

## JOINT REGIONAL PLANNING PANEL (Northern Region)

<b>JRPP No</b>	<b>JRPP Reference Number 2012NTH004</b>
<b>DA Number</b>	<b>DA-29-2012</b>
<b>Local Government Area</b>	<b>Armidale Dumaresq</b>
<b>Proposed Development</b>	<b>New Ambulatory Care and Chemotherapy Facility</b>
<b>Street Address</b>	<b>Part of property known as 226A Rusden Street (Armidale Hospital Campus), being Lot 6 DP 868803.</b>
<b>Applicant/Owner</b>	<b>Health Administration Corporation / Hunter New England Local Health District.</b>
<b>Number of Submissions</b>	<b>2</b>
<b>Recommendation</b>	<b>Approval with Conditions</b>
<b>Report by</b>	<b>Chris Gardiner, Town Planner, Armidale Dumaresq Council</b>
<b>Report date</b>	<b>3 May 2012</b>

**Further Application Details:**

<b>DA Lodgement Date:</b>	20 February 2012
<b>Additional Information received? / date?</b>	Yes, up to and including 26 March 2012 (note Crown Applicant approval for proposed DA conditions received on 2 May 2012)
<b>Estimated Construction Value of Development:</b>	\$6,169,139
<b>Capital Investment Value:</b>	\$6,113,056 (excl. GST)

**Glossary of terms used in this report:**

**ANEH** – Armidale and New England Hospital

**BCA** – Building Code of Australia

**DA** – Development Application

**DCP** - Armidale Dumaresq Development Control Plan 2007, as amended

**EP& A Act** – Environmental Planning and Assessment Act 1979 as amended

**JRPP** – Joint Regional Planning Panel

**LEP** – Armidale Dumaresq Local Environmental Plan 2008, as amended

**SEE** – Statement of Environmental Effects

**SEPP** – State Environmental Planning Policy

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# **Assessment Report and Recommendations**

**DA-29-2012 / JRPP Ref 2012NTH004**

## **Executive Summary**

### **Consideration by Joint Regional Planning Panel**

The Joint Northern Region Planning Panel is the determining authority for this DA pursuant to Part 4 of State Environmental Planning Policy (State and Regional Development) 2011, as the proposed development is a Crown development for a health services building with a capital investment value of more than \$5 Million. The capital investment value of the project, as estimated by the Applicant, is \$6,113,056 (excl. GST).

### **Proposal**

This DA involves the proposed construction of a new Ambulatory Care and Chemotherapy Building in a new three storey building of approximately 2080m<sup>2</sup> fronting Rusden Street, within the existing ANEH Campus, together with ancillary works including some demolitions of redundant minor Hospital buildings in connection with reconfigured and new car parking facilities to compensate for the loss of existing parking (86 spaces) arising from the proposed TCEC development.

### **Permissibility**

The proposed development is considered permissible with development consent under Armidale Dumaresq LEP 2008 and also having regard to SEPP (Infrastructure) 2007.

### **Key Issues**

From the attached Assessment Report, key issues for this project can be summarised as follows:

The proposed development is for a use which is permissible with consent under the Council's LEP and complies with statutory planning controls.

In relation to local policy controls in Council's DCP 2007, the proposed Ambulatory Care and Chemotherapy Facility does not comply with numeric height controls for the site. The building height control in the DCP is exceeded by 0.5m above the 9m limit to the upper floor ceiling from natural ground.

However, having considered the minor extent of the proposed variation and the established building height precedent within the ANEH campus, no objection is raised to the variation to DCP controls.

The submitted proposal seeks consent for the removal of nine mature trees within and adjoining the building footprint. An assessment under the tree preservation provisions of the LEP has been carried out in relation to the relevant trees. Council's assessment concludes that the loss of the trees within the building footprint would be adequately compensated for by the establishment of proposed new trees and landscaping as detailed in the submitted landscape plans, subject to final details.

However, two of the existing trees marked EX.r7 and EX.r9 on the submitted plans are located clear of the proposed building works and any utility service mains, and it appears that their removal is unnecessary. It is recommended that these particular trees be retained and protected from damage during construction, due to their streetscape contribution, good health

and rarity. The Applicant has agreed to accept a condition of consent requiring the retention of these trees.

While the proposed development demonstrates numerical compliance with applicable Council and RTA parking requirements, it is apparent from both the investigations undertaken by GHD and also Council officers that on-street kerbside parking on the adjoining public roads is heavily utilised in association with the Hospital's activities. The existing off-street parking within the ANEH campus also appears to be under-utilised due to lack of awareness and deficiencies in the existing layout, line marking and signage within the parking areas.

The DA has also been submitted on the basis that the development would provide for relocation of existing staff and services to the proposed new building, and there would be no intensification of the existing level of employment or number of beds provided within the facility. On this basis, is it considered important that the existing staffing and overnight patient accommodation levels for the (Public) Hospital remain at current levels. The Applicant has agreed to a condition of consent that would limit such numbers.

With this restriction in place, and associated improvements to the existing off-street and on-street parking in the locality, as discussed in this report, it is considered that the existing car parking would be sufficient to serve the proposed development.

Submissions from two parties were received as a result of public notification of the Application, principally raising issues in connection with parking and traffic management and local heritage issues. These submissions have been considered as part of the assessment and the issues raised generally require longer term action by Council rather than implications for the proposed development.

As a result of this assessment, the proposed development is recommended for conditional consent. **Appendix 3** to this report contains all relevant conditions identified throughout the assessment process and as discussed in this report. The Applicant, as a Crown agency, approved the proposed conditions on 2 May 2012, as required pursuant to s.89(1)(b) of the EP & A Act.

## **Recommendation**

- (a) That having regard to the assessment of the Application and the approval of the Applicant to the proposed conditions of consent pursuant to Section 89(1)(b) of the EP & A Act, DA-170-2011 (JRPP ref 2011NTH028) be granted consent in the terms set out in Appendix 3 to this report.**
- (b) That the persons and agencies that made submissions in relation to the Application be notified of the determination in writing.**

## Subject site and locality

The site for the proposed new building lies on the north-eastern side of the ANEH campus, on property known as 226A Rusden Street Armidale. This site comprises Lot 6 DP 868803 and has a total area of 3.332 hectares, with a frontage of 150 metres to Butler Street, 127 metres to Barney Street, 145 metres to O'Dell Street, and 130 metres.

Within the hospital campus, but on separate allotments are the Armidale Ambulance Station at the corner of Barney Street and Butler Street, and the Private Hospital at the corner of O'Dell Street and Rusden Street.

The site and locality have been inspected as part of this assessment. A locality plan is included in **Appendix 1** and a location air photo and plan provided by the Applicant (not to scale) are reproduced overleaf.

The property subject of the DA is not affected by any easements or rights of way. A Public Positive Covenant is registered on the title of the property, which requires construction of and provision of legal access to water supply, sewerage and stormwater services in the event that the property is transferred. This covenant, however, would not affect the development proposal submitted.

The land is situated (approximately) at contours 983-984m AHD and is a relatively level site for construction purposes.

