

COMMUNITY GAIN.

(Heade)

19th.

1

copy

**IN THE MATTER OF AN APPLICATION TO  
AN BORD PLEANÁLA  
FOR PERMISSION FOR  
STRATEGIC INFRASTRUCTURE  
DEVELOPMENT  
(THE CHILDREN'S HOSPITAL OF  
IRELAND)**

**ABP Reg. No. PL29N.PA0024**

**AND IN THE MATTER OF AN ORAL HEARING**

**Statement of Evidence of Paul Heade  
On the subject of Public Consultation, Public  
Participation and Community Gain**

**Date 19/10/11**

**1. IDENTIFICATION AND ROLE**

My name is Paul Heade

I am giving evidence to assist the Oral Hearing on the topics of public consultation, public participation and community gain in connection with the Children's Hospital of Ireland project.

**2. PROJECT ROLE**

My role is Project Manager on the Children's Hospital of Ireland project and I am responsible for managing the design, procurement and construction of the Children's Hospital development.

The Project Management Team has facilitated the meetings between the local residents, the Children's hospital Executive and input from the Design Team, specialists and the Community Advocate.

**3. ENGAGEMENT WITH LOCAL RESIDENTS ASSOCIATIONS.**

The Project Management Team commenced on the Children's hospital project in March 2009.

Having introduced ourselves to the Mater Misericordiae University Hospital and their project team – the Mater invited the Children's hospital project team to attend their regular 6-weekly meetings with the local residents associations. The Children's Hospital of Ireland (CHoI) project team representatives attended the Mater local resident meetings during 2009 in order to introduce ourselves to the residents.

The Integrated Design Team was appointed in October 2009 and the Concept Design for the new Children's Hospital of Ireland was completed in Feb 2010.

The Children's Hospital project team agreed to commence their own series of meetings with local residents in February 2010.

The first Children's Hospital local residents meeting was held in March 2010 when the Design Team presented the concept design to the local residents.

Concerns were expressed by the residents at the height and scale of the development.

The next meeting was held with the local residents in April 2010 and preliminary shadow studies, car-parking arrangements, etc were presented to the local residents by the Design Team.

Discussions commenced between the Children's Hospital project team and the local residents on how the new development could integrate with, and contribute to the local area and local amenities. Again, the local residents expressed their concerns over the height and scale of the development. The Children's Hospital project team explained to the local residents that, in order for the hospital to function as a secondary and tertiary care hospital, and to deliver the benefits for being co-located with an adult hospital it requires this quantum of space. The hospital is being built in line with best international standards and as such, is not excessive in either scale or height.

Some European hospitals in Belgium, Holland and Denmark, had used the services of a "Community Advocate" as a direct interface with the local area and local residents. The project team suggested this to the local residents as a mechanism to directly engage with the local residents in order to develop ideas and proposals to assist in the integration of the new hospital with the local area. The Community Advocate would be funded by the Children's Hospital but would be independent and would attend and chair meetings with the local residents.

The local residents proposed a number of companies to carry out this role and terms of reference were agreed with the local residents. These companies were then requested to submit a tender for this work.

John Spain Associates (Town Planners) were awarded the 12 week contract as Community Advocate in June 2010.

A series of weekly meetings took place between the Community Advocate and the local residents during July and Aug 2010.

During July 2010, the project team presented and circulated a draft of the Early Enabling works planning package to the local residents and advised the local residents that the Children's Hospital would submit the Early Enabling works planning application to Dublin City Council in Aug 2010. This would be followed by submission of the main Hospital planning application in Sept 2010.

Madam Inspector, in August 2010, the Strategic Infrastructure planning legislation was amended to include healthcare facilities and the Children's Hospital planning application strategy was altered accordingly. A meeting was convened with the local residents in August 2010. RPS, the Planning consultant, presented the changes to the planning legislation to the local residents and answered questions from the local residents in connection with these changes.

In September 2010, the Community Advocate, John Spain Associates issued the Community Gain Report, prepared on behalf of the local residents associations, which outlined a list of community gain proposals and a list of concerns in relation to the Children's Hospital development.

