



DONABATE / PORTRANE COMMUNITY COUNCIL SUBMISSION IN RESPECT OF THE APPLICANT'S RESPONSE TO 3RD PARTY SUBMISSIONS IN RESPECT OF AN BORD PLEANÁLA SECTION 37E PLANNING APPLICATION, REG. REF. PL06F.PA0037 WHICH COMPRISES OF A STRATEGIC INFRASTRUCTURE DEVELOPMENT FOR THE PROPOSED NATIONAL FORENSIC MENTAL HEALTH SERVICE (NFMHS) HOSPITAL AT ST. ITA'S HOSPITAL, PORTRANE, COUNTY DUBLIN.

THIS SUBMISSION REPRESENTS THE COMBINED RESPONSES OF ALL CONSULTED MEMBERS OF THE COMMUNITY TO THE SIGNIFICANT FURTHER INFORMATION SUBMISSION WHICH WAS LODGED BY THE APPLICANT ON 16TH FEBRUARY 2015.

THIS SUBMISSION HAS BEEN PRODUCED BY BPS FOR AND ON BEHALF OF THE **DONABATE PORTRANE COMMUNITY COUNCIL.**

bps planning consultants

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1.0 INTRODUCTION:

- The Donabate Portrane Community Council acknowledges receipt of the letter sent by An Bord Pleanála on the 21st of January 2015 in respect of the proposed National Forensic Mental Health Service Hospital strategic infrastructure development application. This letter from the Board confirmed that there would be no Oral Hearing in relation to the above mentioned application (this matter is addressed in Section 1.1).
- The Community Council understands that the applicant received a similar letter, which also asked them to respond to all the submissions made by third parties, with a response due by the 11th of February 2015. This date was apparently later extended to the 16th of February 2015.
- The Community Council also acknowledges receipt of the letter sent by An Bord Pleanála on the 20th of February 2015 which provided notification that: “A response was received from the applicant on 16th February 2015”. This letter also confirms that the Board has determined that the submitted documentation contains Significant Further Information. Point (c) of the letter received notes how the Board is: “required to invite further submissions or observations to be made within such period as it may specify”. The letter specifies that this submission must be received by the Board no later than 5:30pm on Wednesday, 11th of March, 2015
- The Community Council further acknowledges receipt of a letter from An Bord Pleanála dated 27th of February 2015, which states that following a request from Fingal County Council, the: “Board has extended the time period for the making of submissions/observations. The time period has been extended to on or before 5:30pm on Monday, 23rd March, 2015”.
- This submission responds to the Significant Further Information which has been lodged with An Bord Pleanála. The submission refers to points relating to: (i) the implications of the proposed development for proper planning and sustainable development of the area concerned, (ii) the likely effects on the environment of the proposed development, and (iii) the likely significant effects of the proposed development on a European site, if carried out.
- The Donabate Portrane Community Council has appointed bps Planning Consultants to make this submission to An Bord Pleanála, in respect of the Significant Further Information which was submitted on the 16th of February 2015, in respect of a Section 37E Strategic Infrastructure Development planning application, reg. ref. PL06F.PA0037, for a proposed 170 bed National Forensic Mental Health Services Hospital on lands at St. Ita's Hospital. This submission represents the combined responses of all consulted members of the community to the applicant's significant further information submission.
- This submission is made before the final date for submissions which is no later than on or before 5:30pm on Monday, 23rd March, 2015.

