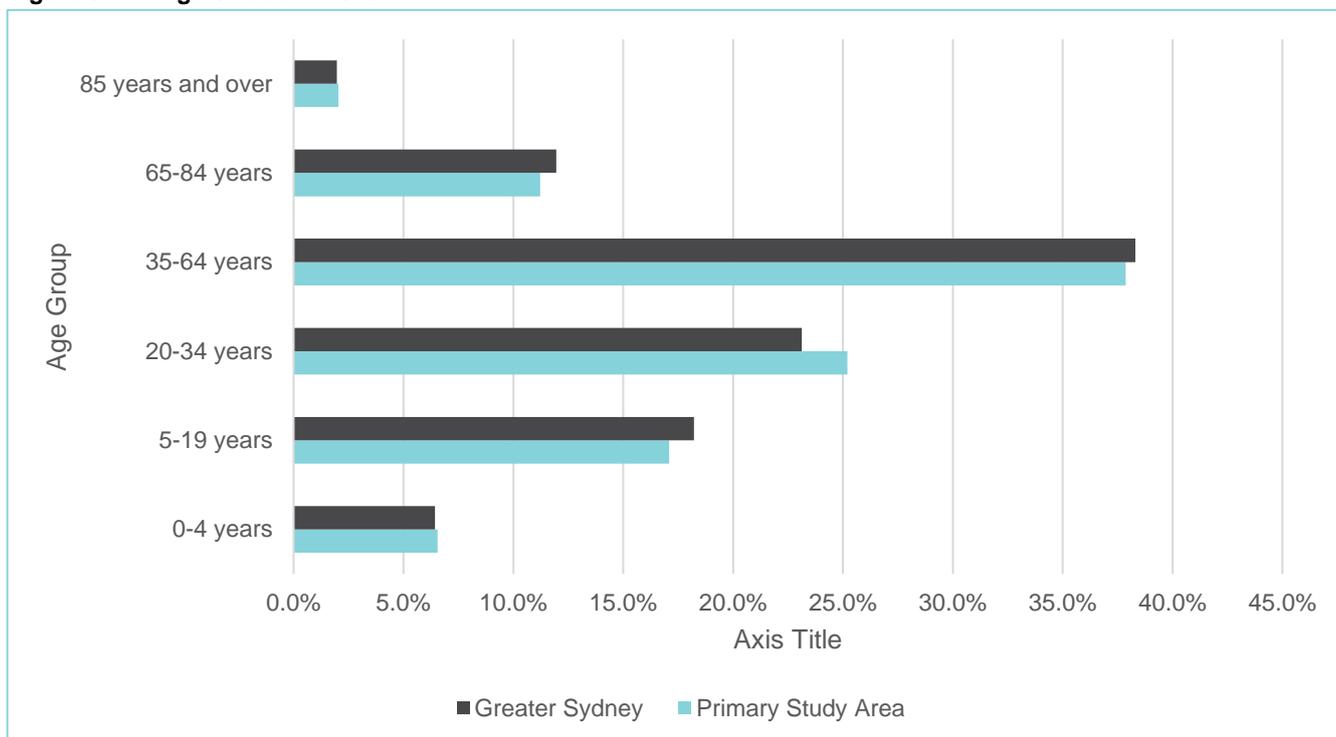
5.2 Community profile

Population and age structure

As at 2016, the estimated resident population (ERP) of the Primary Study Area was 634,101. Between the period of 2006 and 2016, the population increased by an estimated 90,958 residents at an average annual growth rate of 1.6%. This is relative to Greater Sydney which also grew at an average annual of 1.6% between 2006 and 2016.

Residents within the Primary Study Area are of a similar age to the Secondary Study Area, with a median average of 35.7 compared to 36.4. This median age is largely driven by the high proportion of residents aged 25-34 years, which account for 17.7% of total residents in the Primary Study Area and 16.1% in the Secondary Study Area. Both the Primary and Secondary Study Areas have a large youth cohort aged 5-14. The Primary Study Area is an attractive place for young persons and families to reside.

Figure 9 Age Structure 2016



Source: ABS 2016, Ethos Urban

A summary of the community profile is shown over the page in **Table 2**.

Table 2 Community profile summary

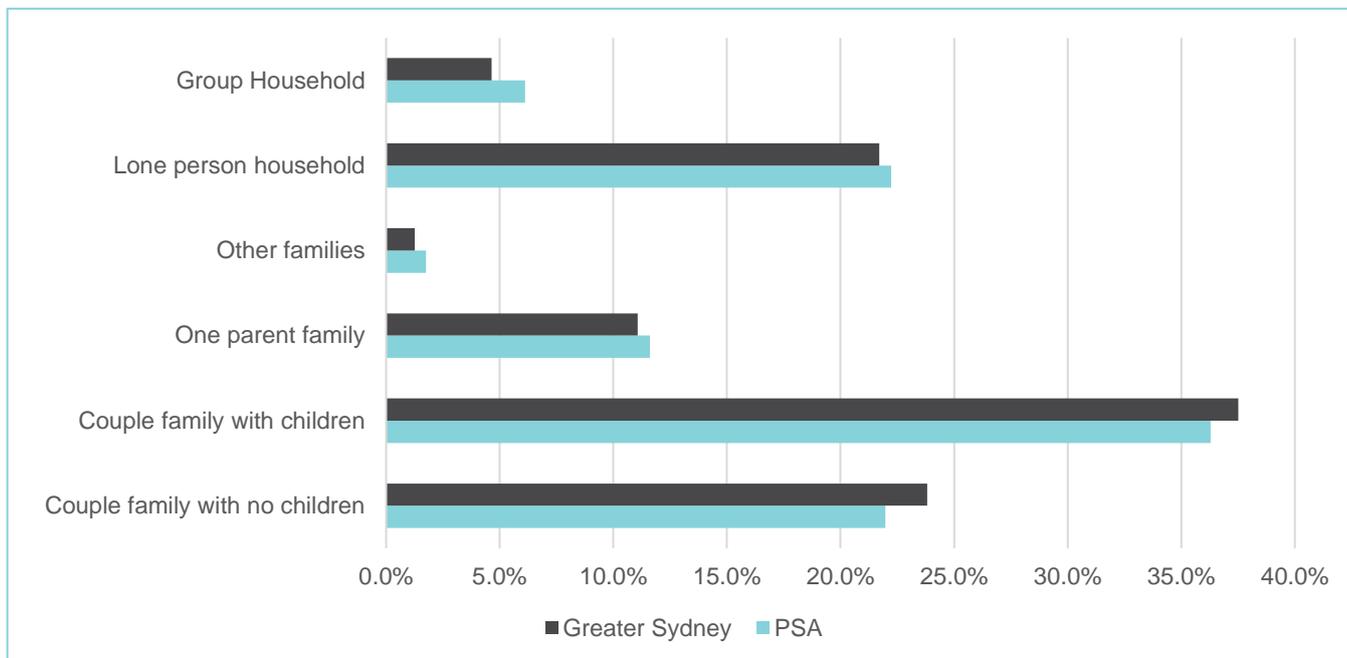
Category	Primary Study Area	Greater Sydney
<u>Income</u>		
Median household income (annual)	\$81,390	\$92,200
Variation from median	-11.7%	0.0%
% of Households earning \$2,500pw or more	27.8%	31.8%
<u>Age Structure</u>		
Median Age (years)	35.7	36.4
<u>Country of Birth</u>		
Australia	54.2%	61.9%
Other Major English Speaking Countries	5.3%	7.6%
Other Overseas Born	40.6%	30.5%
<u>Household Composition</u>		
Couple family - Total	58.3%	61.3%
Family Households - Total	71.6%	73.7%
Lone person household	22.2%	21.7%
<u>Dwelling Structure (Occupied Private Dwellings)</u>		
Separate house	44.4%	57.2%
Semi-detached, row or terrace house, townhouse etc.	21.3%	14.0%
Flat, unit or apartment	33.3%	28.2%
Other dwelling	0.9%	0.5%
<i>Occupancy rate</i>	92.8%	92.3%
Average household size	2.8	2.8
<u>Tenure Type (Occupied Private Dwellings)</u>		
Owned outright	28.9%	30.0%
Owned with a mortgage	29.7%	34.2%
Rented	40.8%	35.1%
<u>Highest Year of School Completed (% of population aged 15 years and over)</u>		
Year 12 or equivalent	69.8%	67.5%
<u>Monthly Mortgage Repayments (occupied private dwellings being purchased)</u>		
Median monthly mortgage repayment	1,700	2,240
Variation from median	-24.1%	0.0%
<u>Weekly Rent</u>		
Median weekly rent	430	450
Variation from median	-4.4%	0.0%
<u>Occupation</u>		
Managers	12.5%	13.7%
Professionals	27.2%	26.3%
Technicians and trades workers	11.5%	11.7%
Community and personal service workers	9.6%	9.6%
Clerical and administrative workers	14.1%	14.6%
Sales workers	9.0%	9.0%
Machinery operators and drivers	5.7%	5.6%
Labourer	8.2%	7.6%

Source: Australian Bureau of Statistics Census of Population and Housing 2016, Ethos Urban

Household and dwelling characteristics

Majority of residents within the PSA live as part of a family in a diverse housing typology. Family households within the Study Area are the largest household type, accounting for 71.6% of all households, marginally lower than the Greater Sydney Average at 73.7%. A breakdown of household types is outlined below in **Figure 10**.

Figure 10 Household Composition 2016 – Primary and Secondary Study Area



Source: ABS 2016, Ethos Urban

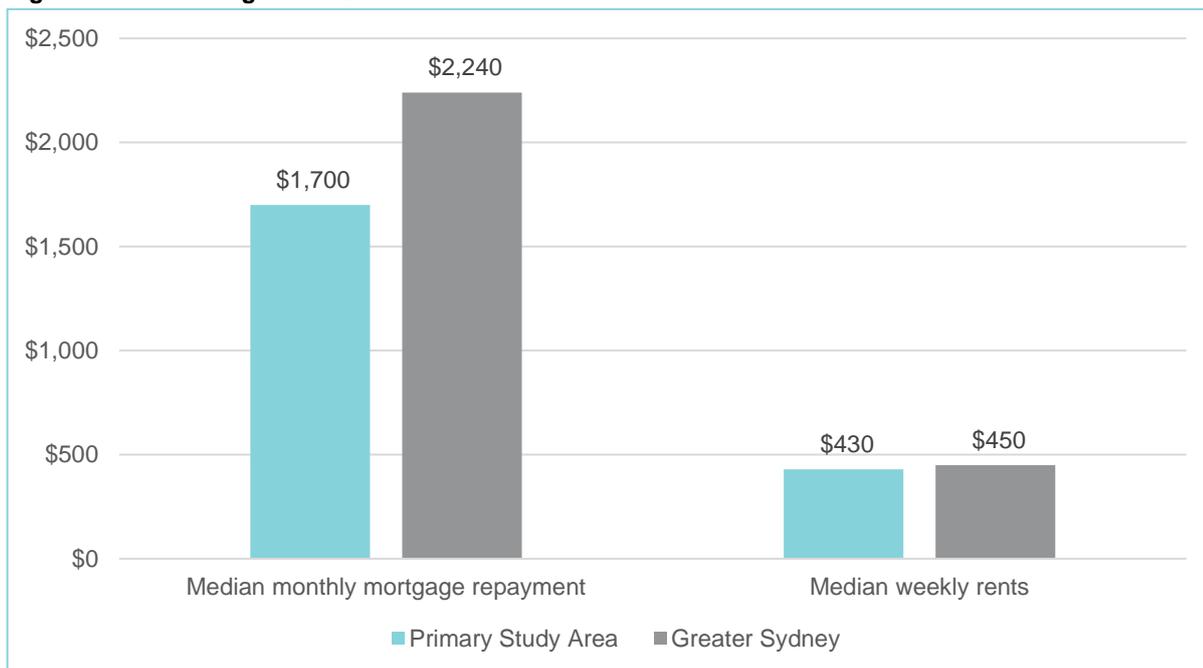
Dwelling types across the PSA are relatively diverse. The Inner West is typically characterised by terrace style homes, while Strathfield, Burwood and Canterbury Bankstown have a greater proportion of separate homes. It is expected that the proportion of apartments, units and flats across the PSA will increase as the urban intensification of the Sydenham to Bankstown Corridor becomes realised, where it is expected that residential apartment buildings will be concentrated near public transport nodes and major roads.

Within the PSA, the majority of dwellings are separate houses at 44.0%, lower than the Greater Sydney average at 57.2%. Flats, units, and apartments accounted for 33.0% of dwelling types across the PSA while semi-detached, row and terrace houses make up 21.3% of dwellings.

Income, tenure and housing costs

Within the PSA, the median annual household income was \$81,390, substantially below the SSA at \$92,200. Of occupied private dwellings within the PSA, a significant proportion (40.8%) of dwellings are rented, slightly higher than the SSA at 35.1%. Within the PSA, 29.7% of homes are owned with a mortgage, however 28.9% are owned outright. A breakdown of mortgage and rental costs are shown below in **Figure 11**.

Figure 11 Housing tenure 2016



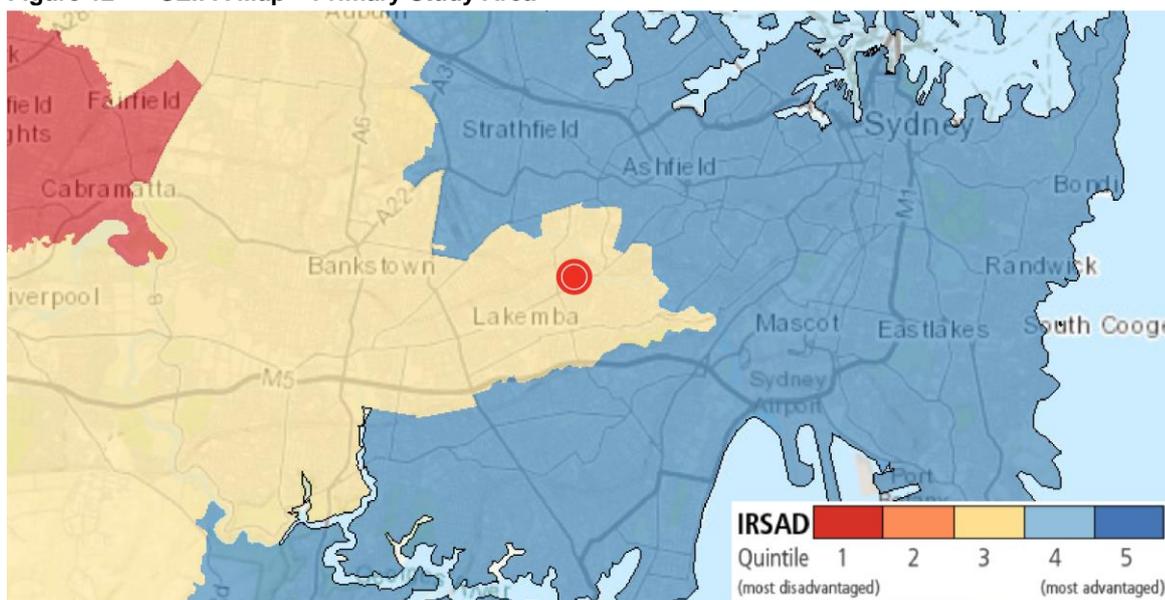
Source: ABS 2016, Ethos Urban

Relative socio-economic advantage and disadvantage

Compared to other areas within Greater Sydney, the PSA is relatively more advantaged. **Figure 12** below shows the PSA has a mix of socio-economic advantage and disadvantage. The areas within the Inner West, Strathfield and Burwood typically have greater amounts of advantage in contrast to Lakemba and Bankstown, which have greater amounts of disadvantage compared to other areas in the PSA.