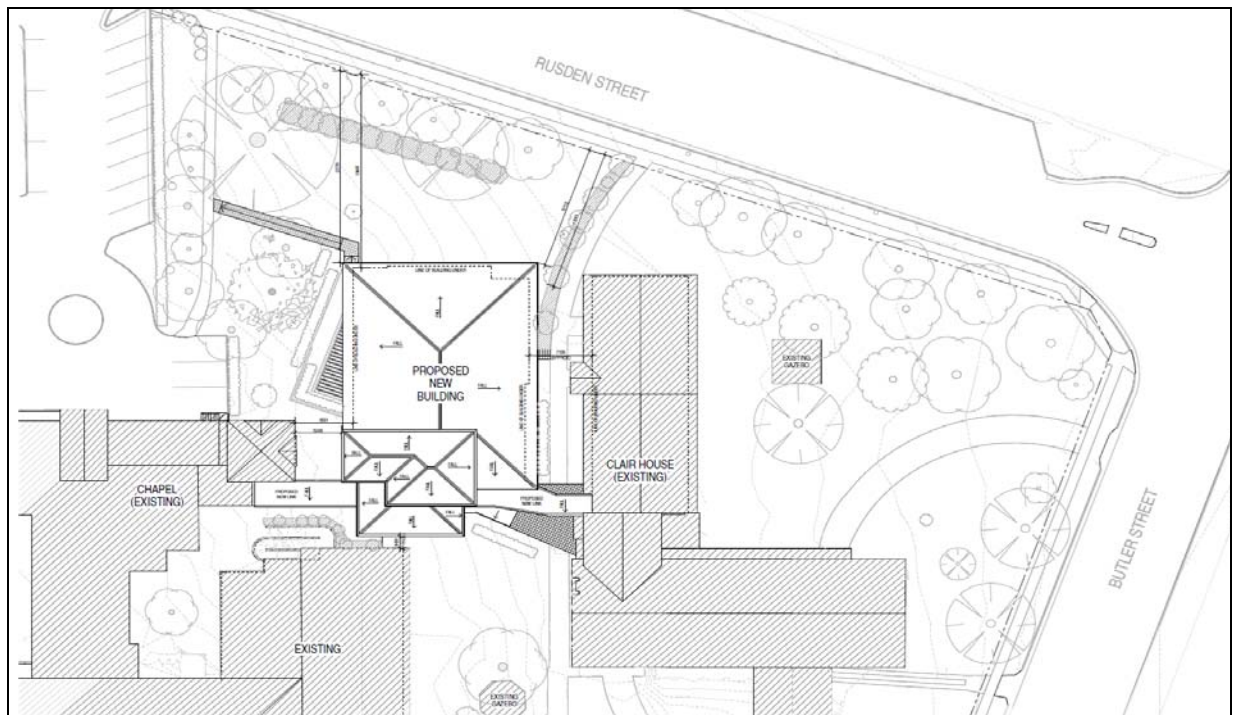
The site of the proposed new Ambulatory Care and Chemotherapy Facility is currently a grassed and landscaped area containing concrete paths linking existing buildings and a small shelter with outdoor seating. The proposed development site also contains a number of mature trees, including a memorial planting.

Other Hospital facilities around the site of the proposed new building include a single storey Storage, Records and Hydro Pool buildings, 2 storey Blood Bank/Pathology buildings and the 3 storey Dental and Community Health building, and single storey chapel.

This site is surrounded by various single and 2 storey buildings fronting Barney, O'Dell and Butler Streets, which are used for a mixture of residential and medical-related purposes.

Other uses in the vicinity of the proposed development site and Hospital precinct generally include Lambert Park to the north; Freeman House (St Vincent de Paul drug and alcohol rehabilitation facility) to the west; a corner shop/café at the intersection of Butler and Rusden Streets; and a mixture of residential and other uses, including a significant affordable housing development on the southern side of Barney Street.

Public utility services, including reticulated water and sewer, electricity and telecommunications can be made available to the development. Council water mains are available in Butler Street and Rusden Street, and sewer and stormwater drainage at the intersection of Rusden and Butler Streets to the east of the site. It is understood that internal stormwater infrastructure is located beneath the site of the proposed new building. The Applicant's consultants have made provision for this infrastructure to be appropriately modified.



## Proposed development

The proposed development comprises:

- Preparation of the site, including demolition of a existing gazebo and tree removal;
- Construction of the new Ambulatory Care and Chemotherapy building on three levels (plus plant room above), with the following components, as advised in the Applicant's SEE:

### **Level 00 Chemotherapy Unit** (approx. floor area 500m<sup>2</sup>)

- Treatment room
- 8 x treatment bays
- Meeting/education room
- Interview room
- 1 x Consulting room
- Reception and waiting room
- Offices and administration space

### **Level 01 Ambulatory Care** (approx. floor area 590m<sup>2</sup>)

- 6 x consulting rooms
- 3 x multi discipline rooms
- 2 x treatment rooms
- Interview room
- Meeting/education room
- Reception and waiting room
- Offices and administration space

### **Level 02 Chronic Diseases** (approx. floor area 560m<sup>2</sup>)

- 3 x multi discipline rooms
- 4 x consulting rooms
- Interview room
- Meeting/education room
- Offices and administration space
- Gym/physio/OT area
- Equipment store
- Reception and waiting room
- Ancillary landscaping, and
- Connection to and relocation of utility services as necessary.

The Applicant has indicated that the proposed new building would also include WCs (staff and patient), storage and cleaners rooms are located on each level and linkages to Clair House, and the Main Hospital building. Due to the topography of the site, the new building would provide ground level access from Clair House to Level 00, and from the Chapel in the Main Hospital building to the west and Clair House to the east at Level 01.

The existing hospital operates on a 24 hour per day basis, however, the Applicant has indicated that the proposed new facility would generally operated between the hours of 8.00am and 6.00pm.

As part of the submitted SEE, the Applicants have stated:

*“The building design allows effective implementation of the Model of Care ; provides for space efficient and cost-effective work practices, allows flexibility and multiple uses of spaces ; provides a therapeutic environment for patients and maximize the provision of natural light to waiting, consulting ,interview, treatment and meeting rooms.*



*The following specialist medical services are envisaged to be provided in the new facility:*

- *Surgical;*
- *General physicians;*
- *Cardiology;*
- *Psycho – geriatrician;*
- *Renal medicine;*
- *Pacemaker clinic;*
- *Geriatrician;*
- *EEG clinic;*
- *Gynaecology;*
- *Orthopaedic;*
- *Anaesthetic pre-op;*
- *Pain clinic;*
- *Paediatric oncology;*
- *Paediatric respiratory;*
- *General Paediatrics;*
- *Oncology;*
- *VMO physician;*
- *VMO ENT;*
- *Midwives clinics; and*
- *High Risk Obstetrics*

*These services are all currently located in disparate locations across the campus and will be relocated to the purpose built facility once completed. Many of the existing ambulatory buildings have space restraints and as a result are ‘over capacity’ with cramped consulting, treatment and office space.*

*The proposed integration of these facilities in the one building will provide opportunities to respond to the changes in work practices, work flow and sharing of valuable clinical consulting spaces. Furthermore, it will allow undergrad medical students and registrars the opportunity to provide ambulatory care clinic sessions.”*

A key aspect of the proposal submitted is that the proposed new building would accommodate staff and services currently provided elsewhere on the Hospital campus, and there would be no net increase in the total number of staff or beds at the ANEH campus.

## Submitted Documents and Plans

Plans for the development have been prepared by Suturs Architects, Northrop Consulting Engineers, and Hawkins Hook & Co Surveyors. The architectural plans are reproduced (not to scale) in **Appendix 2**.

In addition, a range of specialist sub-consultants materials addressing parking, heritage and, geotechnical issues, as well as stormwater management have also been provided to Council along with the project SEE. Specific documents and plans relied upon for this assessment are listed below.

Type of Plan	Number / Date of Plans
Cover Sheet, Location Plan, 3D Views, Site Analysis Plan	202468 DA000 Issue D and DA111 Issue F, dated 17/02/2012.
3D Views – Massing Perspectives	202468 DA031 Issue C and DA032 Issue C, dated 17/02/2012.
Site Plan (Existing and Proposed) and Demolition Plan	202468 DA101 Issue D and DA102 Issue B, dated 17/02/2012.
Level 00 Floor Plan	202468 DA161 Issue F, dated 17/02/2012.
Level 01 Floor Plan	202468 DA162 Issue E, dated 17/02/2012.
Level 02 Floor Plan	202468 DA163 Issue E, dated 17/02/2012.
Plant Level Floor Plan	202468 DA164 Issue D, dated 17/02/2012.
Elevations	202468 DA401 Issue B, dated 17/02/2012.
Sections	202468 DA501 Issue E, dated 17/02/2012.
Shadow Diagrams	202468 DA901 Issue B, dated 17/02/2012.
Landscape Plan	202468 DA103 Issue D, dated 17/02/2012.
Stormwater Management Plan	C00DA Revision A and C02DA Revision A, dated 13/02/2012.
Sediment Erosion Control Plan	C01DA Revision A, dated 13/02/2012.

- Statement of Environmental Effects dated 15 February 2012 by Koby Development Consultants;
- Capital Investment Value Statement (Rider Levett Bucknall) 7 February 2012;
- Parking and Access Strategy by GHD Engineers dated August 2011;
- Water Management Plans by Northrop Consulting Engineers dated 8 February 2012;
- Heritage Statement by Suturs Architects dated 15 February 2012;
- Structural, Mechanical and Hydraulic Statements by Northrop Consulting Engineers dated 10 February 2012;
- Geotechnical Report by Douglas Partners dated February 2012;
- Electrical Services Report by Electrical Projects Australia dated 10 February 2012;
- Building Code of Australia 2011 Assessment Report by Newcert dated 15 February 2012;
- Building Code of Australia 2011 Section J Compliance Report by Northrop Consulting Engineers dated 15 February 2012.