1.1 THE NEED FOR AN ORAL HEARING:

- The Community Council wishes to note its disappointment at the Board's decision not to hold an oral hearing.
- The Board's website provides guidance for applicants in respect of Strategic Infrastructure Development. It states in Section 5.7.3 'Oral hearings and meetings' – “While it is the policy of the Board to generally direct the holding of an oral hearing in such cases it may not do so in all cases”.¹
- The Community Council understood this to mean the Board would usually, that is, almost certainly, hold an oral hearing in respect of a SID planning application.² Indeed, even the applicant, the Health Service Executive, told the community at a public meeting in Donabate that it was very likely that an oral hearing would be held, as is the case with most strategic infrastructure applications, and people would have the opportunity to express their concerns.³ For example, at the public meeting held on the 20th October 2014 at 8.30pm, the applicant's presentation stated: “Oral Hearing likely to take place in Jan. 2015”. This has unintentionally misled the community. The applicant is also apparently surprised by the Board's decision not to hold an oral hearing, but as

¹ <http://www.pleanala.ie/sid/sidapp.htm>

² Synonyms given by the Oxford Thesaurus for “generally” include: as a rule, typically, commonly, customarily, largely, mostly, normally, ordinarily, almost always, etc. (see: <http://www.thesaurus.com/browse/generally?s=t>)

³ <http://donabateportranecommunity.com/wp-content/uploads/2014/10/141020-NFMHS-Public-Information-Meeting-Presentation.pdf>
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it is the same planning consultant firm as represented the applicant in the National Paediatric Hospital SID planning application, it is understandable that they would expect an oral hearing to be held.

- Why might everyone involved have expected an oral hearing? Section 8.10 of the ‘Development Management Guidelines for Planning Authorities’ (DoEHLG, 2007⁴) states: “The Board ... will normally hold one ... where it considers that **significant national** or local issues are concerned, or where it considers that in a case involving **significant national** or local issues” [emphasis added]. This is a national scale hospital project being considered as a SID project. How much more national can the issues be to justify the holding of an oral hearing? The most recent equivalent case was the National Paediatric Hospital SID planning application and a “substantive”⁵ oral hearing was held in that case which lasted ten days (excluding the one day “preliminary” oral hearing).⁶ The community proposed to receive that hospital benefitted from the opportunity to present, etc. at an oral hearing, but the Donabate / Portrane community has been denied this opportunity. The Community Council asks on what basis this can be justified.
- The Community Council is concerned to advise the Board that there are members of the community who consider that the decision not to hold an oral hearing suggests a fair hearing is not being given to the community’s concerns; that, in effect, a decision has already been made. One national newspaper has carried this story.⁷
- The oral hearing would have provided an opportunity for the Donabate / Portrane community to fully express and to seek clarification with respect to its concerns. The Further Information request issued by the Board to the applicant has not resulted in this clarification. In fact, it has resulted in repetition of the original planning submission and either denial or inflexibility when addressing the real issues which would face the community if this project proceeded.
- This submission sets out how the applicant’s further information submission is deficient. However, an oral hearing would have aired these issues in a forum where the applicant had to provide clarity, as direct questioning would have required this. The current process of the applicant responding to issues raised and the community responding to those responses is allowing the applicant to increasingly obfuscate the planning application process. An oral hearing continues to be required in respect of this significant national project. The Community Council requests that one be held.

2.0 SUMMARY OF THE COMMUNITY COUNCIL’S RESPONSE TO THE APPLICANT FI SUBMISSION:

- The Community Council has reviewed in full the applicant submission. Having done so, it was considered necessary to engage a roads and traffic consultant to undertake an objective assessment of the project. Taking into account the advice received from bps, from the traffic consultant and based on discussions held by the Community Council members and its Sub-Groups, **the Community Council must again state that it cannot support this planning application, as submitted by the applicant.**
- Further, arising from the substantial and negative community response to the Further Information submission made by the applicant to the Board, the position of the Community Council is now altered. **The Community Council now opposes in principle the development of the National Forensic Mental Health Service Hospital at St. Ita’s.** The Community Council is therefore now wholly opposed to both the principle of the proposed development at St. Ita’s and also to the current planning application. The NFMHS Hospital should not, regardless of any planning application revisions which may be further made by the applicant, be located at St. Ita’s.
- In again stating this, the Community does so to emphasise how the impact of a decision that this project will not proceed would not have any impact on the community, while a decision to grant it would have unacceptable impacts on the community. A decision to refuse planning permission would in fact serve to provide the applicant

⁴ <http://www.environ.ie/en/Publications/DevelopmentandHousing/Planning/FileDownload,14467,en.pdf>

⁵ See references to the “preliminary” and “substantive” oral hearings in the Planning Inspector’s Report. This report places considerable emphasis on the discussion which took place at the oral hearing. It could reasonably be argued that the planning assessment provided in that report would not be complete were references to the oral hearing removed and not relied on throughout.