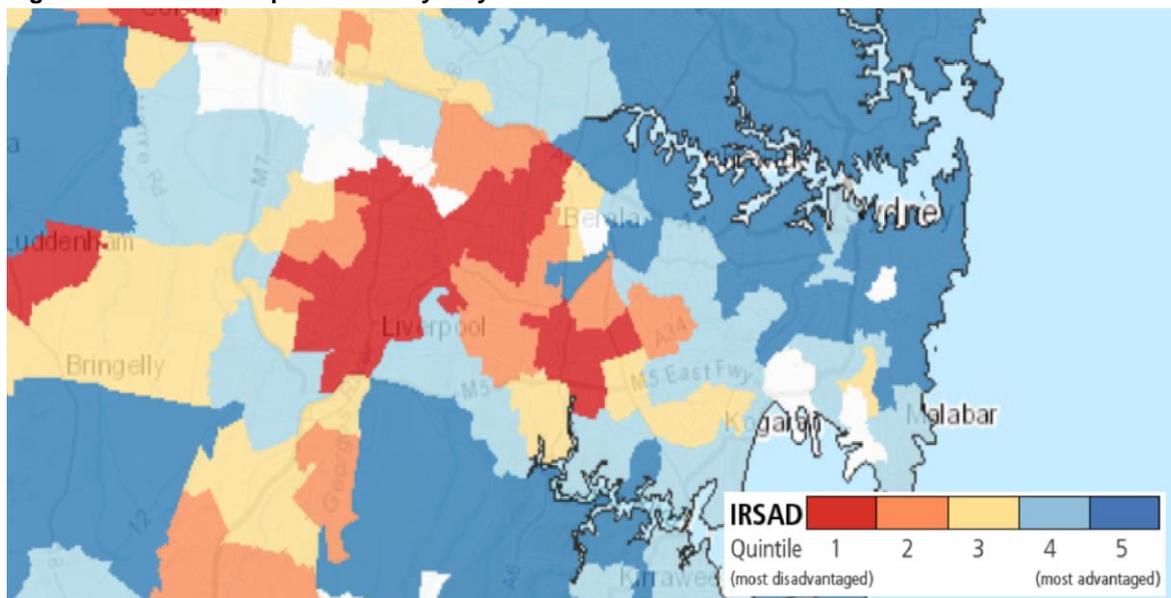
The SSA has varying levels of advantage and disadvantage across the different regions as shown in **Figure 13**. Notably, the SEIFA map shows that Western Sydney is typically less advantaged in contrast to Eastern Sydney, and that there are clusters of high levels of disadvantage near Liverpool, Penrith and Bankstown. Bankstown is located within the PSA.

Figure 12 SEIFA Map – Primary Study Area



Source: ABS 2016, Ethos Urban

Figure 13 SEIFA Map – Greater Sydney



Source: ABS 2016, Ethos Urban

Cultural and linguistic diversity

Both Study Area have a significant proportion of residents that identify as having Australian or English ancestry. The PSA is culturally diverse, where 12.1% of residents are of Chinese Ancestry and 11.0% are of Italian ancestry, which is higher when compared to the Secondary Study Area. Residents of Irish Ancestry are prominent in both the PSA (10.1%) and SSA (6.4%).

The PSA is linguistically diverse when compared to the SSA. Notably, 43.1% of residents in the PSA speak a Northern European language at home. The top five languages spoken at home for each study area are listed below in **Table 3**.

Due to the cultural and linguistic diversity in the PSA, health infrastructure will need to be culturally sensitive, flexible and inclusive of all community members.

Table 3 Language Spoken at Home, 2016

Primary Study Area	Greater Sydney
Northern European - 43.1%	Northern European – 59.1%
Eastern Asian – 11.9%	Eastern Asian – 9.5%
Southwest Asian – 11.6%	Eastern European – 6.1%
Southern European – 8.8%	Southern Asian – 5.8%
Southeast Asian – 7.9%	Southern European – 5.1%

Source: ABS 2016

Aboriginal and Torres Strait Islander residents

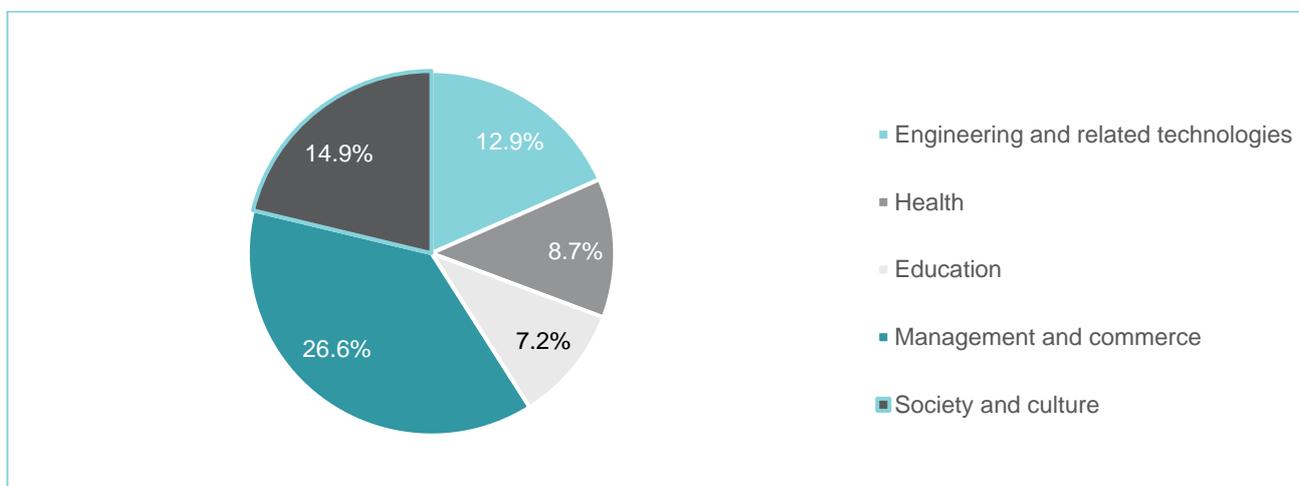
Within the PSA, 0.8% of residents reported being of Aboriginal and/or Torres Strait Islander descent. By comparison, the share of residents in the SSA of Aboriginal and/or Torres Strait Islander descent was higher at 1.4%.

Educational attainment

Within both Study Areas, 25.2% of residents are attending formal education. Of residents attending formal education in the PSA, 30.3% are infants/primary, 27.4% are studying at a tertiary institution and 23.3% attend secondary school. The proportion of students attending primary or secondary school is slightly lower than the SSA at 32.2% and 25.0%, but slightly higher than those studying at a tertiary institution (24.2%).

A significant majority of residents within the PSA have non-school qualifications, where 39.0% hold a bachelor's degree and 15.4% have attained post graduate qualifications. A breakdown of the top 5 qualifications within the PSA are below in **Figure 14**.

Figure 14 Highest Non-School Qualification 2016



Source: ABS 2016, Ethos Urban

The proportion of residents in the study area currently attending a tertiary institution or having completed university degrees indicates that the PSA is an attractive place for young professionals and students to reside.

Workforce status of residents

Residents within the PSA are mostly employed in white collar occupations. Professionals make up the largest occupational group at 27.2%, followed by clerical and administrative workers (14.1%) and Managers (12.5%). However, blue-collar occupations are still prominent in the PSA, where technicians and trade workers make up the largest blue-collar occupation at 11.5%. This was followed by labourers (8.5%) and machinery operators and drivers (5.7%).

The proportion of white-collar occupations within the PSA suggests that it holds strong appeal as a place for professionals to live.

Method of travel to work

Residents living in the PSA were highly car dependent where 62.8% of residents travel to work by car as a driver. This is slightly higher than the SSA at 52.5%. Travel to work by train is used by 10.2% of residents within the PSA and 16.7% of residents in the SSA. A larger proportion of residents within the PSA walk only to work (4.4%) in comparison to using buses only (2.9%).

6.0 Economic baseline study: current economic context

6.1 Economic profile

The following section provides a brief overview of the economic profile of the two Study Areas.

Industry of employment

Employment in the PSA is predominately focused within the tertiary sector, which accounts for an estimated 76.9% of total employment. This is lower than the SSA where the tertiary sector makes up 85.3% of employment. A breakdown of the tertiary sector shows that consumer services account for 39.0% of employment including:

- professional, scientific and technical Services (12.8%)
- retail trade (7.1%)
- health care and social assistance (6.6%).

In comparison, the SSA has higher industry of employment rates in retail trade (10.4%) and health care and social assistance (12.8%). This demonstrates that the PSA is lagging in retail amenity and health care services compared to Greater Sydney.

Within the tertiary sector, producer services represent a significant proportion of employment at 37.8% which is made up of:

- transport, postal and warehousing (13.0%)
- rental, hiring and real estate accounts (11.7%)

The construction industry is the largest industry of employment in the PSA at 18.8%, significantly higher than the SSA where this industry only represents 14.0% of total employment. Construction in the PSA is being heavily driven by the ongoing development presence within the Sydenham to Bankstown Urban Renewal Corridor, particularly in relation to infrastructure (Sydney Metro South West) and residential housing development.

The Canterbury Bankstown LSPS outlines the goal of attracting higher order and more knowledge intensive employment within the precinct. In particular, the LSPS outlines specific target industries for employment growth between the 2019-2036 period. The focus industries identified for employment growth include health care and social assistance, and education. In this regard, the Planning Proposal closely aligns with the employment objectives of the LSPS.

Table 4 over page details the size of each industry as a proportion of total employment in the PSA in 2016.

Table 4 Employment by industry, 2016

	Primary Study Area		Secondary Study Area	
<u>Primary Sector</u>	No.	%	No.	%
Agriculture, Forestry and Fishing	290	0.5%	9,080	0%
Mining	40	0.1%	5,000	0%
Sub-Total	330	0.6%	14,080	1%
<u>Secondary Sector</u>				
Manufacturing	2,680	4.5%	131,080	6%
Construction	10,840	18.1%	152,240	8%
Sub-Total	13,520	22.6%	283,320	14%
<u>Tertiary Sector</u>				
<u>Producer Services</u>				
Electricity, Gas, Water and Waste Services	150	0.3%	17,690	0.9%
Transport, Postal and Warehousing	7,790	13.0%	110,270	5.5%
Information Media and Telecommunications	860	1.4%	62,820	3.1%
Financial and Insurance Services	3,800	6.3%	145,780	7.2%
Rental, Hiring and Real Estate Services	7,040	11.7%	44,010	2.2%
Wholesale Trade	3,040	5.1%	81,960	4.1%
Sub-Total	22,680	37.8%	462,530	22.9%
<u>Consumer Services</u>				
Retail Trade	4,270	7.1%	210,610	10.4%
Accommodation and Food Services	2,570	4.3%	150,460	7.5%
Arts and Recreation Services	900	1.5%	36,740	1.8%
Administrative and Support Services	2,760	4.6%	72,940	3.6%
Professional, Scientific and Technical Services	7,690	12.8%	222,970	11.0%
Public Administration and Safety	390	0.7%	125,600	6.2%
Education and Training	860	1.4%	181,230	9.0%
Health Care and Social Assistance	3,960	6.6%	258,810	12.8%
Sub-Total	23,400	39.0%	1,259,360	62.4%
Sub-Total Tertiary Sector	46,080	76.9%	1,721,890	85.3%
Total	59,930	100.0%	2,019,290	100.0%

Source: Australian Bureau of Statistics – Census of Population and Housing 2016 ‘Place of Work’

Occupational structure

Professionals represent 21.5% of the employment in the PSA, followed by clerical and administrative workers (14.2%) and technicians and trades workers (12.9%) – as shown in **Table 5**, smaller occupation groups include labourers (9.2%) and machinery operators and drivers (8.3%).

Table 5 Occupational structure, 2016

	Primary Study Area		Secondary Study Area	
	No.	%	No.	%
Managers	24,150	12.6%	310,320	14.3%
Professionals	41,190	21.5%	595,720	27.5%
Technicians and Trades Workers	24,810	12.9%	236,760	10.9%
Community and Personal Service Workers	20,950	10.9%	213,040	9.8%
Clerical and Administrative Workers	27,170	14.2%	330,790	15.3%
Sales Workers	19,710	10.3%	202,840	9.4%
Machinery Operators and Drivers	15,970	8.3%	121,740	5.6%
Labourers	17,650	9.2%	155,490	7.2%
Total	191,600	100.0%	2,166,700	100%

Source: Australian Bureau of Statistics – Census of Population and Housing 2016 'Place of Work'

Business structure

Construction business and Rental, Hiring and Real Estate services are strongly represented within the PSA, which account for 17.5% and 10.7% of businesses respectively. This is largely attributed to the ongoing development presence in the PSA with the renewal of the Sydenham to Bankstown Corridor and construction of infrastructure including Sydney Metro South West. Transport, Postal and Warehousing and Professional, Scientific and Technical Services each represent 14.5% and 12.2% of business within the PSA respectively. Health Care and Social Assistance services account for 6.2% of total business within the PSA, which is above the NSW average of 5.9%.

A breakdown the business by industry within the PSA is shown over the page in **Table 6**. It should be noted that the business structure statistics for the PSA reflects 2019 data, however NSW represents the latest available data from 2018.