## Referrals undertaken and other approvals required

The following agencies were notified of the DA on 23 February 2012:

Referral Agency:	Response Date:	Summary of Advice / Issues:
NSW Police (CPTED)	8 March 2012, received by Council 30 March 2012	No objection, recommendations for crime prevention to be referenced in consent.

Having regard to the location of the proposed work within the ANEH campus it is not expected that separate Council approval under the Roads Act 1993 for work in Council's road reserves would be required in this instance. However, should detailed engineering design of the proposed on-site stormwater detention system result in works in the adjoining public road/s, appropriate approval would be required. A condition of consent has been proposed to account for this eventuation.

Council's acceptance of required water, sewerage and drainage work connected with the proposal is also required, as the local Water and Sewer Authority, noting however that s.69 of the Local Government Act 1993 provides that "*Section 68 [which normally requires Council approval of water, sewer and stormwater work] does not require the Crown . . . to obtain the approval of a council to do anything that is incidental to the erection or demolition of a building*".

## Political Donations

At the time of lodging the Development Application the Applicant indicated, pursuant to Section 147(4) of the Environmental Planning and Assessment Act 1979, that no reportable political donation or gift had been made by the Applicant or any person with a financial interest in this Application to a local Councillor or employee of Armidale Dumaresq Council.

## Assessment - Matters for Consideration

The assessment of this Development Application has been undertaken in accordance with Section 79C(1) of the Environmental Planning and Assessment Act 1979, as amended. In determining a development application, a consent authority is to take into consideration such of the following matters as are of relevance to the development application:

### **Section 79C(1)(a) the provisions of the following that apply to the land to which the development application relates:**

#### ***(i) the provisions of any environmental planning instrument***

##### **State Environmental Planning Policies (SEPPs):**

The following SEPPs have been considered in connection with this development:

##### ***SEPP No.44 – Koala Habitat Protection***

This Policy encourages the conservation and management of natural vegetation areas that provide habitat for koalas, to ensure permanent free-living populations will be maintained over their present range.

The subject site has an area exceeding 1 hectare and consideration of the policy is applicable. The ANEH campus is located in an established urban area, and existing trees on the site have been introduced during the site's development. The site does not contain the requisite composition of scheduled koala feed tree species to be considered as potential koala habitat.

Accordingly, further investigation as to whether the site constitutes core koala habitat is not warranted in this instance.

##### ***SEPP No.55 – Remediation of Land***

This Policy requires Council to consider whether land is suitable for a proposed use having regard to any known or potentially contaminating land use activities.

Clause	Subject	Comments
7	Contamination and need for remediation to be considered in determining development applications	<p>The Hospital site is recorded in Council's Potentially Contaminated Land Information System on the basis of fuel and clinical waste storage on the campus, as well as a coal fired incinerator.</p> <p>As part of the submitted DA, the Applicants indicated that none of the areas subject to development are understood to have been affected by contamination.</p> <p>From an inspection of the proposed development site and curtilage, no potentially contaminating activities were observed that would warrant further investigation.</p> <p>Thus no further investigation or remediation requirements are considered necessary under the SEPP, and the land is considered to be suitable in its current state for the proposed development.</p>

### **SEPP (State and Regional Development) 2011**

This SEPP took effect during the assessment of the DA and replaced the relevant provisions of SEPP (Major Development) 2005 in relation to regional development.

In any case, the threshold for JRPP consideration of Crown development that has a capital investment value of more than \$5 million has been retained through clause 20 of the new SEPP and therefore this DA is to be determined by the Northern Regional Panel.

NSW Health (Health Administration Corporation) is a Crown agency for the purposes of the EP& A Act (refer s.88 of that Act and in turn cl.226 of the Regulation to the Act).

### **SEPP (Infrastructure) 2007**

The Application has also been considered having regard to the relevant provisions of this SEPP, as follows.

Clause	Subject	Comments
Part 3 Div. 10	Health Services Facilities – permissible in prescribed zones	<p>The proposed development of the Ambulatory Care and Chemotherapy Facility is a Health Services Facility for the purposes of cl.56 of this SEPP, being:</p> <p><i>“ a facility used to provide medical or other services relating to the maintenance or improvement of the health, or the restoration to health, of persons or the prevention of disease in or treatment of injury to persons, and includes the following:</i></p> <p><i>(a) day surgeries and medical centres,</i> <i>(b) community health service facilities,</i> <i>(c) health consulting rooms,</i> <i>(d) facilities for the transport of patients, including helipads and ambulance facilities,</i> <i>(e) hospitals.</i></p> <p>cl.57 (1) in turn states that <i>“Development for the purpose of health services facilities may be carried out by any person with consent on land in a prescribed zone.”</i></p> <p>The list of relevant “prescribed” Standard Instrument zones in cl. 56 of the SEPP include R1 General Residential and SP2 Infrastructure.</p> <p>Although the Council’s LEP is not a Standard Instrument LEP and does not currently contain such zone names, a draft instrument currently under preparation would zone the land subject to this DA both SP2 and R1.</p> <p>cl.6 of the SEPP allows a public authority proposing to carry out the development to determine if existing land use zones are equivalent to zones identified in the SEPP.</p>

### SEPP (Infrastructure) 2007 (cont)

Clause	Subject	Comments
Part 3 Div. 10	Health Services Facilities – permissible in prescribed zones (cont)	<p>That has not been done in this case, however if such a submission had been made both R1 General Residential and SP2 Infrastructure would be considered equivalent to and consistent with the current zones in Council's current LEP, discussed further below.</p> <p>On this basis the development would be considered permissible with consent under the SEPP.</p>

### Local Environmental Plans (LEPs):

**Armidale Dumaresq Local Environmental Plan 2008** has been considered in connection with this development.

Clause	Subject	Comments
2	Aims	<p>Relevant aims of the LEP considered in this assessment include:</p> <p><i>(b) to facilitate stimulation of demand for a range of residential, enterprise and employment opportunities; and</i></p> <p><i>(c) to ensure that development is sensitive to both the economic and social needs of the community, and</i></p> <p><i>(f) to ensure that development has regard to the principles of ecologically sustainable development.</i></p> <p>These issues are addressed in this assessment report.</p>
7	Adoption of Model Provisions	<p>The following clauses of <i>Environmental Planning and Assessment Model Provisions 1980</i> are adopted and are relevant to the proposed development:</p> <ul style="list-style-type: none"> <li>• 5(2) requires in relation to development likely to cause increased vehicular traffic on any road in the vicinity of the site, consideration of the adequacy of vehicular entrance / exit, parking, loading / unloading and pick-up / set-down of passengers.</li> <li>• 13 requires provision of (vehicle) loading and unloading facilities satisfactory to the consent authority.</li> <li>• 30 requires the availability of services (water supply and facilities for removal or disposal of sewage and drainage) or satisfactory arrangement for provision of such services.</li> </ul> <p>Relevant comments on the likely impact of the development and the suitability of the site are included in this assessment, below.</p>

**Armidale Dumaresq Local Environmental Plan 2008 (cont)**

Clause	Subject	Comments
10	Zones indicated on the (LEP) map	The site of the proposed development is within Zone 5(a) Special Uses (Hospital).
13	13(6) Zone objectives	This clause provides that the consent authority must have regard to the objectives for development in a zone when determining a development application in respect of land in the zone (see below).
26(1)	5(a) Zone objectives	<p>The objectives for development in Zone No. 5(a) are:</p> <p><i>(a) to facilitate the development of land in this zone for a range of community service uses whether provided publicly or privately and including, but not limited to, educational establishments, places of worship, health care services, utility services and ancillary activities, and</i></p> <p><i>(b) to provide for development of land in this zone, not required for community services, that reflects adjoining or nearby land uses, provided that the viability of the business and industrial zones is not compromised.</i></p> <p>The proposed development is considered to be consistent with these objectives.</p>
26(3)&(5)	Development permissible with development consent	<p>These sub-clauses confirm that <i>“the particular purpose indicated by red lettering on the zoning map (Hospital) and purposes associated with or ancillary to the particular purpose indicated on the zoning map”</i> are permissible with consent.</p> <p>Thus the LEP provisions are consistent with those of SEPP (Infrastructure) and are considered to permit the development with consent.</p>
58	Tree Preservation	<p>The proposed development would result in the loss of nine existing trees in or adjacent to the building's footprint.</p> <p>Council's responsible officer who advises on arboricultural matters has inspected and assessed the trees and reported on the matter on the DA file which will be tabled at the Panel meeting. Having regard to the matters for consideration in cl. 58(3) of the LEP, the following advice is provided:</p> <p><i>(a) the reason for the proposed work,</i> The work is necessitated by the footprint of the proposed development. However, two of the trees (marked EX.r7 and EX.r9 on the submitted plans) are located clear of the proposed new building and associated services. The reason for removal of these two trees is unclear.</p> <p><i>(b) the visibility and contribution of the tree or trees in the local landscape or streetscape,</i> The subject trees are only partially visible in the streetscape.</p>