Regarding the list of concerns raised in the Community Gain report, the project team agreed to arrange presentations to the residents by the relevant specialists in order to present information on these concerns to the local residents.

In September and October 2010, presentations were made to the local residents by the Design Team on the following topics:

<b>Topic</b>	<b>Presentation by</b>
Impact of the development on the local Water Table	OCSC
Impact of the development on mains water pressure in the area	OCSC
Impact of the development on drainage and sewage in the area	OCSC
Traffic and car-parking	OCSC
Treatment of Eccles St	OCM
Visual impact and height	OCM

OCSC = O'Connor, Sutton, Cronin Consulting Engineers

OCM = O'Connell Mahon Architects

In December 2010, presentations were made to the local residents by specialists on the following topics:

<b>Topic</b>	<b>Presentation by</b>
Wind Studies	OCSC / RWDI
Overshadowing Studies	ARC

The meetings held with the local residents during 2010 were attended by local resident association representatives.

The project team wished to present the development to a wider local resident's audience prior to submission of the main planning application to An Bord Pleanála. It was agreed to arrange 2 Information Open Days where the drawings, site layouts, elevations, details and model would be displayed, local residents could come along to view these and ask questions of the project team and design team

The Mater Misericordiae University Hospital offered their conference room in the Mater hospital as the local venue for these Information Open Days.

Invitations and Flyers (4500 no.) were issued in the locality and the Information Open Days were held on 20 January 2011 and 8 February 2011. Residents, Mater hospital staff and local councillors attended the Information Open Days and were brought through the drawings, elevations and details. The project team and design team answered any questions asked by the attendees. Approximately 120 people attended the 2 Open Days.

Following on from the Information Open Days, a general election took place and subsequently, the new Minister for Health and Children requested a review of the project take place. The Planning submission was put on 'hold' while the Independent review was underway. No meetings took place with local residents during the Independent review period.

On completion of the Independent Review of the project in early July 2011 confirming that the Mater site was the most appropriate location for the new Children's hospital, the Minister for Health and Children, Dr. James Reilly instructed the project team to lodge the planning application with An Bord Pleanála as soon as possible.

A meeting with local residents, local councillors and local TDs was held on the 19 July 2011 in order to inform them of the outcome of the Independent review and the decision to lodge the Planning submission with An Bord Pleanála.

RPS, the Planning consultants, outlined the Strategic Infrastructure Development Act planning process regarding the opportunity for local residents to lodge observations with An Bord Pleanála, attend Oral Hearing, etc.

The traffic consultant presented an update on traffic information and car-parking to the local residents at this meeting.

The Planning application was lodged with An Bord Pleanála on 20 July 2011.

The project team wished to complete engagement with the local residents on the Community Gain proposals.

A meeting was held with local residents on 30 August 2011, attended by local residents, local councillors and local TD. At this meeting, the NPH Executive outlined the Community Gain proposals which they could fund and also those proposals which they could not accommodate.

Follow-on meetings were held with the local residents of Leo St on 7 Sept 2011 and 20 Sept 2011 regarding setting up a local Community Gain fund to be provided by the Children's Hospital for improvements to the area.

#### **4. SUMMARY OF CONCERNS RAISED BY LOCAL RESIDENTS**

Throughout the local resident meetings, local residents expressed a number of concerns arising from the new development. These issues, as noted at the local residents' meetings, have been captured in the community gain proposal report prepared by John Spain Associates on behalf of the local residents.

The impacts causing concern were grouped under four headings:

- Design
- Operational
- Environmental
- Engineering.

The design issues raised included excessive height, resulting in daylight and sunlight impacts. The shadow studies were presented by the design team to the local residents in April and May 2010. At the request of the local residents, an

independent consultant - ARC consultants, were subsequently commissioned to carry out an independent study of the overshadowing and daylight impacts. ARC presented these studies to the residents in December 2010. The studies have also been included in chapter 9 of the EIS, Climate & Microclimate.

Excessive height was noted as a concern in terms of the visual impact in the area, overlooking and overbearance. The hospital model was presented and the issues were discussed with OCM architects in October 2010. These issues have been addressed in EIS Chapter 11, Landscape and Visual Impact Assessment and Chapter 5, Human Beings and the Architectural Design Statement.