Table 6 Primary Study Area businesses by industry, 2018

Industry	Businesses (No.)	Businesses (%)	NSW (%)
Agriculture, Forestry and Fishing	280	0.4%	0.4%
Mining	40	0.1%	0.2%
Manufacturing	2,680	3.9%	3.4%
Electricity, Gas, Water and Waste Services	140	0.2%	0.3%
Construction	11,950	17.5%	16.0%
Wholesale Trade	3,000	4.4%	3.6%
Retail Trade	4,300	6.3%	5.7%
Accommodation and Food Services	2,780	4.1%	4.0%
Transport, Postal and Warehousing	9,930	14.5%	10.9%
Information Media and Telecommunications	930	1.4%	1.2%
Financial and Insurance Services	4,030	5.9%	9.1%
Rental, Hiring and Real Estate Services	7,310	10.7%	7.6%
Professional, Scientific and Technical Services	8,350	12.2%	13.1%
Administrative and Support Services	3,160	4.6%	4.1%
Public Administration and Safety	420	0.6%	1.3%
Education and Training	980	1.4%	1.4%
Health Care and Social Assistance	4,250	6.2%	5.9%
Arts and Recreation Services	1,040	1.5%	0.9%
Other Services	2,610	3.8%	4.0%
Currently Unknown	160	0.2%	6.8%
Total	68,360	100.0%	100.0%

Source: Australian Bureau of Statistics – Counts of Australian Businesses, including Entries and Exits, 2018

7.0 Forecast future social and economic context

7.1 Forecast community profile

The following section describes the forecast community profile for the area. The forecast growth rates are sourced from the Department of Planning, Industry and Environments (DPIE's) 2019 population and dwelling projections.

Key forecast community characteristics

- Strong population growth is forecast in the PSA, where the population is projected to grow from 634,010 in 2016 to 932,940 by 2041, representing an annual average growth of 1.6%.
- Household sizes within the PSA are forecast to steadily decrease over the projected period.
- The PSA will continue to be an attractive place for families to reside, where couples with dependents will grow by an average annual of 2.3%.
- The projections indicate an increase in elderly cohorts aged 65 and over.

Population projections

The PSA population is forecast to grow from 634,010 in 2016 to 932,940 in 2041, representing an average annual growth rate of 1.6% or 47.1% over the entire period. The projected growth is currently peaking over the 2016-2021 period but will continue to maintain high rates between 2021-2026 with an average annual growth of 13,860 new residents. The PSA will have lower growth rates from 2026 onwards when compared to the SSA. Currently, the SSA is experiencing average annual growth of up to 112,870 per annum, which is forecast to decrease to 88,274 per year over the 2036-2041 period. These projections are outlined in **Table 7** below.

Table 7 Population projections, Study Areas

	2016	2021	2026	2031	2036	2041
Primary Study Area	634,010	703,770	773,050	833,420	884,580	932,940
Secondary Study Area	4,688,260	5,252,610	5,746,820	6,211,970	6,661,720	7,103,090
<u>Average Annual Growth (%)</u>		2016-21	2021-26	2026-31	2031-36	2036-41
Primary Study Area		2.1%	1.9%	1.5%	1.2%	1.1%
Secondary Study Area		2.3%	1.8%	1.6%	1.4%	1.3%
<u>Average annual growth (#)</u>		2016-21	2021-26	2026-31	2031-36	2036-41
Primary Study Area		13,950	13,860	12,070	10,230	9670
Secondary Study Area		112,870	98,842	93,030	89,950	88,274

Source: Department of Planning, Industry and Environment

Age projections

A summary of the population projections for the PSA by age cohort between 2016 and 2041 is shown in **Table 8** below. The projections indicate that the proportion of younger cohorts aged 19 years and below will experience modest population growth over the projected time period, however middle-aged cohorts aged 35-44 and 45-54 have stronger forecast average annual growth of 1,530 and 1,750 persons respectively. Over the projected time period, the proportion of persons aged 25-34 will decrease from 18.2% in 2016 to 15.3% in 2041 but will always account for the largest portion of the PSA population over the 2016-2041 period.

Cohorts aged 65 years and over are projected to have the highest average annual growth rates within the PSA. Although this growth is off a lower base in comparison to the other age cohorts, the PSA has a significant ageing population. Persons aged 65-84 will increase on average by 2,500 residents per year, while growth in older cohorts aged 85 years and over will more than double from 12,460 in 2016 to 26,070 in 2036. Accordingly, it is expected that the PSA will experience an increase in demand for health and social assistance services across a range of age groups, but especially those 65 years plus who are key consumers of health services.

Table 8 Population projections by age cohort, Primary Study Area

	2016	2021	2026	2031	2036	2041	Average annual growth (no.) 2016-36	Average annual growth (%) 2016-36
0-4 years	42,661	48,506	53,260	56,425	56,977	57,387	590	1.2%
5-14 years	72,649	79,699	87,854	96,803	101,745	104,556	1280	1.5%
15-19 years	34,708	36,700	41,464	43,472	47,805	50,838	650	1.5%
20-24 years	49,776	50,807	51,686	55,461	57,202	61,295	460	0.8%
25-34 years	115,448	131,891	137,362	135,581	138,141	142,678	1090	0.9%
35-44 years	91,399	103,656	120,172	130,469	131,781	129,548	1530	1.4%
45-54 years	80,062	84,606	91,366	102,461	115,504	123,749	1750	1.8%
55-64 years	64,956	72,787	78,100	82,934	88,531	98,484	1340	1.7%
65-74 years	43,534	50,831	58,248	65,660	70,209	74,747	1250	2.2%
75-84 years	26,354	29,885	36,807	43,862	50,611	57,548	1250	3.2%
85 years and over	12,460	14,406	16,729	20,292	26,074	32,113	790	3.9%

Source: Department of Planning, Industry and Environment

Household and dwelling projections

Dwellings in the PSA are anticipated to grow from 226,574 in 2016 to 348,043 in 2041, representing an annual average change of 4,860 additional dwellings. Both Study Areas are forecast to experience a steady decrease in average annual household size over the projected period.

Projections indicate that there will be minor changes in household composition within the PSA. Notably, couple families with dependents will proportionally decrease over the projected period but will maintain the highest average annual growth rate at 2.3%, while couples without dependents will decrease by 0.2%. Lone households will decrease over the projected period by -2.8% but proportionally will increase from 22.6% to 25.3%. This data suggests that the PSA will remain an attractive place for families to reside.

Table 9 Dwellings and household projections, 2016 - 2036

Dwellings	2016	2021	2026	2031	2036	2041	Change (2016-41)
<u>Number of Dwellings</u>							
Primary Study Area	226,574	253,689	281,002	305,070	326,923	348,043	+121,469
Secondary Study Area	1,669,774	1,886,432	2,080,177	2,265,645	2,449,910	2,635,172	+965,398
<u>Household size</u>							
	2016	2021	2026	2031	2036	2041	
Primary Study Area	2.75	2.72	2.70	2.68	2.65	2.62	
Secondary Study Area	2.76	2.73	2.71	2.69	2.66	2.63	
<u>Household composition (PSA only)</u>							
	2016	2021	2026	2031	2036	2041	
Couple families with dependents	35.0%	34.5%	34.3%	34.1%	33.5%	32.8%	-2.3%
Couples without dependents	19.9%	20.1%	20.2%	19.9%	19.9%	20.0%	0.2%
Group households	6.5%	6.5%	6.2%	6.0%	5.9%	5.7%	-0.7%
Lone person households	22.6%	23.0%	23.4%	23.9%	24.6%	25.3%	2.8%
One parent family	11.2%	11.2%	11.3%	11.5%	11.6%	11.7%	0.5%
Other families	4.8%	4.7%	4.6%	4.5%	4.5%	4.4%	-0.4%
Total households	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Source: Forecast.id

8.0 Local health and wellbeing trends

Provision of successful health infrastructure plays an integral role in the ongoing resilience and wellbeing of the LGA and can strengthen communities as they grow. It is critical to ensure there is a sufficient supply of well-connected and accessible community facilities to support forecast population growth. The following section provides a brief overview of local health and wellbeing trends relevant to the development, including the impact of an ageing population, increasing prevalence of chronic illness, movement towards prevention and primary health care, increased use of technology in hospitals, and development of walkable hospital precincts.

As previously identified in the demographic baseline analysis the Australian population is ageing, with the increased longevity of the population requiring consideration of the implication of increased demand for aged care. Literature also shows that older Australians have a high level of attachment to home place, not necessarily the dwelling they occupy but instead the locality in which they live. Therefore, greater importance is placed on ensuring residents are able to remain attached to their local area as their health and support needs change – including by ensuring that older people have access to high quality health infrastructure and services as they age.⁵

Prevalence of chronic disease

With changing lifestyles and ageing population, chronic diseases have become increasingly common and are now the leading cause of death and ill health in Australia. The Australian Institute of Health and Welfare defines chronic diseases as

“long lasting conditions with persistent effects. Their social and economic consequences can impact on peoples’ quality of life. Chronic diseases are becoming increasingly common and are a priority for action in the health sector. AIHW commonly reports on 8 major groups: arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes and mental health conditions.”⁶

Chronic disease is a significant challenge for all health services and infrastructure.

- 87% of all deaths in Australia in 2016 were associated with the following eight chronic conditions: arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes and mental health conditions.
- 50% of Australians reported having at least one of the eight chronic diseases listed above in 2014-15, and 23% of Australians are estimated to have two or more of these conditions.
- 37% of hospitalisations in 2015-16 were due to the eight chronic diseases listed above in 2015-16.⁷

Chronic diseases also result in a significant economic burden because of the combined effects of health-care costs and lost productivity from illness and death.

Importance of walkability and public spaces in health precincts

Co-locating health and research institutions in health precincts has been recognised as an opportunity to encourage collaboration and innovation between health professionals and researchers. Increasingly, hospitals are expanding to incorporate new departments and research bodies within the same building, to encourage face-to-face conversations between individuals, aiming to lead to innovation and collaboration.

Walkability, and high quality public spaces therefore play an important role in enabling social connections in all settings – including health precincts. International case study research indicates that:

“High-quality public spaces and pedestrian networks in hospital precincts encourage people to walk around, through and beyond the sites. These networks enable valuable connections to be made between organisations and individuals that can lead to collaboration and innovation.”⁸

⁵ Ibid.

⁶ Australian Institute of Health and Welfare (2020), Chronic Disease, <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview>.

⁷ Ibid.

⁸ Sheahan, M (2015) “The importance of public spaces and pedestrians in hospital precincts,” *Architecture AU*, <https://architectureau.com/articles/the-importance-of-public-spaces-and-pedestrians-in-hospital-precincts/>

This research additionally identifies three key dimensions as crucial to connectivity and collaboration in these precincts:

- *Proximity – a balance of proximity to related institutions (co-location) and to other diverse activities (mixed use) gives people reasons to walk.*
- *Interaction – a range of opportunities for interaction, formal and informal, in a network of intersecting paths and gathering spaces allows incidental conversations and connections to occur.*
- *Quality – a network of places and links that look good, are safe, and comfortable encourages people to walk.⁹*

Caring for culturally diverse communities

The Primary Study Area is a richly multicultural community as discussed above in **Section 5.2**. Health services and infrastructure designed for this community is likely to need to be culturally sensitive and appropriate, to respond to community needs.

Currently, the health outcomes of some of Australia's culturally and linguistically diverse groups are poor in comparison to the rest of the population. For example, heart disease and diabetes are more prevalent in migrant groups.

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.”¹⁰

Achieving improved health outcomes for culturally diverse communities (like the Campsie community) will require health services to be sensitive to cultural and linguistic differences.

8.1 Local social issues and trends

The following section provides an overview of local social issues and trends relevant to the site and proposed development.

Campsie as a thriving strategic centre, with a health focus

Campsie has been identified a strategic centre for Canterbury-Bankstown LGA and the broader South District, connecting residents, workers and visitors with employment and education opportunities, social services and supports and retail and other businesses. Campsie has been earmarked for significant growth at state and local level. Investment in health infrastructure is likely to drive some of this growth. In the LSPS, Council describes a future vision for Campsie:

“Campsie is a cultural, retail and local employment hub in the City’s east that provides cross-regional links to metropolitan centres to the north and south. Canterbury Hospital will influence the growth of surrounding land uses to evolve into a pedestrian friendly and multifunctional medical precinct...”

Canterbury Road will be the focus for the precinct with pedestrian areas, street activity and shops. Between Kingsgrove Road and Beamish Street, it will be an urban boulevard and medical destination focused on Canterbury Hospital and medical-related businesses. The employment function of these lands will complement the mix of land uses in Campsie.”

The LSPS also aims to increase the number of knowledge-intensive jobs in the LGA (as these high paying, technical roles are currently underrepresented) by attracting investment in health, education, research and

⁹ Sheahan, M (2014) *Walk, talk, work: The importance of pedestrians and public space for collaboration in hospital knowledge precincts*, https://www.nawic.com.au/nawic/documents/20141215_NAWIC_WalkTalkWork.pdf

¹⁰ Gupta, S & Tang, C (2019) “Our culture affects the way we look after ourselves. It should shape the health care we receive, too,” *The Conversation*, <https://theconversation.com/our-culture-affects-the-way-we-look-after-ourselves-it-should-shape-the-health-care-we-receive-too-114917>

technology. The proposed change of use at this site, close to the existing Canterbury Hospital, would contribute towards achieving this goal.

Similarly, the South District Plan identifies Campsie as a diverse commercial centre with a range of medical services nearby and a high degree of amenity. The centre is an important transport nexus, with rail and bus connections to the broader region. This accessibility and connectivity will be further enhanced by the delivery of Sydney Metro City & Southwest.

Some community members are experiencing disadvantage

Some members of the community within the PSA are experiencing disadvantage, and social infrastructure will play a role in supporting these residents to access services, engage in lifelong learning and participate in the community. For example:

- 69.8% of the PSA population had completed Year 12 schooling (or equivalent) as of 2016.
- 55.5% of the population speak a language other than English at home, it is important that health infrastructure is inclusive and provide services in community languages.
- 18.5% of households earn less than \$650 per week.

9.0 Market overview

9.1 Private hospital characteristics

Types of private hospitals

Private hospitals are generally grouped into the following categories:

- Hospitals which provide services on a day-only basis (free-standing day hospital facilities, or 'day surgeries') and
- Hospitals which provide overnight care ('overnight hospitals').

Under state and territory regulatory arrangements, overnight care requires the provision of 24-hour qualified nursing care that permits a broader range of medical and surgical procedures to be undertaken. Hospitals offering overnight care usually provide same-day services. Private hospitals range from large hospitals in major urban areas that provide a wide range of services, to smaller hospitals that provide a limited range of procedures on a very short stay basis.