**Armidale Dumaresq Local Environmental Plan 2008 (cont)**

Clause	Subject	Comments
58	Tree Preservation (cont)	<p>Existing mature trees along the Rusden Street frontage provide the major contribution to the street, and are proposed to be retained and protected during construction.</p> <p>(c) <i>the type and rarity of the species,</i> The existing trees within the proposed building footprint are relatively common in the locality. However, the two trees marked EX.r7 and EX.r9 on the submitted plans are a Blue Spruce (<i>Picea pungens</i>) and eucalypt species thought to be Dean's Gum (<i>Eucalyptus deanii</i>). Both these species are particularly rare to the area.</p> <p>(d) <i>the number of trees in the vicinity,</i> Other trees exist in and adjacent to Rusden Street and would be supplemented by new plantings as part of the development's proposed landscaping.</p> <p>(e) <i>whether the tree may become dangerous or damage property or utility services,</i> Not considered likely.</p> <p>(f) <i>whether new plantings are proposed or are desirable,</i> Council's officer considers that the loss of trees required for the development will be adequately compensated for by the proposed new landscaping in connection with the development.</p> <p>(g) <i>the effect of the tree or trees on local views, on solar access to properties and on local amenity,</i> None of the trees proposed to be removed have been identified as having an adverse impact on solar access, local views or amenity.</p> <p>(h) <i>any heritage significance of the tree, and</i> None of the trees have been identified as being of heritage significance. However it is noted that a memorial plaque is located at the base two existing birch trees. This is proposed to be located elsewhere on the hospital campus.</p> <p>(i) <i>soil conservation and erosion issues.</i> N/A.</p> <p>Council's assessment concludes that the loss of the trees within the building footprint would be adequately compensated for by the establishment of proposed new trees and landscaping as detailed in the submitted landscape plans, subject to final details.</p> <p>However, it is also recommended that as a condition of any consent the existing trees marked EX.r7 and EX.r9 on the submitted plans be retained and protected from damage during construction, due to their streetscape contribution, good health and rarity.</p> <p>The Crown Applicant has indicated that they would accept a condition of consent to retain and protect these two trees.</p>



**Armidale Dumaresq Local Environmental Plan 2008 (cont)**

Clause	Subject	Comments
61	Waste management	<p>Under this clause, the consent authority must take into consideration any of the following matters relating to waste management that are relevant to the application before granting consent to any development:</p> <ul style="list-style-type: none"> <li>(a) <i>re-use and recycling of building and construction materials,</i></li> <li>(b) <i>re-use and recycling of household, commercial and industrial waste,</i></li> <li>(c) <i>site storage requirements for construction, and for managing household, commercial and industrial waste.</i></li> </ul> <p>The project SEE also states that “<i>Operational waste from the proposed new hospital building will be removed by the existing contractor for the Armidale Hospital on a daily or more frequent needs basis.</i>”</p> <p><i>All waste/surplus building material from the construction phase of the proposed development will be recycled wherever possible. A construction Waste Management Plan will be prepared by the lead contractor prior to construction commencing on site.”</i></p> <p>Council's Health Surveyor has recommended as part of the assessment a condition be included in any consent to ensure that all clinical and other related waste must be disposed of in accordance with clause 43, Protection of the Environment Operations (Waste) Regulation 2005.</p> <p>A Construction Management Plan should be required as a condition of any consent to address waste and other site management issues during the construction phase of the project, as noted in the SEE.</p>
63	Solar access	<p>Under clause 63:</p> <p><i>“consent must not be granted for the purposes of erecting a building on land if, in the opinion of the consent authority, the building would significantly affect the access of solar radiation between the hours of 9 am and 3 pm Eastern Standard Time (as measured on 21 June) to existing or likely developments on adjoining land or on other land in the locality.”</i></p> <p>Shadow diagrams provided with the DA provide a comprehensive analysis of the impact of the proposed building at the winter solstice between the relevant hours. These indicate that shadow impact would be confined to the adjoining courtyards and buildings. No third party residential property would be affected.</p> <p>In this context no objection is raised.</p>

**Armidale Dumaresq Local Environmental Plan 2008 (cont)**

Clause	Subject	Comments
67(4)	Heritage Conservation	<p>The consent authority may require a heritage impact statement in connection with a development proposal in the vicinity of a heritage item or conservation area (under the LEP).</p> <p>In this case the ANEH is not listed under Council's LEP nor on the NSW State Heritage Register. However the Hospital is identified on the NSW Heritage Office (HO) web site as having a s.170 listing under the NSW Heritage Act (State agencies register). This was submitted by NSW Health being the State agency responsible for its care and control. Council was also provided with a 1998 Conservation Management Plan (CMP) for the ANEH in 2010.</p> <p>In the assessment of significance on the HO web site, is the following:</p> <p><i>"There is substantial evidence of major building development from the 1880s through to 1938 on the site including the Isolation Wards building - 1906, Original Hospital building -1882, private Wards building - 1894, First Floor Domestic Quarters - 1903 and the Infectious Diseases Ward Building. The buildings of the earlier phases exhibit historical associations between design, location and purpose."</i></p> <p>The new development would not affect fabric associated with these early phases of the ANEH development, which have now been largely surrounded by and incorporated into later Hospital development.</p> <p>The submitted Heritage Statement by Suters Architects states:</p> <p><i>"The heritage impact sensitive buildings of the Armidale Hospital campus are centrally located and will not be in the near vicinity of the proposed new Ambulatory Care and Chemotherapy Building."</i></p> <p><i>The overall site exhibits building stock of period and styles from 1882 to the 1980's, with significant modifications in 1882, 1906, 1927 and 1945. The site is a display of buildings reflecting changes in the delivery of medical health care services. The proposal is consistent with this pattern of change."</i></p> <p><i>The proposed building will not detrimentally impact on the existing heritage significance of the site and of the 1906 former isolation ward building."</i></p> <p>Council's Heritage and Urban Design Advisor Mr Ian Kirk has considered the heritage impact of the proposal and provided a report dated 24 February 2012, which is on the Council file to be tabled at the Panel meeting. Mr Kirk raises no objection to the proposed development from a heritage perspective.</p>

**(ii) the provisions of any draft environmental planning instrument**

No relevant draft instruments apply.

**(iii) the provisions of any development control plan**

**Armidale Dumaresq Development Control Plan (DCP) 2007** applies to the land.

The Introduction – Part A - of this DCP provides that:

*“We assess all applications having regard to relevant legal requirements and the merits and circumstances of each case. Where an applicant can demonstrate that strict compliance with any of our local policy requirements would be unreasonable or unnecessary, Council may vary the DCP provisions to enable specific development activity to proceed.”*

The following Table outlines the relevant Chapters / provisions of the DCP that have been considered in connection with this assessment.