Concerns were raised in relation to the treatment of Eccles Street and were discussed and reviewed with OCM Architects in October 2010. Eccles street plans were also displayed at the Open Days in held in January and February 2011. The details are included within the landscape report and the relevant drawings submitted with the planning application.

Glare and light pollution impacts were noted as a concern. Subsequent to this, a glare and light pollution study was undertaken and is included in Chapter 9 of the EIS, Climate and Microclimate.

Accessibility and permeability of the development was also raised as a design issue and was discussed with OCM Architects in October 2010. The details of this are included in the Site Masterplan.

The engineering issues raised include the impact on water pressure, sewage infrastructure, water table and protected structures. OCSC discussed these topics with the residents in September 2010. Water pressure and sewage infrastructure are addressed in Chapter 12 of the EIS, Material Assets and in the Engineering Services report. Water table impacts are addressed in chapter 7 of the EIS, Soils and Hydrology. Impacts on protected structures are included in chapter 14 of the EIS, Architectural Cultural Heritage, in the Architectural Design Statement and in the Protected Structure Drawings.

Issues relating to construction traffic, operational traffic and parking were noted by the residents. OCSC addressed these issues with the residents in September 2010 and again in July 2011. These topics have been dealt with in chapter 13 of the EIS, Traffic and Transportation Impact Assessment.

Environmental issues raised include wind, noise pollution and dust. Wind study analysis was presented to the residents in December 2010 and is included in Chapter 9 of the EIS, Climate and Microclimate. Noise and vibration is addressed in chapter 10 of the EIS, Noise and Vibration and dust in addressed in chapter 8 of the EIS on Air.

The operational issues noted include management of patients, working hours, community liaison and the allocation of a smoking area. The residents were

informed that the construction phase of the hospital, in preparation for operational readiness, is a four year period. The operational impacts have been noted and it has been agreed that these will be reviewed in advance of the hospital opening, with the residents and the Operational Board of the Hospital, when the Operational Board has been appointed.

Additional operational impacts noted include the impact from the campus helipad and the impacts resulting from the development of future hospital facilities on site i.e. transfer of the Rotunda Hospital. The residents were informed that these do not form part of the current planning application.

In addition to the issues listed in the Community Gain Proposals Report, the residents also expressed concern in terms of lack of compliance of the development with the LAP. This point was continuously raised by local residents at meetings. RPS endeavoured to address this concern at a meeting with the residents in August 2010.

Concerns were also raised regarding lack of clarity as to who the responsible party is in the event of any adverse effects to property during construction.

While it is not envisaged that any damage will occur, the Children's Hospital Development Board has agreed the provision of an insurance scheme, to allow residents to claim for any damage to property arising as a result of the construction phase.

The concerns described above have been included within Observations submitted by local residents

## **5. SUMMARY OF COMMUNITY GAINS**

The construction of the new children's hospital at the site of the Mater Hospital on Eccles Street requires an investment of approximately €650 million which will have a positive knock-on effect for the local community.

The future hospital will be a world-class facility designed to provide excellence in the delivery of clinical services for children and young people across Ireland and secondary care services for children and young people in the Greater Dublin Area. It will be a legacy to our children and an important architectural landmark in the city of Dublin.

There will also be an ongoing positive economic impact from the development of the national paediatric hospital within this community, expected to directly employ approximately 3,000 people.

In addition to these positive community impacts the Children's Hospital Board is also committed to the development of a community gain programme to enhance the local vicinity and to provide for support facilities and services which could be of benefit. The community Advocate, John Spain Associates, identified a list of potential community gains in consultation with the local residents. These proposals have been

recorded in the Community Gain Proposal report. Over the last year the Children's Hospital has engaged directly with residents to respond to the series of proposals raised.