Private hospital ownership

Private hospitals are classified as being owned and managed by private organisations, whether for-profit or not-for-profit. Private hospitals generally fall into the following ownership categories:

- For-profit group (that is a group of hospitals owned and/or operated by 1 company)
- For-profit independent
- Not-for-profit religious/charitable group
- Not-for-profit religious/charitable independent
- Other not-for-profit hospitals (comprising bush nursing, community, and memorial hospitals).

Regulation

The operation and performance of private hospitals are determined by many factors, including:

- The operation of Medicare;
- The Institutional and funding arrangements for public hospitals;
- The regulation of the private health insurance sector, State and Territory licensing provisions, which mandate compliance with a range of operational and quality requirements. In most jurisdictions, they also incorporate controls on the number and geographical location of private hospital beds; and
- Federal legislation governing the relationships between private hospitals, doctors and health funds.

9.2 Co-location and clustering

The benefits of colocation or close proximity are considerable, including contracted care arrangements, resource sharing, and private sector involvement in hospital infrastructure development for public patients. Co-location also offers convenience for doctors, many of whom practice in both the public and private sector. More details on these arrangements are provided below.

In some circumstances, hospitals provide care to admitted patients through inter-hospital contracted care arrangements, where the care is organised and paid for by one hospital but provided by another. For example, the public hospital pays for the care and the private hospitals provide the care.

The growth in co-locations reflects the increasing synergies and economies of scale in the provision of public and private hospital services.

Benefits of public and private hospital colocation include;

- Sharing of facilities such as equipment and staff;
- Greater convenience for doctors working in both private and public services/specialists;
- Enhances patient choice by facilitating access to a wider range of services;
- Offers medical specialists a back up service in the public hospital where complications occur during treatment. This can, in turn, assist the private hospital to attract patients;
- Retains and attracts medical specialists by enhancing their patient offerings; and
- Increases viability of teaching services, which can leader to further health investment in public hospitals

This proposal has the potential to demonstrate some of the most advanced thinking on design for this specific site, and importantly within the wider B6 zoned land between Canterbury Public Hospital and the proposed site.

Importantly, this proposal delivers a rare opportunity for this area to establish co-location of the public and private sector within the Eastern Lifestyle and Medical Precinct and deliver significant benefits for patients and workers.

Figure 13 of **Section 9.4** below demonstrates that co-location of public and private hospitals in Greater Sydney is no longer a unique circumstance and is becoming increasingly common practice due to the considerable benefits that such an arrangement can yield within health precincts.

9.3 Demand considerations

Population growth and demography

The PSA is forecast to grow by 298,930 persons between 2016 and 2041 (47.1% increase).

This population growth will result in an estimated additional 36,470 hospital admissions within the PSA between 2016 and 2041. A large portion of the estimated admission increases will occur in age cohorts aged 65 and over. Most notably, persons aged 75 and over will increase by 131% between 2016 and 2041. Notwithstanding, persons aged 25-44 years will contribute to the largest portion of admissions over the projected period, however this is mainly because it is the largest age group within the PSA.

The IBISWorld – *General Hospitals In Australia* publication notes that people aged 65 and over are highly over represented in inpatient hospital separations (discharge of a patient), compared with their population share, due to age related illnesses. The publication also notes that persons aged 65 and over have higher private health insurance coverage rates.

Children aged 0-14 represent a large portion of admissions within the PSA. In 2016 the age cohort account for some 18.2% of total admissions and is forecast to maintain this rate until 2026, and slightly decreasing to 17.9% in 2036. Accordingly, there will be high demand for paediatric services.

The IBISWorld publication outlines that children aged younger than five years of age account for 30% of operations and nearly 40% of patient days.

A summary of the forecast admission by age group within the PSA is estimated below in **Table 10**. The admission rates by age bracket were adopted from the *NSW Admitted Patient Data Collection, Centre for Epidemiology and Evidence, NSW Ministry of Health, 2012*.

Table 10 Forecast admissions by age

Forecast admissions per age group #							
Age	2016	2021	2026	2031	2036	2041	Change (2016-41) %
0-14 years	14,068	15,641	17,216	18,694	19,364	19,757	40%
15-24 years	10,307	10,676	11,364	12,070	12,811	13,680	33%
25-44 years	25,235	28,737	31,419	32,458	32,930	33,212	32%
45-64 years	17,692	19,202	20,675	22,618	24,892	27,112	53%
65-74 years	5,311	6,201	7,106	8,011	8,565	9,119	72%
75 years and over	4,735	5,404	6,531	7,827	9,356	10,939	131%
Total	77,349	85,860	94,312	101,677	107,919	113,819	47%
Forecast admissions per age group %							
Age	2016	2021	2026	2031	2036	2041	Change (2016-41) %
0-14 years	18.2%	18.2%	18.3%	18.4%	17.9%	17.4%	-0.8%
15-24 years	13.3%	12.4%	12.0%	11.9%	11.9%	12.0%	-1.3%
25-44 years	32.6%	33.5%	33.3%	31.9%	30.5%	29.2%	-3.4%
45-64 years	22.9%	22.4%	21.9%	22.2%	23.1%	23.8%	+0.9%
65-74 years	6.9%	7.2%	7.5%	7.9%	7.9%	8.0%	+1.1%
75 years and over	6.1%	6.3%	6.9%	7.7%	8.7%	9.6%	+3.5%
Total	100%	100%	100%	100%	100%	100%	

Source: NSW Ministry of Health 2012, Ethos Urban

Private health insurance coverage

According to Australian Prudential Regulation Authority (APRA), an estimated 46.9% of residents in NSW had private hospital coverage and 56.8% had extras (specialist services) in 2017.

A demand assessment prepared by Evaluate on behalf of HPG outlined that approximately 30% of residents within the Study Area (in the Evaluate report) had some measure of hospital coverage. The Study Area in the report prepared by Evaluate was a significantly smaller Statistical Area 4 over proposed site.

The PSA adopted in this SEIA is at an LGA level and is substantially larger in comparison to the study area in the Evaluate report. The PSA for the purposes of this SEIA includes LGA's that typically have greater median income levels in contrast to the study area in the Evaluate report. As such, it is acceptable to estimate that approximately 35% of residents within the PSA have some measure of hospital coverage (based on Evaluate report as well as an

analysis of other data sources). This means that an estimated 221,904 residents within the PSA have private hospital coverage.

It is estimated that the number of residents with private hospital coverage will increase over the coming years, driven by population increases and the growth in higher order paying jobs in the study area. By 2036, an estimated 326,529 persons will have some level of private hospital coverage in the Study Area, driving demand for private hospital services.

Individual patient choice

Private hospitals have a reputation for providing better amenities than public hospitals, generally allowing patients to avoid long waiting times for elective surgery and providing access to dedicated specialists.

Income growth

Income growth in its trade area is important for private hospital provision, especially with regard to the discretionary component of many private hospital treatments. As the Productivity Commission notes, some treatments may be genuinely elective, whilst, in other cases, treatment at some personal cost in a private hospital is a way of avoiding in the public hospital waiting times, or gaining access to a higher standard of accommodation.

In summary, the demand drivers for private hospitals in the Study Areas are strong, indicating solid commercial viability.

9.4 Supply considerations

Hospital beds provision

The PSA has a mix of hospitals including two larger public facilities, and six private hospitals. The location of these hospitals are shown in **Figure 15** below and are listed below in **Table 11**.

An analysis of the existing hospitals shows that there is a total of 1,019 beds in the PSA, of which 65.8% are public beds, while 34.2% are beds within private facilities. Notably, all of the listed private hospitals have less than 100 beds, with many being very small facilities with less than 50 beds.

Strathfield Private Hospital and the Sydney Private Hospital are the two facilities of most relevance to the proposed Campsie Hospital. These private hospitals offer a mix of clinical services and procedures including day surgery, intensive care units, pathology, radiology services and specialist consulting suites.

The remaining private hospitals are highly specialised in nature, primarily being rehabilitation centres or mental health hospitals, offering limited clinical services and procedures, and as such are only relevant to a smaller share of the population. Notwithstanding, these centres are still considered within this supply analysis, to reflect the total bed provision across the study area.

Table 11 Hospital bed provision

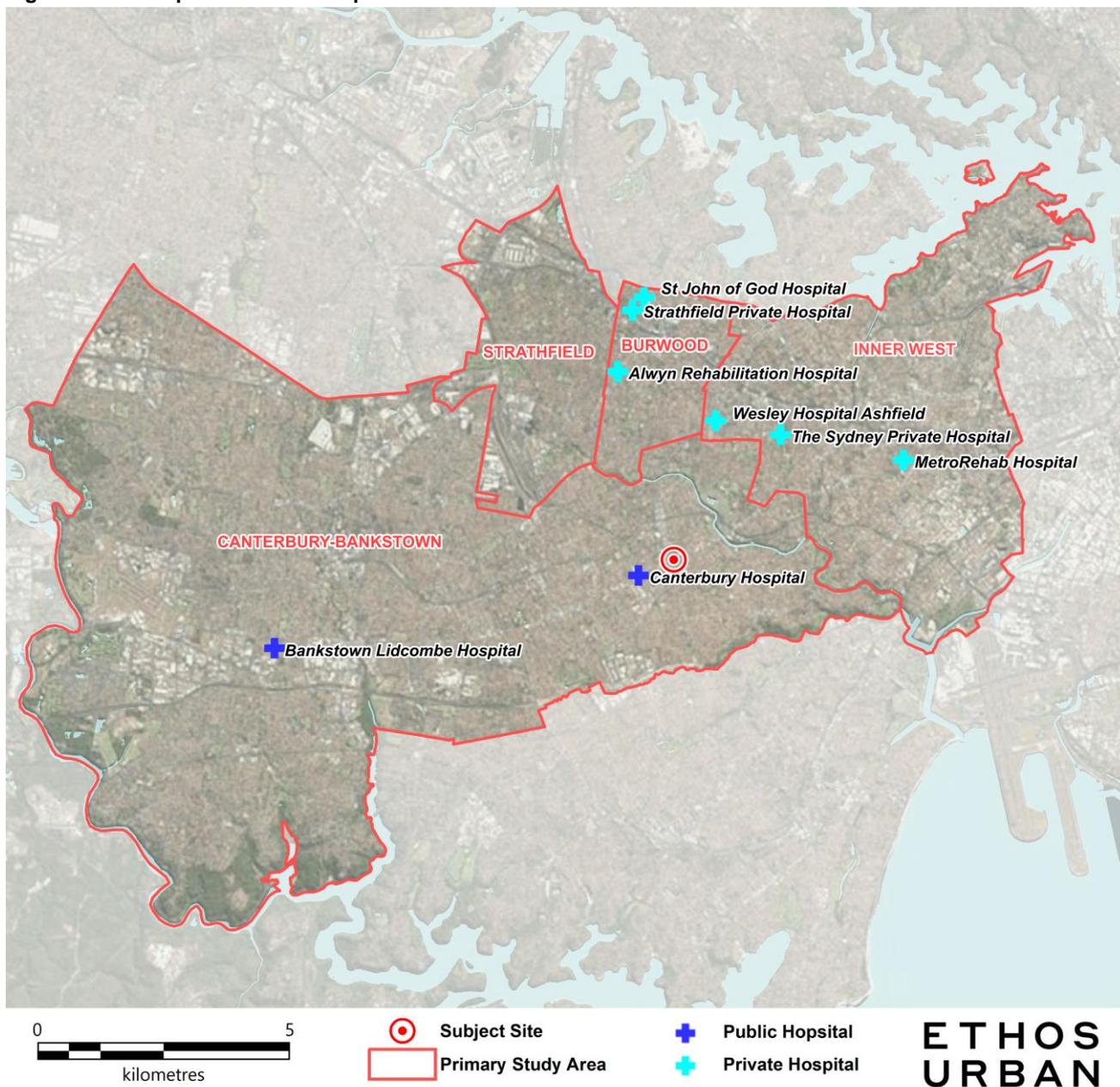
Hospital	Number of Beds 2018
Public	
Bankstown Lidcombe Hospital	454
Canterbury Public Hospital	217
Total Public Hospital beds	671
Private	
Strathfield Private Hospital	84
The Sydney Private Hospital	68
Wesley Hospital Ashfield	38
Alwyn Rehabilitation Hospital, Strathfield	26
Metropolitan Rehabilitation Hospital, Petersham	37
St John of God Hospital, Burwood	95
Total Private Hospital beds	348
Total beds in catchment area	<u>1,019</u>

Source: NSW Health 2020

Notably, the PSA has only two public hospitals, including Bankstown Lidcombe Hospital, and Canterbury Public Hospital located some 700m west of the subject site. It is understood that **Canterbury Hospital has been experiencing significant demand pressures for some time, prompting the significant expansion of its emergency department (Sydney Local Health District 2020).**

The number of people presenting to their emergency department has increased from 40,000 to 45,000 (12.5%) in the past 5 years, with a quarter of these admission being children. This increase in admissions is slightly higher than the NSW average growth between 2013 and 2018 at 11.4%.