Chapter	Comment
B3 – Development Applications and Assessment	<p>The Application was publicly exhibited between 28 February 2012 and 14 March 2012, in accordance with Chapter B3. This included public advertisement in the local print media, a notification sign placed on the site and notification by mail to the owners of properties in the vicinity of the site.</p> <p>Written submissions were received from two parties. These are discussed under s.79C(1) (d) below.</p>
B4 – Vehicle Parking Code	<p>Relevant objectives of this Code at Part 1.1 include:</p> <ul style="list-style-type: none"><li>(a) <i>To ensure that adequate provision is made for off-street parking of passenger and service vehicles commensurate with the volume and turnover of all traffic likely to be generated by a development.</i></li><li>(c) <i>To ensure that parking areas are safely and attractively constructed, designed and landscaped, to encourage their use by both vehicles and pedestrians.</i></li><li>(e) <i>To encourage the provision of facilities for parking of vehicles used by people with disabilities and of cycles, within appropriate developments.</i></li></ul> <p>The submitted proposal does not include the provision of any additional off-street parking within the ANEH campus, and the Applicant has stated that the development would allow for relocation of existing staff and services from elsewhere on the site, and would not result in any additional staff or beds.</p> <p>The existing campus contains 147 off-street car parking spaces, including 11 spaces for people with disabilities. 160 parking spaces are also available in the public streets immediately adjoining the site.</p> <p>The Application is supported by a Parking and Access Strategy by GHD Engineers dated August 2011. The report calculates overall parking demand for the ANEH campus under both Council's Parking Code and the (former) RTA's Guide to Traffic Generating Development.</p>

## Armidale Dumaresq Development Control Plan (DCP) 2007 (cont)

Chapter	Comment
B4 – Vehicle Parking Code (cont)	<p>The parking demand has been assessed by GHD based on the following data:</p> <ul style="list-style-type: none"> <li>• 99 beds at the Armidale Public Hospital,</li> <li>• 32 beds at the Armidale Private Hospital,</li> <li>• 238 average staff during weekday shift at the Armidale Public Hospital, and</li> <li>• Average staff during weekday shift at the Armidale Private Hospital unknown.</li> </ul> <p>Using the above data, GHD have calculated the following parking demand for the Hospital:</p> <p><i>“Chapter B4 of Council’s DCP 2007 specifies parking for the proposed development (being a ‘hospital’) as follows:</i></p> <ul style="list-style-type: none"> <li>• <i>Provision of vehicle parking for staff and visitors:</i> <ul style="list-style-type: none"> <li>○ 1 space per 5 beds, plus</li> <li>○ 1 space per 3 employees and resident doctors, plus</li> <li>○ 1 suitable space for ambulance</li> </ul> </li> <li>• <i>Provision for bicycle parking</i> <ul style="list-style-type: none"> <li>○ 1 per 400m<sup>2</sup> GFA</li> </ul> </li> </ul> <p><i>Applying Councils guidelines for parking provision, the required number of parking spaces on site is estimated to be 100.</i></p> <p><i>The RTA Guideline to Traffic Generating Developments provides that the peak parking accumulation may be estimated given the number of beds and the average staff per weekday shift.</i></p> <p><b>Formula 1</b> <math>PPA = -19.56 + 0.85B + 0.27 ASDS</math>  Where:      <math>PPA</math> = Peak parking accumulation                   <math>B</math> = number of beds                   <math>ASDS</math> = average staff per weekday shift</p> <p><i>When the average number of staff per weekday shift is unknown the peak parking accumulation may be estimated by:</i></p> <p><b>Formula 2</b> <math>PPA = 26.52 + 1.18B</math></p> <p><i>Applying the RTA guidelines for parking provisions, the required number of parking spaces on site for the hospital is 129 (based on formula 1) or 128 (based on formula 2).”</i></p> <p>On this basis the Applicant considers the existing 147 off-street parking spaces suitable for the development.</p> <p>Notwithstanding the numerical compliance with applicable Council and RTA parking requirements, it is apparent from both the investigations undertaken by GHD and also Council officers that kerb side parking on the adjoining public roads is heavily utilised in association with the Hospital's activities.</p>

## Armidale Dumaresq Development Control Plan (DCP) 2007 (cont)

Chapter	Comment																																												
B4 – Vehicle Parking Code (cont)	<p>A survey of existing parking use in and around the ANEH campus was undertaken by Council officers on Thursday 22 March 2012 between 10:30am and 11:00am. The results of the survey are detailed below:</p> <p><u>On Site Parking</u> 43 spaces were unoccupied out of the 142 total available spaces.</p> <p><u>On Street Parking</u></p> <table><tr><th>Parking Area</th><th>Vacant Spaces</th><th>Total Available*</th><th>Time Limited/Unlimited</th></tr><tr><td>Rusden Street - South</td><td>1</td><td>21</td><td>Time Limited</td></tr><tr><td>Rusden Street - North</td><td>0</td><td>51</td><td>Unlimited</td></tr><tr><td>Butler Street - East</td><td>5</td><td>15</td><td>Time Limited</td></tr><tr><td>Butler Street - West</td><td>0</td><td>15</td><td>Unlimited</td></tr><tr><td>Barney Street - South</td><td>9</td><td>23</td><td>Unlimited</td></tr><tr><td>Barney Street - North</td><td>4</td><td>16</td><td>Unlimited</td></tr><tr><td>O'Dell Street - East</td><td>1</td><td>29</td><td>Time Limited/Unlimited</td></tr><tr><td>O'Dell Street - West</td><td>0</td><td>19</td><td>Unlimited</td></tr><tr><td>Butler Street West adjacent to Lambert Park</td><td>0</td><td>28</td><td>Unlimited</td></tr><tr><td>Butler Street in east the opposite of Lambert Park</td><td>4</td><td>15</td><td>Unlimited</td></tr></table> <p><i>*Total available spaces were roughly estimated from eye as most of the street does not have line markings for on street parking.</i></p> <p>From the table, only 24 on-street spaces were vacant out of total available 232 spaces.</p> <p>As the Hospital is the predominant generator of traffic in the locality, it can be concluded that the majority of the on-street parking is utilised for activities on the ANEH campus. Accordingly, both the existing off-street and on-street parking adjoining the site are near capacity for the existing activities.</p> <p>The DA has been submitted on the basis that the development would provide for relocation of existing staff and services to the proposed new building, and there would be no intensification of the existing level of employment or number of beds provided within the facility.</p> <p>On this basis, it is considered important that the existing staffing and overnight patient accommodation levels for the (Public) Hospital remain at current levels, being:</p> <ul style="list-style-type: none"><li>• 238 average staff during weekday shifts, and</li><li>• 99 beds.</li></ul> <p>A condition has been proposed to limit numbers to those above, and the Applicant has agreed to accept such a condition.</p>	Parking Area	Vacant Spaces	Total Available*	Time Limited/Unlimited	Rusden Street - South	1	21	Time Limited	Rusden Street - North	0	51	Unlimited	Butler Street - East	5	15	Time Limited	Butler Street - West	0	15	Unlimited	Barney Street - South	9	23	Unlimited	Barney Street - North	4	16	Unlimited	O'Dell Street - East	1	29	Time Limited/Unlimited	O'Dell Street - West	0	19	Unlimited	Butler Street West adjacent to Lambert Park	0	28	Unlimited	Butler Street in east the opposite of Lambert Park	4	15	Unlimited
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## Armidale Dumaresq Development Control Plan (DCP) 2007 (cont)

Chapter	Comment
B4 – Vehicle Parking Code (cont)	<p>Bicycle parking for the proposed development is calculated based on the GFA of the building at a rate of 1 space per 400m<sup>2</sup> GFA. The proposed new building would have a GFA of 1650m<sup>2</sup> and require facilities for the parking of at least 4 bicycles. This could be required by condition of any consent.</p> <p>Further, the submitted GHD Parking and Access Strategy recommends a number of improvements to the existing off-street parking area to improve its utilisation and usability, including:</p> <ul style="list-style-type: none"> <li>• Visitors and staff parking being separated and clearly defined with appropriate pavement markings and signage,</li> <li>• Pedestrian ways being provided linking the car park with the Hospital building/s, and</li> <li>• Way-finding signs being installed at strategic locations to improve both vehicle and pedestrian circulation within the Hospital complex.</li> </ul> <p>As the proposal is for a significant new building and no additional off-street car parking spaces are proposed, it is considered appropriate for the above improvements to be made as part of the project. The Applicant has agreed to a condition of consent addressing the above matters.</p> <p>In relation to the existing on-street parking adjoining the site, in addition to observations that the parking is heavily utilised, it has also been observed by Council officers that some of the parking is not being utilised efficiently. Other than in Rusden Street and part of O'Dell Street, the on-street parking adjacent to the site is not line marked and parking locations not controlled. This is resulting in vehicles parking in an ad hoc manner and kerbside parking space is not maximised.</p> <p>To improve this situation it is recommended that on-street kerbside parking in the western side of Butler Street, adjacent to the proposed development site be provided with appropriate line marking. The Applicant has agreed to a condition of consent to this effect.</p>
B5 – Design for Access and Mobility Code	<p>As a new public building, the proposed development is required to be fully compliant with the BCA, which is now linked to the Access to Premises Standard under the Commonwealth Disability Discrimination Act 1992.</p> <p>The proposed development provides for access between floors by lift as well as improving connectivity between other nearby buildings on the hospital site, with accessible links provided to the east and the west of the new building.</p> <p>The Applicants have indicated that 11 of the existing 147 off-street parking spaces are accessible. This constitutes approximately 7% and exceeds the minimum proportion permitted under the BCA.</p> <p>As this is a Crown development it will be a matter for the Applicant and their consultants to ensure compliance with the BCA in construction.</p>