The Children's Hospital has considered the proposals raised by local residents in detail and are committed to delivering on:

- a) Employment for local residents as part of the construction phase. A requirement will be included in the contractor tender documents stipulating that 5% of construction workers will be employed from within the local area during the construction phase of the project
- b) Improvements to the road network and street scaping along the Eccles Street area as outlined in our recent planning application. Discussions have already taken place with Dublin City Council on landscaping work for Eccles Street
- c) Provision for additional security with the deployment of 24 hour CCTV on Eccles Street and northern Nelson Street. Provision for security cameras along other areas is also to be discussed with the Mater Adult hospital
- d) Appointment of a site construction co-ordinator to liaise directly with residents and manage any concerns raised during the construction period
- e) Provision of a number of bicycle parking spaces within the newly constructed hospital car-park
- f) Provision of a insurance scheme to allow residents claim for any damage to property arising as a result of the construction phase

There were a number of additional requests which the Children's Hospital Development Board considered in detail. While we are confident that these will be addressed, they can only be approved by an operating board of the new Hospital which has yet to be established. These include access to lecture theatres for healthcare lectures, notice boards for local businesses and local events, a liaison officer during the operational phase of the hospital and access to public internet facilities within the hospital. As approximately 3,000 staff will be employed by the new children's hospital, it is anticipated that this will generate employment opportunities for local residents. The Children's Hospital Development Board is not in a position to make a commitment on local employment but will bring this and the other issues raised forward for consideration in due course by the operating board of the new hospital.

The Children's Hospital has also reached the conclusion that it will not be possible to make a commitment on the delivery of a number of additional requests by local residents. Many of these are matters for consideration by external bodies and others are simply not feasible from an operational / safety / security perspective. These are as follows:

- a) Designation of particular streets for residents only parking and improvements to additional local streets. This is a matter solely at the discretion of Dublin City Council.



- Primary Care
- b) It will not be possible to provide access to internal hospital facilities, be it the recycling area, hospital library or open spaces provided for children attending the hospital and their parents, due to health and safety and security considerations.
  - c) Crèche facilities will not be provided directly adjacent to the hospital although we will be looking at potential external providers to outsource this service to.
  - d) The Children's Hospital is not in a position to make a fund available for the buy-out or compensation of local residents.
  - e) There will be no provision for a primary care facility within the main hospital campus as this is a national paediatric facility only. A primary care facility is located within 2km of the hospital at North Strand, Dublin 1.
  - f) The development of a district heating system for Leo St., Leo Avenue and Josephine Avenue. We have considered the options for implementation of this scheme and have unfortunately concluded that it will not be feasible to proceed with a heating system of this nature.

## 6. COMMUNITY GAIN CONDITIONS AND THE CHILDREN'S HOSPITAL OF IRELAND

Madam Inspector, in the event that An Bord Pleanála decides to grant permission to the Children's Hospital of Ireland, the NPHDB wishes to propose the following community gain condition to An Bord Pleanála for consideration:

Prior to commencement of development, a community liaison committee shall be established to liaise between the developer and the local community in relation to ongoing monitoring of the operation of the proposed development.

The membership of this committee shall reflect membership of the local community of the Phibsborough/ Mountjoy area, Dublin 7 (including the streets immediately adjacent to the Mater campus such as Leo Street, Leo Avenue, Josephine Avenue, Berkeley Road, Eccles Street and Nelson Street, Dublin 7) and shall include three members of the local community, two elected representatives of Dublin City Council, two officials of Dublin City Council and two representatives of the developer.

Two of the three local community committee members should be from Leo Street, Dublin 7. Full details of the committee shall be notified to An Bord Pleanála upon appointment.

Dublin City Council shall have responsibility for the administration of the community gain fund account and for decisions on projects to be supported by the fund. The community liaison committee shall have responsibility to advise Dublin City Council in this regard.

A community gain fund shall be established to support facilities and services which shall be of benefit to the community in the vicinity.

The fund shall be made up of five annual payments of €200,000 per annum up to a maximum total of €1,000,000 over the course of development (with payments beginning on commencement of construction of the proposed development). A significant proportion of the community gain fund shall be expended in relation to the Leo Street/Josephine Street/St. Joseph Street and Leo Avenue area in Dublin 7. The fund should be expended on infrastructure, environmental, recreational or community facilities which shall be of benefit to the community in the area.

Details of the management and operation of the community gain fund, which shall be lodged in a special community fund account, shall be agreed between Dublin City Council and the community liaison committee.