Figure 15 Hospital Provision Map



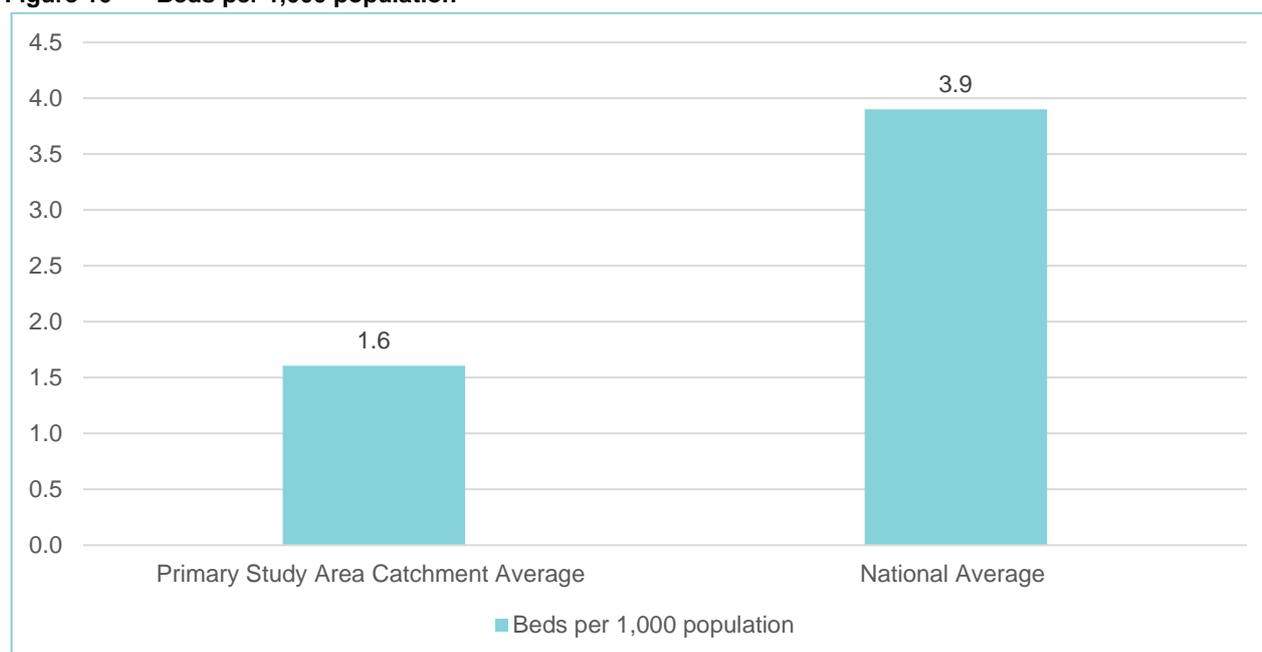
Source: Ethos Urban, MapInfo Pro

Based on the existing hospital bed provision (public and private) of 1,019 beds, the PSA has an estimated rate of 1.6 beds per 1,000 population. In 2017-2018, Australia had an average of 3.9 beds per 1,000 people (*The Australian Institute of Health and Welfare 2017-18*).

The Primary Study Area clearly has a significant undersupply of hospital beds given the supply provision is approximately 59% lower than the national average.

Due to the limited provision of private hospital beds in the PSA, particularly those offering clinical services and procedures (excluding rehabilitation and mental health services), it is presumable that residents within the PSA rely on other hospitals and health services outside of the Study Area, including Royal Prince Alfred Hospital (Public), and private hospitals in Hurstville, Kogarah and Liverpool.

Figure 16 Beds per 1,000 population



Source: *The Australian Institute of Health and Welfare 2017-18, Ethos Urban*

9.5 Hospital beds (public and private) gap analysis

In 2016, the PSA had a gap in hospital beds provision of approximately 1,650 beds (based on national bed/population ratios).

As shown in **Table 12** below, up to an additional 2,430 beds will be required within the PSA by 2036, to address the undersupply in hospital beds relative to the national average. This estimate is based on the current provision of beds (1,020) and the forecast provision at the national average rate in 2036 (3,450).

Simply maintaining the low provision rate of 1.6 beds would require additional 400 beds over the projected period.

The analysis below does not consider factor in increases in demand over the forecast period, including an ageing population and higher demand for paediatric services within the PSA, or other external factors such as pandemic.

Accordingly, the hospital bed provision gap is likely to be understated, particularly by 2036 given the ongoing rate of ageing.

Table 12 Hospital bed provision gap

Source: *Australian Institute of Health and Welfare, Australia's Health 2018, Ethos Urban*

	2016	2026	2036
Population	634,010	773,050	884,580
Primary Study Area Catchment average (1.3 beds per 1,000 population)	1,020	1,240	1,420
National average (3.9 beds per 1,000 population)	2,470	3,010	3,450
Gap in beds	1,450	1,770	2,030

9.6 Ancillary services

A desktop study indicates that there are several specialist and ancillary health services currently located within the PSA, with a particularly high number of pathology and radiology centres, however very few endoscopy centres and oncology services. **Table 13** outlines ancillary health services within 2km of the site.

Table 13 Ancillary Health Services within 2km of The Site

Service	Distance from site (km)
Excel Endoscopy Centre	0.48km
Benchmark Allied Healthcare Psychology	0.70km
Primary Psychology Campsie	0.77km
Alfred Imaging Campsie	0.62km
Douglass Hanly Moir Campsie	1.0km
Lavery Pathology Campsie	0.77km
Icontact optometry	0.5km
Campsie Day Surgery	0.93km
Campsie Medical and Dental Centre	0.77km
Dental on Evaline	0.5km
Canterbury Dental Centre	0.6km
Pearl Dental Clinic	0.52km
Nexgen Dental	1.22km
United Dental Care Campsie	0.46km
Bexley Road Physiotherapy	0.74km
Fit By Physio	0.23km
Complete Allied Health Care Campsie	0.94km
Active Therapy Clemton Park	0.69km

Source: Google Maps, Ethos Urban

9.7 Market summary

Demand and supply drivers for private hospitals in the Study Areas is summarised below.

- Below average bed numbers (public and private hospitals)** of 1.6 beds per 1,000 population, 59% lower than the National average at 3.9 beds per 1,000 persons.
- The Campsie Private Hospital development **will contribute to investment in health provision** in the PSA, particularly within the EMLP.
- The proposed Campsie Private Hospital will assist in alleviating supply constraints on surrounding services, as well as reduce wait times through the provision of **up to 218 additional beds**, along with emergency and allied health services.
- Demand for hospital services will increase substantially over time with an estimated additional 36,470 hospital admissions within the Primary Study Area** between 2016 and 2036, which is subject to fast population growth particularly in persons aged over 65 years and children aged 15 and below.
- There is an **opportunity for new and expanded services (Allied Health)** ancillary to the proposed hospital and existing Canterbury Public Hospital. This will support the strategic direction of developing the Eastern Lifestyle and Medical Precinct in Campsie.

10.0 Examples and case studies

Locations containing a metropolitan-scale public hospital (such as Canterbury Hospital) generally tend to attract other public and private health providers, education providers and research institutes through a clustering effect. There are a number of advantages of this type of precinct development, including:

- Critical mass – such as a large client base in one location, investment in major medical and other infrastructure (roads, public transport), availability of established business support services etc
- Preference for specialists to service public and private patients in the same location
- Efficiencies relating to shared services between operators
- Synergies between education and research institutes
- Ability to deliver value-added or targeted services by the private sector or agencies through direct referral from the hospital
- Reduced risk profile for the private sector/developers to enter the market
- Complementary social infrastructure such as childcare and schools (often to support medical staff or patients)

The following case studies highlight the types of specialist and ancillary service developments delivered in other major Australian metropolitan health clusters.

10.1 Liverpool Health and Academic Precinct (Sydney, NSW)

The Liverpool Health and Academic Precinct is a major medical cluster located 26km west of Sydney's Central Business District (CBD). The cluster, which is shown in **Figure 17**, covers an approximate radius of 1km, providing excellent access to the major arterial road (Hume Highway and South Western Motorway) and public transport network (Liverpool Train Station).

The precinct provides care to the South Western Sydney Local Health District (SWSLHD), which covers the area from Bankstown to Wingecarribee and has an estimated population of 960,000 persons located to the south-west (including regional areas).

Liverpool Health and Academic Precinct is underpinned by a number of public and private hospitals as described below:

- **Liverpool Hospital** – a major metropolitan hospital (850 beds, including 60 intensive care beds) providing referral and district acute services to the Liverpool catchment, and higher-level tertiary care for South Western Sydney residents, as well as having a 24-hour emergency department
- **Sydney Southwest Private Hospital** – a 98-bed private facility specialising in maternity, mental health, oncology, and surgical services.
- **Liverpool Cancer Therapy Centre** – attached to Liverpool Hospital and provides chemotherapy, radiotherapy, haematological, and cancer genetic services.

Figure 17 Liverpool Health and Academic Precinct, Sydney



Source: Architectureau

Significant specialist and ancillary services are clustered around these hospitals, a summary of which are provided as follows:

- Specialist Medical Services:
 - Liverpool Specialist Medical Centre (including neurology services)
 - South West Cardiology
 - Liverpool Vascular Laboratories
 - Hearing Australia Liverpool
 - Bloom Hearing Specialist
 - Liverpool Eye Surgery
 - Southwest Sydney Fertility and IVF Clinic
- Research Institutes:
 - Ingham Institute of Applied Medical Research
 - Bright Institute of Stem Cell Research Australia
 - ARETE Research Global Pty Ltd
- Private consulting rooms
- Medical Centres / GP clinics
- Radiology services
- Pathology services
- Rehabilitation services
- Physiotherapy

- Chiropractor
- Childcare – specifically to service medical staff
- Aged care services

10.2 Heidelberg Medical Precinct (Melbourne, Victoria)

The Heidelberg Medical Precinct is a major medical cluster located 15km north of Melbourne's Central Business District (CBD). The cluster, which is shown in **Figure 18**, covers a 1km radius and includes good access to the major road and public transport network.

Austin Health (public provider) estimates the service catchment to be 800,000 persons located mainly to the north and north-east of Melbourne (including regional areas).

Heidelberg Medical Precinct hosts a number of public and private hospitals as described below:

- **Austin Public Hospital** – a major metropolitan hospital (500+ beds covering acute, intensive care and mental health patients) with a 24-hour emergency department
- **Mercy Hospital for Women** – a 60-bed specialist hospital providing obstetrics, gynaecology and neonatal services to public and private patients
- **Warringal Private Hospital** – a 215-bed private facility specialising in cardiology, cardiothoracic, orthopaedics, sports medicine, pain management and oncology
- **Heidelberg Repatriation Hospital** – treats veterans and war widows and also provides services to the wider community including, day surgery, palliative care, mental health services, aged care, and outpatient services such as radiotherapy, nuclear medicine, radiation oncology and radiology.
- **Royal Talbot Rehabilitation Centre** – is a specialist provider of intensive rehabilitation programs, providing a comprehensive and co-ordinated range of medical, nursing, therapy and support services to people with a wide range of disabilities. Areas of specialty include acquired brain injury rehabilitation, amputee rehabilitation, neurological rehabilitation, spinal cord injury rehabilitation, orthopaedic rehabilitation and orthotic and prosthetic services.

Figure 18: Heidelberg Medical Precinct, Melbourne



Source: Melbourne University

Significant specialist and ancillary services are clustered around these hospitals, including many new developments, a summary of which are provided as follows:

- Specialist Medical Services:
 - Olivia Newton John Cancer and Wellness Centre
 - Melbourne Gastrointestinal Group
 - Heart Care Victoria
 - Eye clinics
- Research Institutes:
 - Ludwig Institute for Cancer
 - Melbourne Brain Centre
 - Florey Institute of Neuroscience and Mental Health
- Speculative Development – Martin Street Medical Suites is a purpose-built high quality commercial development aimed at medical tenants. The development covers seven levels and includes 3,410m² of floorspace
- The Austin School – is a Department of Education school for young people who are patients of Austin Health, including the Austin Hospital and the nearby Royal Talbot Rehabilitation Hospital.
- Private consulting rooms – multiple, including converted houses and new commercial buildings
- Medical Centres / GP clinics
- Radiology services
- Pathology services
- Childcare – specifically to service medical staff
- Aged care/ Retirement Living – with such developments preferential in areas close to major medical hubs

11.0 Stakeholder engagement

Key stakeholder discussions have informed the Planning Proposal, highlighting significant interest and positive benefits that would arise with the development of a new private health care facility on the site. Key considerations of these early discussions have been highlighted below.

11.1 Central and Eastern Sydney Public Health Network

Discussions were held in May 2019 with representatives from the Central and Eastern Sydney Public Health Network, indicating that a new health facility in Campsie may alleviate pressures on population health services through the provision of outpatient clinics that address health conditions such as diabetes, paediatrics and mental health. Additional demand in the area was identified for the provision of specialists and rehabilitation facilities (such as hydrotherapy pools), as well as space for paediatric care and aged health, particularly targeting the needs of people of non-English speaking backgrounds.

It was recommended by whom that the new facility creates links with academic health specialists, (including the creation of an academic centre), strengthening links for Sydney University and health facilities for student research and training purposes.

11.2 Sydney Local Health District

Preliminary discussions reveal the Sydney LHD would be interested in the creation of a larger health centre, with demand identified for the provision of additional community health in the local area. Community based facilities are required to meet the demands of cardio-vascular and associated diseases, as well as rising rates of diabetes and obesity.

The LHD has additional demand for the provision of dialysis facilities, although this is understood to require long term stays of patients. There are no cancer treatments at Canterbury and the redevelopment of Canterbury Hospital did not allow for increase in consulting offices or specialist doctors on or off-site.

The Sydney LHD identified the following appropriate services to assist in meeting community health needs:

- Pharmacy
- Radiology
- Integrated health
- GPs and specialist doctors' spaces
- Pathology
- Renal dialysis
- Spaces for mental health services, with an interest in the LHD taking space within the new facility, looking to provide a new community health centre and be an anchor tenant for the site.

12.0 Assessment of social issues

Analysis of the baseline study reveals the following important considerations for decision making in relation to the current Planning Proposal. An assessment has been undertaken to consider the potential social impacts of the Planning Proposal (both positive and negative) noting that the social impacts may be experienced differently by different parts of the community. Key affected communities include:

- The current local residents, visitors and medical practitioners in the Primary Study Area, and;
- The broader community in the Secondary Study Area.

The assessment considers the potential impact on the community and the social environment with recommended mitigation and enhancement options provided to ensure the redevelopment of the site is well integrated within the existing local area.

Ultimately, there can be two main types of social impacts that may arise as a result of the proposed development. First, direct impacts can be caused by the project which may cause changes to the existing community, as measured using social indicators, such as population, health and employment. Secondly, indirect impacts that are generally less tangible and more commonly related to matters such as community values, identity and sense of place.

This study identifies the following key factors relevant to the assessment of social impacts of the project:

- People's way of life and their community: how they live, work, play and interact with each other on a day-to-day basis, the cohesion, stability, character, services and facilities;
- Their environment, the quality of the air and water people use; the availability and quality of the food they eat; the level of hazard or risk, dust and noise they are exposed to; the adequacy of sanitation, their physical safety and their access to and control over resources;
- Their health and wellbeing: including physical and mental health, safety, personal and community aspirations.

12.1 Impact assessment matters and responses

The following section sets out an assessment of social impacts and benefits arising from the planning proposal and recommended responses, including measures to enhance social benefits and mitigate potentially negative impacts, across the suite of principles in accordance with the IAIA Principles for Social Impact. The assessment has been based on the information available to date, and is primarily a desktop study, informed by a review and analysis of the submissions in response to the exhibition of the development application.

A risk assessment of the degree of significance of risk is provided, including the envisaged duration, extent, and potential to mitigate/enhance and likelihood of each identified impact. The social risk matrix provided within the DPIE *Social Impact Assessment Guidelines (2017)* have been adapted for the purposes of undertaking this social and impact assessment of the proposed development.