## Armidale Dumaresq Development Control Plan (DCP) 2007 (cont)

Chapter	Comment
B7 - Stormwater Drainage Code	<p>The submitted stormwater concepts lodged with the DA proposes a gravity stormwater drainage system as required under Council's Code, to connect with the Council's stormwater system in Rusden and Butler Streets. Northrop Consulting Engineers have noted in their Water Management Plan that an existing stormwater pipe beneath the proposed building may need to be relayed or lowered as part of the required works to ensure the upstream network continues to function effectively.</p> <p>It is also proposed that an on-site stormwater detention system be provided to restrict flows to those that would be expected pre-development. This would be consistent with Council's requirements for sites where development results in more than 35% impervious areas.</p> <p>Noting that s.69 of the Local Government Act 1993 provides that "<i>Section 68 [which normally requires Council approval of stormwater work] does not require the Crown . . . to obtain the approval of a council to do anything that is incidental to the erection or demolition of a building,</i> detailed design for these piped systems still requires Council's acceptance as the responsible authority for the public stormwater system, consistent with its Code requirements. Detailed engineering design issues will therefore need to be addressed prior to construction and as a condition of any consent.</p>
D1 – Summary of Development Standards for LEP Land Use zones	<p><u>Setback from Street Road Reserve to building:</u> DCP requires a setback "<i>Consistent with highest standard of any adjoining zone</i>". The adjoining zone is Residential 2(a) where a 6 metre setback is required. The proposed new building would have a variable setback to Rusden Street of between approximately 17 and 24 metres and would satisfy the required minimum setback.</p> <p><u>Building height (in metres) from natural ground to ceiling:</u> DCP requires 9 metres maximum ground to ceiling height "<i>subject to urban design considerations in the individual case</i>".</p> <p>The project SEE indicates: "<i>In relation to Councils DCP requirements on height, the height of the proposal from natural ground level to ceiling is 9.5m (excluding plant), thereby exceeding the 9m DCP height limit by approximately 5% at this location. However, taking into consideration the existing site and building characteristics including the height precedent established on the hospital grounds with a number of surrounding buildings being 3 levels, it is considered that the overall height of the proposed building is acceptable and that a 5% variation of the height limit in Council's DCP is justified in this instance.</i>"</p> <p>The adjoining Community Health (Clair House) building to the east of the proposed new Ambulatory Care and Chemotherapy facility is understood to have an upper floor ceiling height of 11.2 metres (plus plant room) above ground level.</p>

## Armidale Dumaresq Development Control Plan (DCP) 2007 (cont)

Chapter	Comment
D1 – Summary of Development Standards for LEP Land Use zones (cont)	Having regard to the minor extent of the variation proposed to the DCP standard, the established building height precedent at the ANEH campus, and the proposed retention of existing mature trees along the Rusden Street frontage of the site, Council has no objection to the proposed height of the building.

**(iia) the provisions of any planning agreement that has been entered into under section 93F, or any draft planning agreement that a developer has offered to enter into under section 93F**

Not applicable.

**(iv) the provisions of the regulations**

Pursuant to clause 92(1)(b) of the Environmental Planning and Assessment Regulation 2000, the demolition of parts of existing adjoining buildings on the site is required to comply with Australian Standard AS 2601: The Demolition of Structures. This can be addressed by condition of consent.

**79c (1)(a) (v) the provisions of any coastal zone management plan (within the meaning of the Coastal Protection Act 1979)**

Not applicable.

**79C (1)(b) the likely impacts of the development, including environmental impacts on both the natural and built environments, and social and economic impacts in the locality**

This assessment has been undertaken having regard to various issues, as follows:

### **Construction Impacts**

As the project is expected to involve a lengthy construction phase and is located in a major health facility precinct, with nearby residential uses, a detailed construction management plan should be required as a condition of any consent. This would need to address issues such as:

- Hours of building work (to be consistent with NSW State Guidelines);
- Parking and Traffic Management;
- Waste storage and management;
- Toilet facilities for builders;
- Noise and dust management and control of other potential pollutants;
- Site hoardings and public/worker safety;
- Signage.

### **Urban and Building Design**

Issues of height and setback to Rusden Street have been discussed above in relation to Council's DCP controls.

In the submitted SEE the Architects have advised:



## **Urban and Building Design (cont)**

*“The proposal will utilise a recessed light coloured honed masonry base at ground level and contemporary panelled materials at the upper levels. Shading will be dealt with through appropriate glazing system selections leaving the building as a clean form. The roof will be of a simple low pitched hipped design to ensure it addresses the brief (hail and drainage) but will appear ground level as a strong horizontal line. The floating nature for the roof will be reinforced by a recessed separation at the top of the wall.*

*The design of the façade elements will emphasise a verticality to enhance the height to width perception when viewed from the north east and north west. Decorative vertical elements on the north façade will reinforce the buildings address (as the campus has many entry points) and present a less institutional character to the neighbourhood. The panelized breakup of the upper level is intended to blur the perceivable “floor line “ separation with staggered vertical dark recessed windows and spandrels , thereby reducing the horizontal layering of the built form and encouraging a vertical uniformity around the building. Much of the “closedness and openness” of wall fenestration relates to internal requirements for privacy, natural light or the window’s orientation and potential views out.*

*The two storey link over will shelter the entry into the building at the south east corner and provide an opportunity to develop an address facing into the hospital campus ,by creating a cross roads or node point at the entry. A two storey glass wall will provide further emphasis to this corner, strengthening the building’s hospital facing ground level entry and providing views from the corridor and foyer over a minor void space in the planning. The bridge can also be a landmark viewed from Rusden Street.*

*Overall the design will be stand -alone given the existing eclectic nature of architecture across the entire campus. There are elements of good existing design that this building will relate well to however the campus does not have a strong character thread in its existing building stock. The existing heritage character buildings on the site are very distant from this building’s footprint and will be neither impacted upon by this development or have a design influence on it. Clair House and the existing Hospital Entry immediately to the east and west offer no architecturally inspiring attributes. It is considered that the proposed building will be an elegant contemporary contribution to the hospital and the streetscape of Armidale.”*

The overall impact of the height and scale of the proposed new building would be reduce by the generous setback to Rusden Street and established trees in the site’s frontage. As discussed earlier in the report, the height of the building would also be compatible with the established precedent for the ANEH campus.

External finishes of the proposed new building depicted on the submitted ‘3D Views’ are considered satisfactory. Details of final finishes and colours should be confirmed, to ensure an acceptable infill development in the existing streetscape, prior to construction. This can be required as a condition of any consent.

### **Consideration of Crime Prevention through Environmental Design (CPTED)**

The Application has been assessed by the NSW Police (NEW England Local Area Command) having regard to the CPTED Guidelines issued by the former Department of Urban Affairs and Planning (2001) and the current NSW Police “Safer by Design” Manual (2010). These documents promote the key principles of effective surveillance from buildings, access control, territorial reinforcement through design, and effective space management.

## **Consideration of Crime Prevention through Environmental Design (CPTED) (cont)**

The Police have no objection to the development and have provided some general recommendations to assist the developers in achieving a safe environment for future employees and patients. A copy of the advice has been forwarded to the Applicants for their consideration in detailed design for construction.

The need for appropriate measures should also be referenced in any consent issued for the development.

The project SEE states the following in relation to existing crime prevention measures:

*“The existing Management Plan for the hospital will be revised to include the new building and its operations including emergency procedures and evacuations.*

*Armidale Hospital currently has onsite security officers 24 hours per day, 7 days a week. The new building, once operational, will come under the control of the security officers. Their role includes (but is not limited to) CCTV monitoring, lockdowns, responsible to duress, code black and alarm alerts. The existing integrated wireless duress system will be extended to the new building.”*

Generally the proposed development would provide good natural surveillance over the Rusden Street frontage and surrounding land and the complex would have a clear context as part of the Hospital campus.

### **Utility Infrastructure Impacts**

See also 79C (1)(c) regarding the suitability of the site for the development, below.

Council water and sewer utility service capacity at the site is considered adequate for the project and connection to relevant services (including stormwater drainage as discussed above) can be subject of appropriate consent conditions. Electricity and telecommunications services are also available to the site and arrangements for connection will be subject to negotiation by the Applicants with relevant providers.