Each impact has been assessed and assigned an overall risk that considers both the likelihood of the impact occurring and the consequences should the impact occur. The assessment also sets out recommended mitigation, management and monitoring measures for each identified matter.

Way of life, culture and community

Current profile and proposal considerations

The planning proposal will ultimately allow for increased opportunities for innovation and collaboration across the health sector, it is therefore important that the site and design encourages walkability within the precincts, connecting the site to other health providers, including the existing Canterbury Hospital.

There are positive social benefits of the proposal, positively altering the local community lifestyle and the way people live with additional health services provided for the local and broader area, creating improved access to health care services that are needed, particularly for the growing population within the Sydney Local Health District catchment. It is also noted that the change of use of the current site will allow for a more activated local precinct, creating opportunities for enhanced social connections through improved local amenity. The redevelopment of the site will encourage local foot traffic, and potentially contribute to a more cohesive community, especially for health practitioners currently working in the local area.

Care must be given to ensure the design and management of the new facility supports the local culture and values of the community and addresses current needs. These have been identified in the baseline assessment as including:

- A local area that is undergoing rapid renewal with medical facilities in the local area undergoing transformation.
- Significant growth anticipated for the broader Canterbury Bankstown area with infrastructure required to cater for a diverse, growing and ageing community.
- Campsie is a strategic centre for the LGA and well placed to increase health service provision for the broader population.
- The NSW government has prioritised the delivery of safe and inclusive places for all, with a focus on enhancing health care facilities. The redevelopment of the site must ensure that health care services on site are accessible and the development enhances the sense of place for the local area.
- The local area currently experiences demand for health care provision for specialists and rehabilitation, aged health, paediatric care and health services that address the needs of people of Non-English speaking backgrounds.
- There is support and need identified for an academic health centre, to address research and training needs of health specialists.

It is noted that long term stability can be provided for the local area, with the existence of a major health facility for the community. Care should be given to ensure this new facility is well integrated with the surrounding services, with coordinated and communication between both private and public operators, ensuring a coordinated approach is given to health care provision for the Sydney Local Health District.

The proposed development of Campsie Private Hospital will result in the loss of four (4) existing businesses operating at the 445-459 Canterbury Road site. These businesses include:

- **The Staples Bag:** A not for profit organisation with an estimated four employees over a 233m² site. This site provides access to low cost and high quality nutritious food staples for low income earners, as well as providing unemployed people with work experience.
- **Happy Furniture:** A furniture store covering 920m² and an estimated three employees.
- **Sweet Home:** A furniture store of 590m² and an estimated two employees.
- **Arthur and Troys Auto Repairs:** A motor vehicle and auto repairs workshop with two-three employees over a 320m² site.

Together, the existing businesses at the Canterbury Road site employ up to approximately 12 FTE employees. It is anticipated that these jobs will be lost as a result of the proposed development. This may have the following social impacts to way of life and community, including:

- Changes to way of life, including disruption to daily routines for workers currently located on the site, who will need to seek alternative work locations, and disruption to routines for customers and users of the businesses on the site who will need to seek alternative opportunities to access furniture stores, automotive repairs and community services.
- Potential impacts to community cohesion as a result of the displacement of The Staples Bag. This not-for-profit organisation provides affordable groceries to low income earners, and the loss of access to this site may result in reduced opportunities for community interactions and connection buildings, as well as impacts to social sustainability as a result of reduced access to social and community services.

Care must be given to ensure appropriate communication and project updates are provided to these businesses to ensure the transition of the site does not unduly disrupt their operations. It is recommended the redevelopment of the site allows for time for existing businesses to relocate, in particular The Staples Bag, which provides a community service to low income earners.

Responses

<p>Likelihood and consequence of impact</p>	<p>Low negative impact, however, impact may be experienced if commitment is not given to engagement with local community to link with local community initiatives and strategies. The consequence of change to way of life, culture and community, as a result of the planning proposal is minor.</p> <p>There is opportunity to enhance existing community culture, and provide significant improvements to existing health care provision in the local community. Health and wellbeing improvements are high, as</p>
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Current profile and proposal considerations	
Consequence	<p>additional health care services will have space and facilities required to provide improved healthcare to the local and broader communities within the Sydney Local Health District.</p> <p>Significant positive benefits are anticipated as a result of the planning proposal. The consequence of change to way of life, culture and community, as a result of construction is moderate, taking into account the impacts associated with the loss of existing businesses on the site.</p>
Duration	Overall positive benefit as a result of a new private health facility in the locality is considered to be a long-term benefit.
Extent	Impact as a result of the changing local landscape, with construction impacts likely to be felt by local residents, and current business operators on the site. Care should also be given to engage with the existing health providers in the local area to minimise construction impacts on existing health services in the local area.
Mitigation and enhancement measures	<ul style="list-style-type: none"> • Appropriate communication with existing uses on the site would help to ensure the transition of the site without significant disruption to operations. For example, an appropriate project timeframe may give The Staples Bag time to identify an alternative location for service provision. • The potential to enhance the local way of life, culture and community is high, with opportunities to contribute to the strengthening of cohesive local networks. The strength of mitigation and enhancement will be realised through an effective communications and engagement program as well as investment in local health programs, working with health providers. • Activation of the ground level of the new private health facility, and incorporation of meaningful place strategies will be important to provide opportunity for a health innovation hub, sharing of ideas between health care professionals as well as allowing for an active centre for those who are visiting the local health precinct. • Culturally sensitive design is important for the site, with socially and culturally diverse communities living within the local and broader area. Health demands for people of non-English speaking backgrounds are relevant for the design of this new facility with designs allowing for provision of spaces for specialists to manage health needs of culturally diverse communities. • 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.

Surroundings – amenity

Current profile and proposal considerations

Amenity impacts relate to factors that affect the ability of a resident or visitor to enjoy their home, daily activities, or use of the site and surrounds. Changes to amenity may relate to environmental factors such as noise, vibration, views and air quality. Changes in amenity may also impact on community values, sense of place and identity.

It is recommended that an assessment is undertaken in relation to noise, vibration, air quality, and visual impact. To ensure the proposal does not result in any significant amenity impacts it is recommended that:

- Appropriate amenity treatments and management controls are followed, noise emissions, air, traffic and transportation, should have no adverse impact on the surrounding neighbourhood.
- Visual impacts are to be considered, with a design to be developed that complements the existing health services in the area, and delivers a high quality architectural and urban design response to the evolving Lifestyle and Medical Precinct.
- Signage is an important consideration and necessary for an effective signage strategy to be provided to help staff, patients and visitors easily access and navigate the new health facility.
- There may be some short-term negative impacts to local neighbours during construction, it is necessary for a construction management plan to be prepared to minimise these impacts.
- Traffic and access is an important consideration, to ensure neighbouring properties are not unduly impacted.
- Activation of the street level during both day and night should be considered, especially important for staff who may be working shift hours and need to access and move around the site during late night hours. Ultimately, the redevelopment will allow for increased activation of the local streetscape, providing opportunities for increased passive surveillance, contributing to a more vibrant atmosphere, increasing feelings of safety and security in the local area.

Responses

- The development of the site is recommended to be undertaken in accordance with an appropriate Construction Management Plan to reduce the impacts associated with noise and vibration, visual amenity, and air quality impacts during the construction phase.
- The operational Plan of Management is recommended to be regularly reviewed and updated to incorporate issues if and as they arise.
- It is recommended the design of the new facility takes into account the local landscape, providing complementary features to existing health facilities in the area.
- Signage strategy is recommended to be provided, to ensure ease of access to and around the site.
- Care should be given as to how the site may be used over a 24-hour period, ensuring safe and secure access for all. Redevelopment of the site should take into consideration CPTED principles to ensure the site and surrounds do not contribute to safety risks during construction and operation.

Likelihood	Some possible impacts may be experienced, particularly during the construction phase.
Duration	Short to medium term, during construction.
Consequence	Minor, during construction and minimal during operation.
Severity/ sensitivity	Minimal to minor.
Extent	Predominantly impacts are likely to relate to the local neighbourhood catchment.
Potential to mitigate/ enhance	High level of mitigation can reduce amenity impacts. It is recommended that a construction management plan is prepared as well as an operational management plan 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.

Health and wellbeing

Current profile and proposal considerations

As identified within the baseline analysis the population is growing and ageing with health trends showing higher needs for healthcare provision that addresses diabetes, overweight and obesity, mental health and addiction, cancer treatment services.

Specifically, it is noted that a larger health centre would be highly desirable at the site, with community based facilities required to meet the demands of an ageing population of non-English speaking backgrounds. A large health centre would be welcomed, with support for an academic centre or ways to strengthen the relationships between academic programs and health specialists for training and research programs. Facilities that meet the health treatment demands associated with cardio-vascular and associated diseases in the local area would be useful.

The local population would benefit from the following services, in order to meet their current health needs:

- Pharmacy
- Radiology
- Integrated health
- GPs and specialist doctors' spaces
- Pathology
- Renal dialysis
- Spaces for mental health services, with an interest in the LHD taking space within the new facility, looking to provide a new community health centre and be an anchor tenant for the site.

The provision of spaces to cater for the health needs of the population is important, particularly in relation to the physical and mental health and wellbeing, nutrition, addiction, rehabilitation services. The ability for people to age in place is important with private health facilities appropriate in this location to align with complex health needs, allowing for comprehensive health care provision, particularly for people with chronic diseases.

The co-location of private and public health facilities is not only important for patients but health professionals as well. The co-location of health and research institutions in health precincts is important and the design of the new facility should allow for encouragement of collaboration and innovation.

The planning proposal will ultimately allow for increased opportunities for innovation and collaboration across the health sector, it is therefore important that the site and design encourages walkability within the precincts, connecting the site to other health providers, including the existing Canterbury Hospital.

There are positive social benefits of the proposal, positively altering the local community lifestyle and the way people live with additional health services provided for the local and broader area, creating improved access to health care services that are needed, particularly for the growing population within the Sydney Local Health District catchment.

Responses

Likelihood and consequence of impact	<p>Low negative impact, however, impact may be experienced if commitment is not given to engagement with local community to link with local community health needs and initiatives.</p> <p>The proposal will provide significant long-term improvements to existing health care provision in the local community. Health and wellbeing improvements are high, as additional health care services will have space and facilities required to provide improved healthcare to the local and broader communities within the Sydney Local Health District.</p>
Consequence	<p>Significant positive benefits to the health and wellbeing of the local and broader community are anticipated as a result of the planning proposal.</p>
Duration	<p>Overall positive benefit as a result of a new private health facility in the locality is considered to be a long-term benefit.</p>
Extent	<p>Care should be taken to minimise impact to the nearby residents and current business operators on the site, to ensure there are no health and wellbeing impacts as a change of use to the site and as a result of the construction works.</p>
Mitigation and enhancement measures	<ul style="list-style-type: none"> • 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.

Livelihoods

Current profile and proposal considerations

The proposed development of a 218-bed private hospital at this site in Campsie has the potential to have significant positive benefits to livelihoods during construction and operational phases. Potential impacts include:

- Increased access to employment opportunities:
 - Over the construction phase, the proposed development is forecast to directly generate 245 FTE jobs over 3-4 years.
 - During the operation phase, the proposed development is forecast to generate approximately 453 FTE jobs at the site.
- Provision of employment opportunities at this site would also support the Greater Sydney Commission’s vision for a “30-minute city” where jobs and services are provided close to housing. Campsie is a key strategic centre within the Canterbury-Bankstown LGA, providing services, housing and employment for the surrounding area. At a state level, Campsie has been earmarked for housing and employment growth.
- The delivery of a private hospital at this location would support the overall viability of a medical precinct in Campsie. It is a Council priority to establish a “genuine health cluster” and to attract “knowledge based and population serving workers”. Council acknowledges that the establishment of a new private hospital in the precinct has the potential to enhance the health cluster and attract further investment in the area.
- Negative impacts to livelihoods for the four businesses currently located on the site, who would be displaced by the proposed development. These businesses include:
 - **The Staples Bag:** A not for profit organisation with an estimated four employees over a 233m² site. This site provides access to low cost and high quality nutritious food staples for low income earners, as well as providing unemployed people with hands on work experience.
 - **Happy Furniture:** A furniture store covering 920m² and an estimated three employees.
 - **Sweet Home:** A furniture store of 590m² and an estimated two employees.
 - **Arthur and Troy’s Auto Repairs:** A motor vehicle and auto repairs workshop with two-three employees over a 320m² site.
- Together, the existing businesses at the Canterbury Road site employ up to approximately 12 FTE employees. It is anticipated that these jobs will be lost as a result of the proposed development. As such, the total net employment gain is estimated at +441 FTE workers on the site.
- Possible property impacts to residential properties close to the site, due to:
 - Construction at the site. The reduced amenity of these properties has the potential to impact property values.
 - Operation of the proposed development, which is likely to generate significant traffic and congestion throughout the day and night.
- Potential improved viability of other businesses in the area associated with concentration of employment uses and increased number of patients and visitors at this site, including flow on positive impacts for businesses located along Canterbury Road.

Responses

Likelihood and consequence of impact	<p>Low negative impact, however, impact may be experienced if commitment is not given to engagement with local community to communicate construction impacts effectively.</p> <p>High positive benefit associated with delivery of new jobs within a strategic centre, including knowledge-based jobs aligned with Council’s vision for the transformation of Campsie.</p>
Consequence	<p>Significant positive benefits to the livelihoods of the local and broader community are anticipated as a result of the planning proposal.</p>
Duration	<p>Overall positive benefit as an additional 453 FTE jobs associated with the operational phase of the proposed development is considered to be a long-term benefit.</p>
Extent	<p>Care should be taken to minimise impact to the nearby residents and current business operators on the site, to ensure that property impacts as a change of use to the site and as a result of the construction works are mitigated.</p>
Mitigation and enhancement measures	<ul style="list-style-type: none"> • 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. • Where possible, opportunities to employ local residents of Campsie and the Canterbury Bankstown LGA during the construction and operation phases should be explored to enhance benefits to livelihoods for local residents.

Accessibility

Current profile and proposal considerations

The proposed development may have the following potential social impacts with relation to accessibility, including how people access and use infrastructure, services and facilities.