Council has a Development Servicing Plan for water and sewer services, which provides for developer contributions in connection with related works/increased loading on these services, pursuant to Chapter 6 of the Water Management Act 2000 and s.64 of the Local Government Act 1993.

However in State Government Guidelines on Developer Charges on Water Supply, Sewerage and Stormwater (DLWC, 2002) the NSW Government has advised that Crown development for community services including education and health projects are exempt from general developer charges of this nature. While this may be viewed as cost shifting or local community subsidisation of State infrastructure, Council understands the argument from Government to be that this effective subsidy recognises the local community benefit of the facilities being provided.

No other developer contributions apply to this development.

### **Traffic and parking impacts**

Parking issues have been addressed under Council's DCP Parking Code, above. In relation to traffic impacts, Council's Development Engineer has provided the following advice in a report on the project which is one the DA file to be tabled at the Panel meeting:

## **Traffic and parking impacts (cont)**

*“The hospital complex is bounded by Barney Street in south, Rusden Street in north, Butler Street in the east and O’Dell Street in the west. All the roads are two way two lane roads with parking lanes on either side. All the intersections are controlled by Give Way except the Stop Signs for west bound traffic in Rusden Street at the intersection with O’Dell and Butler Streets. The priority is to Barney Street at its intersection with Butler and this is also critical for an Ambulance requiring quick access via Barney Street to the Emergency section in the Hospital and O’Dell and Butler Street has got priority at their intersection with Rusden Street.*

*Predominant traffic in those streets except in Barney Street is local traffic servicing hospital and other commercial and residential developments in the area. Barney Street is a major distributor road as defined in Armidale Traffic & Transportation Study (Final Report) by GHD April 1996 and carries through traffic to and from western Armidale.*

*I am of the opinion that potential increase in Traffic Generation from the proposed development is within the movement and safety capability of the adjacent and surrounding local road system.”*

## **Social and Economic impacts**

The development also represents a major investment in medical infrastructure for Armidale and the region. The proposal would improve access for the community to modern health care facilities and infrastructure.

The SEE for the project includes the following statement:

*“The ambulatory care and chemotherapy unit will operate under a multi-disciplinary service delivery model. Day to day work practices include networking with hospital based services as well as in collaboration with other service providers including Armidale Hospital, Primary and Community Health Services, General Practitioners, non-government community service providers and other government agencies.*

*Patient treatment services will be delivered in purpose built treatment spaces with appropriate provision for privacy and security to ensure a safe and supportive environment for care delivery. Additional tele-health facilities will also support a range of Primary and Community Health services to smaller more remote rural communities.*

*The proposal will result in an overall positive social impact in the local and regional context. This type of facility and model of care will enhance the provision of specialized health services for patients.*

*New employment opportunities will be created during the construction phase of the project which will inject over \$6 million into the local economy. A project of this magnitude is expected to provide beneficial social and economic impacts on the local economy as well as boosting Armidale’s regional function as a health service centre.”*

The design issues for the development in terms of access by people with disabilities have been discussed previously.

Economically, a project of this magnitude is expected to provide beneficial impacts for the local economy through relevant multipliers both during construction and thereafter, as well as boosting Armidale’s regional function as a health service centre.

**Noise**

The nature and functions of the proposed development are not expected to result in any significant noise levels in the street compared to the current site usage and operation.

Building plant location on Level 03 is located away from the Hospital wards and surrounding residential properties.

No changes are proposed to the existing car parking, access or circulation arrangements for the site and it is not expected that the development would result in unacceptable traffic noise impacts on residential properties in the locality.

The Applicant has indicated in the submitted SEE that the proposed Ambulatory Care and Chemotherapy Facility would generally operate between 8.00am and 6.00pm Monday to Friday. However, it is acknowledged that many parts of ANEH provide a 24 hour service and the proposed new building may be utilised in some capacity outside normal business hours.

Given the location of the proposed building within the ANEH campus and the use of existing car parking facilities, it is not expected that noise from the use of the facility would adversely impact on the amenity of residential properties in the locality. Accordingly, it is not considered necessary to restrict operational hours by condition of consent in this instance.

**Privacy issues**

The proposed new building would be primarily oriented towards Rusden Street and the adjoining Lambert Park to the north of the road. Windows on other building elevations would offer some outlook within the Hospital grounds and to adjoining buildings. The proposed development would not impact on the privacy of adjoining private property.

**Cumulative impacts**

As discussed earlier in the DCP assessment, Council is concerned that the proposal to relocate staff and equipment from elsewhere in the Hospital to the new facility would potentially free up space for further expansion of the number of staff and beds in other areas and associated parking impacts occurring without a further DA assessment process.

While the Applicants have indicated that the development would not result in any increase to the number of staff or beds, it is considered necessary to limit the number of staff and beds in the Hospital generally by condition of any consent, to ensure that existing staffing and patient accommodation levels are maintained and the available off-street car parking is adequate to serve the development.

It is noted that Division 10 of SEPP (Infrastructure) 2007 provides for public authorities to carry out alterations or additions to an existing hospital without consent that could result in an increase in the number of staff employed and patients accommodated of up to 10%.

**Other potential environmental impacts**

The location of the proposed facility would result in the removal of a number of trees currently located on the site. As discussed earlier in this report, Council has no objection to the removal of the majority of the trees sought to be removed for the development. However, two trees to the south of the proposed new building should be retained and protected during construction activities.

Erosion and sediment control measures for the construction phase of the development have been proposed in the Water Management Plans by Northrop Consulting Engineers, and are considered satisfactory.

## **Other potential environmental impacts (cont)**

No other impacts of significance have been identified as part of this assessment. No threatened or vulnerable flora or fauna species have been on the land subject of the development for the purposes of the NSW Threatened Species Conservation Act 1995 (which must be considered pursuant to s.5A of the EP&A Act) nor the Commonwealth Environment Protection and Biodiversity Conservation Act 1999.

### **79C (1)(c) the suitability of the site for the development**

The subject site is considered suitable for the proposed development for the following reasons:

- The land affected by the project is zoned to permit the proposed development and is contiguous with the existing ANEH precinct and readily accessible from the other sections of the Hospital and nearby medical related uses in Butler and Rusden Streets.
- The site is well served by both public bus and taxi services that serve the Hospital. These local services connect with the Armidale Railway Station, suburban areas of Armidale, the University and Airport.
- As indicated previously, the site is generally well served by utility service infrastructure. Reticulated water and sewer, electricity, telecommunications and gas can be made available to development. Council water mains are available in Butler Street and Rusden Street, and sewer and stormwater drainage at the intersection of Rusden and Butler Streets to the east of the site.
- The issue of site contamination has been discussed under SEPP 55 and there has been no basis identified for any remediation activity in connection with this development. There are no other known site hazards from Council's records. The site is not bush fire or flood prone.
- Likewise, the site is not identified as subject to slip or spring hazard in Council's Geotechnical Code. However a geotechnical report has been provided as part of the DA and will inform the construction process. No substantial geotechnical issues or constraints that would preclude the development have been identified in this report.

### **79C (1)(d) any submissions made in accordance with the Act or the Regulations**

#### **Agency submissions**

As noted previously, a submission was received from the Police in relation to the DA. The Police have no objection to the development and have provided some general recommendations to assist the developers in achieving a safe environment for future employees and patients. A copy of the advice has been forwarded to the Applicants for their consideration in detailed design for construction.

#### **Public submissions**

Following receipt, the submitted DA was publicly exhibited in accordance with Council's DCP 2007 – Chapter B3. This included public advertisement in the local print media, a notification sign being placed on the site frontage as well as notification by mail to owners of properties in the vicinity of the site.

The period for response closed on 14 March 2012.

## **Public submissions (cont)**

Submissions from two parties were received during this period and in turn forwarded to the Applicant for consideration and to the Panel Secretariat for the information of Panel members.

Matters raised in the submissions (in italics) are discussed below with assessment comments following:

*1. Concerns about shortage of car parking in and around the Hospital – suggest increase in policing and penalties for parking infringements, and line marking of time restricted on-street spaces.*

Car parking generally has been discussed in detail earlier in this report.

In relation to the other suggestions these will be taken on notice by Council. Council's Ranger Unit currently patrols the hospital precinct on a limited basis. However, penalties for parking infringements where people are visiting the Hospital can be very sensitive emotionally, and greater lenience is generally applied in this area. As discussed earlier in this report, the Applicant has also agreed to a condition of consent for line marking of on-street kerbside parking spaces in the western side of Butler Street.

*2. Request for Council to implement a coherent local traffic management plan for the area.*

Council has taken this matter on notice and will continue to monitor traffic issues generally in the area. Further local traffic management measures would be considered by the Local Traffic Committee should issues arise.

Hunter New England Area Health, as the major traffic generator in the area, have also commissioned their own Parking and Access Strategy from GHD Engineers. The Strategy has a broader application beyond just the subject development proposal. With implementation of the recommendations in the Strategy by Hunter New England Area Health over time, traffic and parking issues in the locality could be expected to improve.

*3. Request for adjoining Lambert Park to be heritage listed.*

The heritage status of Lambert Park has limited relevance to the development proposal, other than the proposed new building's setting opposite the park. Council's Heritage and Urban Design Advisor has advised that Lambert Park is proposed to be included as a heritage item in a new 'Standard Instrument' LEP currently being prepared by Council. The proposed new LEP has not been publicly exhibited at this stage, and therefore Lambert Park does have the status of a draft heritage item.

Notwithstanding the current status of the park, Council's Heritage and Urban Design Advisor is satisfied that the proposed development would no adversely impact on any heritage significance of Lambert Park.

## **79C (1)(e) the public interest**

### **State Plan 2021**

The development is considered consistent with the recently updated State Plan which includes, inter alia, Goal 11 concerned with preventative medicine and Goal 12 to provide high quality clinical services with timely access and an increased investment in infrastructure.

### **Other Local Plans**

Council's Community Strategic Plan has supported the redevelopment of the Hospital campus to provide modern medical facilities for the community, in pursuit of its vision "Excellent Lifestyle, Sustainable Growth". The development would be consistent with this intent.

### **Building Code of Australia requirements**

The new building will need to comply with relevant requirements of the BCA. Section 109R(2) of the EP& A Act provides that:

*“Crown building work cannot be commenced unless the Crown building work is certified by or on behalf of the Crown to comply with the technical provisions of the State’s building laws in force as at:*

- (a) the date of the invitation for tenders to carry out the Crown building work, or*
- (b) in the absence of tenders, the date on which the Crown building work commences, except as provided by this section.”*

Under clause 227 of the Regulation to the Act the provisions of the BCA are prescribed as technical provisions of the State’s building laws.

The submitted application included a BCA Assessment prepared by NewCert. Other than some minor non-compliance regarding accessible sanitary facilities and fire safety measures, the report concluded that the proposed new building could comply with the BCA.

Certification of compliance with the BCA for this project before and during construction will be the responsibility of the Crown agencies involved in the project.

### **Ecologically Sustainable Development**

A relevant aim of the Council’s LEP (clause 2(f)) is to ensure that development has regard to the principles of ecologically sustainable development (ESD).

ESD is defined in NSW Legislation (for example the Dictionary to the Local Government Act 1993), and involves consideration of the following principles and programs:

- (a) the precautionary principle - namely, that if there are threats of serious or irreversible environmental damage, lack of full scientific certainty should not be used as a reason for postponing measures to prevent environmental degradation. In the application of the precautionary principle, public and private decisions should be guided by:*
  - (i) careful evaluation to avoid, wherever practicable, serious or irreversible damage to the environment, and*
  - (ii) an assessment of the risk-weighted consequences of various options,*
- (b) inter-generational equity - namely, that the present generation should ensure that the health, diversity and productivity of the environment are maintained or enhanced for the benefit of future generations,*
- (c) conservation of biological diversity and ecological integrity - namely, that conservation of biological diversity and ecological integrity should be a fundamental consideration,*
- (d) improved valuation, pricing and incentive mechanisms - namely, that environmental factors should be included in the valuation of assets and services, such as:*
  - (i) polluter pays - that is, those who generate pollution and waste should bear the cost of containment, avoidance or abatement,*
  - (ii) the users of goods and services should pay prices based on the full life cycle of costs of providing goods and services, including the use of natural resources and assets and the ultimate disposal of any waste,*
  - (iii) environmental goals, having been established, should be pursued in the most cost effective way, by establishing incentive structures, including market mechanisms, that enable those best placed to maximise benefits or minimise costs to develop their own solutions and responses to environmental problems.*

The project SEE states:

*“Ecologically Sustainable Development (ESD) has emerged as the primary objective of environmental protection in NSW. Sustainability encompasses a range of considerations under the principles of Ecologically Sustainable Development.*

*The development within the existing urban footprint of the hospital grounds is generally consistent with sustainable patterns of land use. A number of specific measures will be incorporated into the development in order to address ESD principles including:*

- *High quality level of thermal insulation for the facades and roof elements;*
- *Efficient and sustainable heating and cooling systems;*
- *Passive solar design principles;*
- *Sun shading or control devices where necessary;*
- *High volume/quality fresh air supply integrated into the mechanical systems with options for outside air ventilation mode operation;*
- *Natural lighting;*
- *Glare control;*
- *Rainwater collection and reuse;*
- *Dual flush toilets and water efficient hydraulic fittings;*
- *Energy efficient lighting, lighting control systems and equipment selection;*
- *Sustainable selection of materials; and*
- *Low VOC paint (creating less emissions and less odour).*

*The development also represents a major investment in medical and education infrastructure for Armidale and region and is supported in improving the region’s sustainability on that basis.”*

Overall, the proposed development is considered satisfactory having regard to the principles of Ecologically Sustainable Development



## Assessment Conclusion

The development involves a major investment in providing new medical infrastructure for Armidale and the region, which is welcomed.

The proposed development is for a use which is permissible with consent under the Council's LEP and complies with statutory planning controls.

In relation to local policy controls in Council's DCP 2007, the proposed Ambulatory Care and Chemotherapy Facility does not comply with numeric height controls for the site. The building height control in the DCP is exceeded by 0.5m above the 9m limit to the upper floor ceiling from natural ground.

However, having considered the minor extent of the proposed variation and the established building height precedent within the ANEH campus, no objection is raised to the variation to DCP controls.

The submitted proposal seeks consent for the removal of nine mature trees within and adjoining the building footprint. An assessment under the tree preservation provisions of the LEP has been carried out in relation to the relevant trees. Council's assessment concludes that the loss of the trees within the building footprint would be adequately compensated for by the establishment of proposed new trees and landscaping as detailed in the submitted landscape plans, subject to final details.

However, two of the existing trees marked EX.r7 and EX.r9 on the submitted plans are located clear of the proposed building works and any utility service mains, and it appears that their removal is unnecessary. It is recommended that these particular trees be retained and protected from damage during construction, due to their streetscape contribution, good health and rarity. The Applicant has agreed to accept a condition of consent requiring the retention of these trees.

While the proposed development demonstrates numerical compliance with applicable Council and RTA parking requirements, it is apparent from both the investigations undertaken by GHD and also Council officers that on-street kerbside parking on the adjoining public roads is heavily utilised in association with the Hospital's activities. The existing off-street parking within the ANEH campus also appears to be under-utilised due to lack of awareness and deficiencies in the existing layout, line marking and signage within the parking areas.

The DA has also been submitted on the basis that the development would provide for relocation of existing staff and services to the proposed new building, and there would be no intensification of the existing level of employment or number of beds provided within the facility. On this basis, is it considered important that the existing staffing and overnight patient accommodation levels for the (Public) Hospital remain at current levels. The Applicant has agreed to a condition of consent that would limit such numbers.

With this restriction in place, and associated improvements to the existing off-street and on-street parking in the locality, as discussed in this report, it is considered that the existing car parking would be sufficient to serve the proposed development.

Submissions from two parties were received as a result of public notification of the Application, principally raising issues in connection with parking and traffic management and local heritage issues. These submissions have been considered as part of the assessment and the issues raised generally require longer term action by Council rather than implications for the proposed development.

As a result of this assessment, the proposed development is recommended for conditional consent. **Appendix 3** to this report contains all relevant conditions identified throughout the assessment process and as discussed in this report. The Applicant, as a Crown agency, approved the proposed conditions on 2 May 2012, as required pursuant to s.89(1)(b) of the EP & A Act.

### **Recommendation**

- (a) That having regard to the assessment of the Application and the approval of the Applicant to the proposed conditions of consent pursuant to Section 89(1)(b) of the EP & A Act, DA-170-2011 (JRPP ref 2011NTH028) be granted consent in the terms set out in Appendix 3 to this report.**
- (b) That the persons that made submissions in relation to the Application be notified of the determination in writing.**

Chris Gardiner  
**Town Planner, Armidale Dumaresq Council**

Armidale, 3 May 2012