- Negative impacts to accessibility of furniture, automotive and community services at this location, due to the displacement of existing uses on the site to accommodate the planned Campsie Private Hospital. There are currently four uses on the site, including two furniture shops, one automotive repair business and a community service that provides affordable groceries to low income earners. Users of these facilities will need to travel further from their homes to access these services.
- Negative impacts associated with loss of The Staples Bag on the site. This is a community service that provides affordable groceries to low income earners, and the loss of this organisation from this site may disproportionately impact people experiencing disadvantage. Opportunities to identify an alternative location for this community service should be explored in collaboration with City of Canterbury Bankstown Council.
- Potential changes to pedestrian and vehicular access to and use of businesses and residential properties surrounding the site. Key considerations include:
 - Establishment of hoarding and changes to the streetscape associated with the construction phase may affect wayfinding and access users of Canterbury Road, and potentially Canterbury Hospital, noting that the public hospital is 650m walk from the site.
 - Reduced or temporarily relocated parking, truck movements associated with the construction activity may impact accessibility across the site.
- Potential reduced accessibility and inconvenience associated with construction-related traffic flows, increased traffic, reduced parking, truck movements on the streets surrounding the site.
- Improved accessibility of health services and facilities in Canterbury Bankstown LGA, to meet the needs of growing and ageing population in the area. Improved accessibility associated with the delivery of new clinical and support facilities and the provision of approximately 218 additional hospital beds. There are currently limited private hospital facilities within the study area (i.e. Sydney Private Hospital and Sutherland Hospital) and other private hospital facilities provide specialised rehabilitation and mental health care.
- Social benefits associated with delivery of health uses at an accessible location, close to bus stops along Beamish Street and Canterbury Road, Campsie Station, Canterbury Hospital and daily living needs. This would contribute towards achieving the Greater Sydney Commission’s vision of a “30-minute city” where services, employment and infrastructure are easily accessible to housing.

Responses

Likelihood and consequence of impact	Low temporary negative impact during construction. High positive benefit associated with delivery of new private health facilities in a highly accessibility location, close to public transport, housing and daily living needs.
Consequence	Significant positive benefits to the accessibility of health facilities for the population of the study area are anticipated as a result of the planning proposal.
Duration	Overall positive benefit, as delivery of a new 218-bed private hospital at a highly accessible site, is considered to be a long-term benefit.
Extent	Positive benefits to accessibility associated with improved access to health facilities in Campsie would be experienced by the population of the study area, who currently have limited access to generalised private health facilities.
Mitigation and enhancement measures	<ul style="list-style-type: none"> • 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. • Opportunities to identify an alternative location for The Staples Bag should be explored in collaboration with City of Canterbury Bankstown Council. For example, there may be opportunities for The Staples Bag to occupy vacant shopfronts in Campsie on a pop-up basis while alternative premises are identified. • Internal and external wayfinding strategies will be implemented ensure that the hospital site and surroundings are legible and walkable for users of the site during operation. • Encourage use of pedestrian connections to bus stops along Canterbury Road during operation. • Ensure pedestrian connections between the site and surrounding health facilities (i.e. Canterbury Hospital) are accessible to people experiencing reduced mobility (e.g. ensuring surrounding walking paths are level and well-maintained, there are frequent resting places). • Consider opportunities to enhance pedestrian connections between the site and surrounding current and future facilities (e.g. Canterbury Hospital) to encourage active transport and to promote physical activities.

13.0 Economic Impact Assessment

This section provides an assessment of potential economic impacts associated with the proposed redevelopment. This economic assessment considers the following:

- Demand for development of a new private hospital within the Study Areas;
- Existing and future supply provision of hospital beds;
- Local and state economic benefits from the proposed development including:
 - Direct and leveraged investment
 - Construction and ongoing employment generation (direct and multiplier)
 - Expenditure generated during the construction and operational phases
 - Increased Gross State Product and Value-Added Output
 - Business growth
 - Increased local spending

13.1 Assessment of economic impacts

An assessment of the economic impacts associated with the construction and operational phases of the proposed private hospital development are discussed in the following section.

Economic impacts are categorised in terms of the following groups:

- The benefits to consumers: including the direct benefits to people using the hospital and the indirect benefits to the broader population of Sydney and NSW.
- The benefits from new and retained economic activity: this includes benefits to businesses and employees from economic activity created by visitors to the hospital.

The approach underpinning this analysis is based on accepted methodology used in economic impact assessments and takes into account existing benchmarks along with the project scheme.

13.2 Demand for the Hospital

The market overview in **Section 9** outlines that there is significant demand for a new private hospital in the Primary Study Area. As noted, the primary demand drivers for a new private hospital are listed below;

Admissions

- Based on historical admission rates for age profiles and population projections of the PSA, there is forecast to be an estimated +36,470 additional admissions between 2016 and 2041.
- Persons aged 25-44 will contribute to the highest proportion of hospital admissions over the projected period.
- Persons aged 65 and over will have the greatest increase in additional admissions, particularly due to chronic illnesses associated with elderly persons.
- Paediatric services are likely to be in demand where approximately 18.2% of admission cases between 2016 and 2026 will be persons aged 0-14.
- Canterbury Public Hospital currently caters for a significant number of paediatric cases where a quarter of emergency department admissions are related to children aged 0-14.

Hospital bed provision

The Primary Study Area has an evident undersupply of hospital beds, where there is currently 1.6 hospital beds per 1,000 population, **approximately 59.0% lower than the national average** of 3.9 beds per 1,000 population.

Based on population projections and demographic profile, **the Primary Study Area will require an additional 2,630 beds by 2036**. The proposed hospital will cater for an additional 218 beds.

Insurance coverage

- An estimated 35% of residents in the PSA have some measure of hospital coverage.
- Private insurance coverage rates have typically decreased (at a national level) over the past 3 years, primarily due to increasing coverage costs.
- The population will see a large increase in persons aged 65 and over and typically this age cohort has a higher rate of hospital coverage in contrast to other age groups.
- Due to low private hospital bed numbers, residents within the PSA would likely be seeking private health services elsewhere, and therefore there are significant health expenditure leakages within the local area.
- The development of Campsie Private Hospital will increase the provision of health services available to residents within the Primary Study Area, as well as generate health investment and expenditure back into the local area.

13.3 Employment impacts

Construction employment

Direct employment in the *construction industry* is expressed as FTE job years. A 'job year' is a full-time job for one year.

Indirect, or flow on, employment will also be supported in other industries, for example, suppliers of materials and financial and legal services. Employment estimates in the wider economy are derived from ABS national accounts input-output analysis, specifically, employment multipliers.

Direct employment in the construction industry depends on the nature of the building, in particular, the capital intensity of the project.

It is estimated 1.96 FTE direct construction industry job years per \$1 million of expenditure (or 1.0 FTE job year per \$510,000) will be generated by the construction activity, based on research and the type of work expected to be undertaken in the construction phase of the site.

In addition, these direct construction industry jobs lead to demand for employment in supplier industries in the wider economy. The ABS construction multiplier is 2.6 - that is, for every single FTE job in the construction industry a further 1.6 FTE jobs are supported elsewhere in the economy through industrial and consumption effects.

The initial economic impacts generated by the project will occur during the construction phase, which is estimated to be under four years. It is understood that the estimated construction cost of Campsie Private Hospital is \$125 million.

Total construction costs of \$125 million would support an estimated **245 jobs in the construction industry and support a further 392 jobs in related (supplier) industries over the development period.**

Scaling by the duration of the construction phase (rounded to four years), the project would support around 62 direct and 98 indirect FTE jobs for each year of the development.

In total, approximately 637 FTE construction jobs are likely to be supported during the construction phase.

Table 14 Direct and indirect jobs

Metric	Value
Direct Jobs	
Construction estimate (Option 1 Adjusted Scope)	\$125 million
Estimated direct jobs	245 FTE Jobs over 3-4 years
Indirect Jobs	
Indirect jobs per construction job	Approximately 1.6
	392 FTE jobs over 3-4 years
Total FTE Construction Jobs	637 FTE jobs over 3-4 years

Source: ABS 2015; Ethos Urban

Ongoing employment

In addition to construction employment, further jobs are also likely to be generated on an ongoing basis once the project is complete and operational. Ongoing employment at Campsie Private Hospital is estimated taking into account the proposed development scheme at a total GFA of 22,628m² as well as workspace ratios sourced from the City of Sydney Floor Space and Employment Survey 2017. Employment estimates are outlined as follows:

- The City of Sydney undertakes a floorspace and employment survey every five years, with the latest results from the 2017 survey released in early 2019. This survey collects data from businesses on employment numbers and floorspace use across the City of Sydney Local Government Area (LGA). Specifically, the data collected produces a workspace ratio that represents the average provision of floorspace provided for each worker on a per square metre basis across each property sector. City of Sydney Floor Space and Employment Survey indicates a workspace ratio of 43.6m² of NLA for health spaces.
- It is estimated that the proposed development will support an estimated 22,628m² of hospital GFA. When considering the City of Sydney survey data, a workspace ratio of around 1 worker per 50m² is considered appropriate when GFA figures are being used.
- Based on the above, it is estimated that the proposed Campsie Private Hospital will employ up to 453 FTE workers when fully occupied, based on a ratio of 1 job per 50m² of floorspace across a total GFA of 22,628m².

It In total, the Campsie Private Hospital project will support the ongoing employment of approximately 453 workers (FTE only).

It should be noted that it is unusual for hospitals to be operating at full capacity from day one, and therefore ongoing employment will increase over time to the estimated 453 FTE workers, depending on the level of market share as well as the reputation of the hospital and private healthcare environment within the given opening period. **It is estimated that a facility of this type would open with approximately 120 beds (55% capacity), and therefore an estimated 249 FTE staff will be employed from day one.**

The Canterbury Bankstown LSPS outlines a job target of 19,251 health care and social assistance workers in the LGA by 2036, an increase of +5,291 workers from the existing base of 13,960. **The proposed hospital will support some 453 FTE workers in the health care and social assistance industry, which will contribute to 9% of the LGA's job target in this industry sector.** If considering part time and casual workers, it is likely that this share would be higher.

13.4 Economic output

Gross Regional Product (GRP)

Gross Regional Product (GRP) is a measure of size or net wealth generated by the regional economy.

The activities and employment generated as a result of the construction and ongoing operation of the hospital will support significant regional economic output during the operational lifespan of the facility. In order to calculate this value, it is assumed that all jobs generated during the operational phase of the development are within the 'Hospital' industry, a sub-sector of the health care and social assistance industry. This industry represents the largest expected share of jobs within the proposed hospital. **Table 16** below shows that total output (GRP) from direct jobs is estimated at **\$84 million pa** (2018/19 dollars).

Value added

Value added by industry is an indicator of business productivity. It shows how productive each industry sector is at increasing the value of its inputs. It is a more refined measure of the productivity of an industry sector than output (total gross revenue), as some industries have high levels of output but require large amounts of input expenditure to achieve that. Value added is estimated at **\$51 million pa** (2018/19 dollars).

Table 15 Estimated economic output from direct ongoing jobs

Activity	Health Care and Social Assistance
Economy id category	Hospitals
Increase in direct jobs	453
GRP per job	\$186,882
Value added per job	\$112,570
GRP total	\$84,500,000
Value added total	\$50,900,000

Source: Economy.id; Ethos Urban
Note: Figures Rounded

The above analysis has been sourced from economy.id (based on modelling by the National Institute of Economic and Industry Research) for the City of Canterbury Bankstown, with 'best fit' industry sectors applied to likely economic activities at the new facility. The results of the analysis assume no substitution effects from outside the regional economy. Instead, the activities undertaken at the new facility represent increased net demand associated with population, labour force and industry growth.

13.5 Current economic contribution

The proposed development of Campsie Private Hospital will result in the loss of four (4) existing businesses operating at the 445-459 Canterbury Road site. These businesses include:

- **The Staples Bag:** A government, not for profit organisation with an estimated four employees over a 233m² site. This site provides access to low cost and high quality nutritious food staples for low income earners, as well as providing unemployed people with hands on work experience.
- **Happy Furniture:** A furniture store covering 920m² and an estimated three employees.
- **Sweet Home:** A furniture store of 590m² and an estimated two employees.
- **Arthur and Troys Auto Repairs:** A motor vehicle and auto repairs workshop with two-three employees over a 320m² site.

Together, the existing businesses at the Canterbury Road site employ up to approximately 12 FTE employees. It is anticipated that these jobs will be lost as a result of the proposed development. As such, the total net employment gain is estimated at +441 FTE workers on the site.

GRP and value added by the existing businesses is estimated at \$1,470,00 and \$747,000 per annum based on the types of activities undertaken by these businesses, respectively. Accordingly, economic output at the Canterbury Road site will result in a net increase of approximately +\$83 million in GRP, and +\$50 million in value added as a result of the ongoing activities and employment generated at the proposed private hospital.

13.6 Other implications

Other forecast impacts of the proposed development of Campsie Private Hospital are highlighted below

Business impacts during construction

The proposed development will likely result in an increase in expenditure resulting from construction workers travelling to the local area. In particular, food operators and convenience based stores will likely stand to benefit the greatest from a greater number of workers in the area. These businesses will also benefit in the medium to longer term during the operational phase of the proposed hospital, where additional visitation to hospital patients and movement within the region will result in increased retail expenditure.

It is anticipated the majority of construction workers will travel by public transport or by foot to work, creating a 'funnel effect' of movements between transport nodes and the proposed site. It is expected food businesses on or near Beamish St to benefit most.

Expenditure during the operation phase

An increase in local spend (Beamish St and Canterbury Rd in particular) is forecast with the development of the hospital, driven mainly by patients, patient visitors and workers. This has also been included in our employment multiplier effects calculations.

Business Growth

The construction and ongoing operation of the proposed hospital will support the capital gain and expansion of existing businesses, as well as encourage the opening of new ones. In particular, the hospital is proposed to include ground floor retail offerings.

Given the proximity of Canterbury Public Hospital to the proposed private hospital, there is significant opportunity for business growth relating to ancillary health services such as pathology, radiology and endoscopy. This will further enhance the benefits of co-location and support the strategic direction of the ELMP.

Many existing health services around Campsie are set up in residential dwellings. Significant health investment and the opening of Campsie Private Hospital will likely be a catalyst for the expansion of these existing health services into more modern and sophisticated facilities.

There will also be a likely increase in demand for short stay accommodation associated with a new private hospital and the broader ELMP. This demand will be driven by patients (before and after admission), visitors, practitioners and researchers. A desktop study of the Primary Study Area indicates limited short-term accommodation options are available both near the subject site and in the broader region between Dulwich Hill and Bankstown. As such, there is an opportunity to leverage investment in the accommodation sector.

The proposed hospital is proposed to operate 24 hours 7 days a week, resulting in employees within the locality working later hours. This will increase demand for out of hours services and contribute to increased activation of the night time economy. An increase in overnight visitation to the locality will also further encourage night-time activity, particularly along Beamish Street.

Furthermore, supply chain linkages with the proposed private hospital will generate new business opportunities within both local and regional economies. Sectors that might benefit from the operation of the proposed hospital include:

- Pharmaceutical product manufacturing
- Medical and surgical equipment manufacturing
- Commercial cleaning services
- Health insurance services
- Catering services
- Building maintenance services
- Public and private transportation

Supporting the objectives of the ELMP

The ELMP plan was established within the Canterbury Bankstown Local Strategic Planning Statement (LSPS). The plan outlines the opportunities for a medical precinct between Campsie and Kingsgrove, including the subject site location.

The proposed development will support the strategic direction of the ELMP, by providing for an expansion of the health services within proximity to Canterbury Hospital, as well as contribute to the business growth of ancillary health services, retail shopping and dining. The development of the proposed hospital will likely to be the first major investment within the ELMP (notwithstanding the public hospital upgrade).

A significant health infrastructure project of this scale will align with Council's objectives as well as support the expansion of other health services in the precinct. The development of Campsie Private Hospital will be a key element in achieving the Plan's vision.

Summary of impacts and mitigation measures

The anticipated economic benefits generated by the proposed hospital development are outlined as follows:

- During construction, there will be considerable employment generated, benefiting local businesses and workers
- Local retail, manufacturing and wholesale businesses, will benefit from expenditure generation over a three to four year construction phase
- Mode of travel by attendees will primarily be via walking or public transport through the locality, creating a funnel effect for local businesses leading to increased sales and revenue.
- Once the hospital is operational the hospital will support a considerable number of new jobs, additionally local businesses will benefit from a greater number of visitor movements and spending, as well as increased supply linkages associated with the ongoing operation of the hospital.
- The new hospital and its location within the ELMP cluster has the potential to stimulate new investment in the local property market through increased demand for ancillary health services and accommodation.
- The demolition and construction period will involve the discontinuation of the existing four small businesses of site.
- Construction noise, traffic interruption and pedestrian diversions in and around the site may impact on nearby businesses by disrupting usual traffic and pedestrian flows.
- There are no mitigation measures required based on the identified impacts.

Appendix A. Strategic policy context

South District Plan	
Greater Sydney Commission (2018)	
Purpose and vision	<p>The South District Plan includes the City of Canterbury Bankstown and outlines the directions for growth in the South District over the next 20 years. The South District is part of the Eastern Harbour City.</p> <p>Campsie is designated a local centre in the South District. Local centres are highly accessible and provide interchanges for bus and rail networks linking to other strategic centres. Campsie is a thriving commercial centre with a range of medical services nearby.</p> <ul style="list-style-type: none"> • It is a planned precinct along the Sydenham to Bankstown Urban Renewal Corridor. It is desired that the planned precincts will enhance the liveability, sustainability and productivity through the delivery of essential community infrastructure such as health facilities, schools, open space and roads. • Increasing the number of jobs in the health, education and scientific and professional industries, as well as population-serving industries will underpin the District's economy. <p>The plan outlines how the future vision for the South District will be achieved through:</p> <ul style="list-style-type: none"> • Supporting the growth of health and education precincts and the District's strategic centres. • Sustaining vibrant public places, walking and cycling, and cultural, artistic and tourism assets. • Matching growth and infrastructure, including social infrastructure. <p>Planning priorities relevant to this proposal include:</p> <ul style="list-style-type: none"> – S1: Providing services and social infrastructure to meet people's changing needs. – S2: Fostering healthy, creative, culturally rich and socially connected communities. – S3: Providing housing supply, choice and affordability, with access to jobs and services. – S4: Creating and renewing great places and local centres and respecting the District's heritage.
Key actions	<ul style="list-style-type: none"> • Deliver healthy, safe and inclusive places for people of all ages and abilities that support active, resilient and socially connected communities by: <ul style="list-style-type: none"> – Providing walkable places at a human scale with active street life – Prioritising opportunities for people to walk, cycle and use public transport. – Co-locating schools, health, aged care, sporting and cultural facilities • Use place-based planning to support the role of centres as a focus for connected neighbourhoods. • Use flexible and innovative approaches to revitalise high streets in decline • Facilitate health and education precincts that: <ul style="list-style-type: none"> – create the conditions for the continued co-location of health and education facilities, and services to support the precinct and growth of the precincts – provide high levels of accessibility – attract associated businesses, industries and commercialisation of research – facilitate housing opportunities for students and workers within 30 minutes of the precinct • Strengthen Campsie through approaches that: <ol style="list-style-type: none"> a) strengthen Beamish Street's role as an eat street to grow the night-time economy b) encourage activation of secondary streets c) strengthen links to Canterbury Hospital and surrounding allied health services d) manage traffic and parking to reduce impacts on pedestrian amenity, especially on Beamish Street

South District Plan	
	e) improve the appearance of the existing rail (freight) corridor.

Community Strategic Plan (CB City 2028)	
City of Canterbury Bankstown (2018)	
Purpose and vision	<p>This is a 10-year community strategic plan to develop Canterbury Bankstown LGA as “thriving, dynamic and real”:</p> <p><i>“We are THRIVING – Our communities are safe, strong, caring for each other and inclusive of all. We have good access to the services we need and use them well. Our people are healthy in mind and body. We value the beauty and diversity of our natural environment and keep it safe for future generations.</i></p> <p><i>We are DYNAMIC – We are a place of incredible activity and opportunity. Easy to move around in. We create, prosper and grow, confidently embracing technology and innovation; always transforming and evolving.</i></p> <p><i>We are REAL – Our attractive and distinctive neighbourhoods reflect our history, yet look to the future and lead the way. We remember, we celebrate and we dream. Our people are proud of themselves, proud of their roots and proud of our City...”</i></p>
Key actions	<p>The policy outlines 7 ‘destinations’ to achieve this vision:</p> <ul style="list-style-type: none"> • Safe and strong: A proud inclusive community that unites, celebrates and cares • Clean and green: A clean and sustainable City with healthy waterways and natural areas • Prosperous and innovative: A smart and evolving City with exciting opportunities for investment and creativity. • Moving and integrated: An accessible City with great local destinations and many options to get there • Healthy and active: A motivated City that nurtures healthy minds and bodies • Liveable and distinctive: A well designed, attractive City which preserves the identity and character of local villages <p>Leading and engaged: A well-governed City with brave and future focused leaders who listen.</p>

Connective City 2036: Local Strategic Planning Statement	
City of Canterbury Bankstown (2020)	
Purpose and vision	<p>The LSPS aims to provide a blueprint for development in Canterbury Bankstown into 2036. 500,000 people are expected to live in Canterbury Bankstown by 2036 and the policy outlines the plan for the future. Council states:</p> <p><i>“We will prioritise growth and renewal in specific places in Canterbury-Bankstown – places where we can build on current strengths and proactively respond to opportunities. Growth and change will be coordinated, well-designed and above all well executed. The 5 City Directions focus on:</i></p> <ol style="list-style-type: none"> 1. Chapel Road Precinct, Connective City’s heart – from Chullora to Bankstown; 2. Eastern Lifestyle and Medical Precinct - Campsie to Kingsgrove; 3. Bankstown Aviation and Technology Precinct; 4. 34 centres and their surrounding suburbs; and 5. Canterbury-Bankstown’s river systems and tributaries.... <p><i>Larger centres, where the character, community or services favour more housing and activity, will continue to evolve into vibrant urban places. These will continue to see increases in housing, along with infrastructure improvements, jobs and business opportunities.</i></p>

Connective City 2036: Local Strategic Planning Statement	
	<p><i>We aim to match this growth with improved building and public domain design, pedestrian safety and public transport. As populations change and grow, we need a variety of community, civic and retail services within the centres, as these are the City's hubs of activity. The focus for all centres is commercial and street-fronting retail space. The larger centres are more likely to be home to shop-top housing, and experience an increase in the number, diversity and quality of commercial space, local jobs, services, community and civic places and public transport."</i></p> <p>Campsie is a cultural, retail and local employment hub in the City's east that provides cross-regional links to metropolitan centres to the north and south. Canterbury Hospital will influence the growth of surrounding land uses to evolve into a pedestrian friendly and multifunctional medical precinct.</p> <p>Campsie is allocated as a strategic centre and are further defined as City and Town Centres. They are the key focus for jobs, cultural activities and housing. Campsie is also part of the Eastern Lifestyle and Medical Precinct – Campsie to Kingsgrove. The Eastern Lifestyle and Medical Precinct is along Beamish St and Kingsgrove Road and will be the shopping, medical and cultural centre for the City's east. The precinct will capitalise on the existing hospital and expanded medical support uses.</p> <p>The higher densities within the Strategic Centre of Campsie Town Centre will be close to future mass transit stop and be designed to enhance heritage significant places. Sydney Metro South West will link Campsie to Bankstown, North Sydney, Macquarie Park and Chatswood.</p>
Key actions	<p>The LSPS contains ten "evolutions" to achieve the vision of the LSPS:</p> <ul style="list-style-type: none"> • Coordination, community, collaboration and context • Movement for commerce and place • Places for commerce and jobs • Blue web • Green web • Urban and suburban places, housing for the city • Cultural places and spaces • Design quality • Sustainability and resilience • Governance and funding <p>A number of key actions specific to Campsie and the Eastern Lifestyle and Medical Precinct:</p> <ul style="list-style-type: none"> • Focus on Bankstown City Centre, Chullora, Campsie and the Eastern Lifestyle and Medical Precinct and Bankstown Aviation and Technology Precinct – when determining land use planning and advocacy priorities in the first five years of this plan. • Prioritise planning for Chullora within the Chapel Road Precinct and the Eastern Lifestyle and Medical Precinct to unlock economic potential for commerce and job growth. • Collaborate with Sydney Metro to promote and deliver well designed integrated station developments at Campsie, Bankstown, Padstow and Kingsgrove • Work with NSW Health so that planned investment in hospitals form part of broader health precincts supported by complementary uses and urban services • Implement a staging plan for the Complete Streets Program for Bankstown, Campsie and other centres • Implement controls for no net loss of employment floor space on sites within the Bankstown and Campsie centres • Provide capacity for 7,500 jobs in Campsie Town Centre by 2036. Maintain ground floor active uses • Plan for a health precinct that includes urban services anchored by Canterbury Hospital in Campsie

Connective City 2036: Local Strategic Planning Statement	
	<ul style="list-style-type: none"> • Prepare master plans for Bankstown and Campsie, reinforcing their strategic centre functions • Provide housing typologies that support the employment role of Bankstown, Campsie • Confirm the role of Campsie as the City's second strategic centre through master planning and precinct planning

NSW State Health Plan – Towards 2021	
NSW Ministry of Health (2014)	
Purpose and Vision	<ul style="list-style-type: none"> • The NSW State Health Plan provides the strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of 'the right care, in the right place, at the right time' for everyone. • Creating a more connected health system across the primary and acute settings will not only improve patient outcomes but will help in reducing unnecessary hospitalisations and Emergency Department presentations, creating a more financially sustainable health system for the future
Strategic Directions	<p>Directions:</p> <ul style="list-style-type: none"> • DIRECTION ONE: Keeping People Healthy <ul style="list-style-type: none"> – Supporting people to live healthier, more active lives and reducing the burden of chronic disease • DIRECTION TWO: Providing World-Class Clinical Care <ul style="list-style-type: none"> – Providing timely access to safe, quality care in hospitals, Emergency Departments and in the community • DIRECTION THREE: Delivering Truly Integrated Care <ul style="list-style-type: none"> – Creating a connected health system, so that patients get the care they need, where and when they need it, by connecting State health services with other health services <p>Strategies:</p> <ul style="list-style-type: none"> • STRATEGY ONE: Supporting and Developing our Workforce <ul style="list-style-type: none"> – Helping the 'heart and hands' of NSW Health deliver first class, patient-centred care within the CORE values framework • STRATEGY TWO: Supporting and Harnessing Research and Innovation <ul style="list-style-type: none"> – Creating the evidence base for better models of care and translating research into new devices, drugs, therapies and procedures to deliver improved healthcare • STRATEGY THREE: Enabling eHealth <ul style="list-style-type: none"> – Improving digital connectivity for a smart, networked health system in hospitals, in the community, into the future • STRATEGY FOUR: Designing and Building Future-Focused Infrastructure <ul style="list-style-type: none"> – Improving facilities and equipment to support the delivery of care

NSW Health Strategic Priorities 2019-2020	
NSW Health (2019)	
Purpose and Vision	<ul style="list-style-type: none"> • The Strategic Priorities for 2019-20 provide the health system and our stakeholders with a meaningful overview of our target outcomes for the year ahead. This approach to planning involves more clearly identifying the strategic priorities that the Ministry of Health will focus on as a system manager, enhancing cross-functional collaboration with Pillars and Service Agencies, and applying tighter ownership and monitoring of delivery against the agreed priorities with Local Health Districts and Specialty Health Networks through service agreements. • There will be an enhanced focus on value based healthcare and its direct link with patient experience. Central to the move from 'volume' to 'value', is how as a health system we will sustainably deliver the outcomes that matter to patients by improving how we organise and provide care.

NSW Health Strategic Priorities 2019-2020

Strategic Directions

This Strategy uses the same eight Strategic Priorities from the *State Health Plan: Towards 2021* as discussed above and delves in details of how these priorities will be achieved.

The following key actions are relevant to the proposed development:

- Design and implement mental health patient safety program
- Progress funding for integrating care which have explicit outcome measures
- Drive LHDs and Services to implement at least one of the successful partnership strategies across:
 - ED to Community
 - Vulnerable Families
 - Specialist Outreach to Primary Care
 - Residential Aged Care
 - Paediatrics Network
- Rollout the youth aftercare project
- Progress the \$700 million Statewide Mental Health Infrastructure Program.
- Evaluate palliative and end of life priority projects and agree next steps.
- Redesign the procurement model for last days of life
- Pilot reforms from 'Their Futures Matter' including
 - Out of home care health pathways
 - Integrated trauma-informed care
- Ensure we have the workforce categories in demand and small but critical workforce.
- Utilise capital investment to drive new models of health service delivery
- Refresh the capital prioritisation process to drive broader economic outcomes.
- Commence implementation planning for the 20-year Health Infrastructure Strategy.
- Deliver infrastructure plans and integrate with other agencies
- Ensure support services are integrated into capital planning and development
- Continue place-based integrated planning with other agencies.