<http://www.pleanala.ie/casenum/PA0024.htm>

⁶ A preliminary oral hearing was held at the offices of An Bord Pleanala on 5th October 2011 in order to assist in devising an order of business for the substantive hearing. The substantive oral hearing in respect of the application was held firstly at All Hallows College in Drumcondra and subsequently in the offices of An Bord Pleanala on 17, 18, 19, 25, 26, 27, 28 October & 1, 2, 3 November 2011.

⁷ <http://www.independent.ie/regionals/fingal/independent/news/no-to-hospital-plan-hearing-30938326.html>

with pause to re-consider the siting of the proposed development and the content of the planning application, as submitted. As Section 6.7.2.1 “Worst case’ impact” of the EIS notes: “... failure of the proposed development to proceed ... will not lead to any profound, irreversible or life-threatening consequences. In these circumstances no further consideration of this scenario is necessary in respect of community, employment or population issues”.

- The reasons for the Community Council’s informed position include:
 1. The applicant made no attempt to engage with the Community Council during the period in which this Further Information submission was produced. In its original submission, the Community Council suggested: “the applicant should engage in meaningful consultation by way of workshops”. But no contact was made at all. This suggests that the Board would need, in the event of a grant of planning permission, to apply community liaison conditions to ensure the applicant actually worked with and not in spite of the community.
 2. The proposed development would significantly impact on the local road network causing traffic problems over many years. The Community Council has produced a video which highlights the existing deficiencies with the local road network – this video is attached to this submission in Appendix 1.⁸ The Community Council asked a local resident who drives a HGV to drive the proposed construction and operational traffic routes on a Saturday morning (not at peak times) such that the community’s concerns could be fully illustrated. The results provide the driver’s and the pedestrian’s perspectives. The video highlights how local roads cannot, on capacity or safety grounds, facilitate this project.

Mitigation measures listed by the applicant are less to reduce the impact on the local community than to ensure the local road network has the capacity, with impacts, to be used as the only construction access route. Measures such as road widening (requiring third party lands – but no details are provided of any discussions with the owners, etc.), permanent traffic lights, single access lanes, etc. are not acceptable to the Community Council. The R126, and the local roads it connects to, does not have sufficient capacity to serve the proposed development at construction and operational stages without the impacts of congestion being experienced by the community. No traffic management plan, mobility management plan, changes in working hours or other mitigation measures, etc. can change the fact that St. Ita’s is served by roads which are badly in need of upgrading and whose full capacity is needed to serve the existing community’s daily needs.

The Community Council continues to consider the proposed development to be premature pending the agreement of an alternative construction access route. The Community Council’s preference is for the distributor road to be built such that the risks and impacts associated with construction traffic passing through Donabate – bridge issues, etc. – are avoided and not placed as a burden on the community.

The applicant has demonstrated, in this further information submission, an unwillingness to provide such a route. The submission is fashioned in negative terms and designed to avoid providing this route. The Community Council asks that the Board adjourn further consideration of this planning application such that the applicant may be asked to return with a workable alternative construction access route which can be conditioned to be put in place prior to the commencement of construction.

The Community Council has reviewed the options provided by the applicant to date for an alternative construction access route. Alternative B is the least worst, while Alternative A is the worst as it is not enough.

3. The Community Council and Fingal County Council have recommended community gain proposals, which if applied by the Board as conditions, would go some way to compensate the community for the negative impacts which are anticipated for the area. The applicant has sought to dismiss such conditions and strongly argued, notwithstanding that no development levies will be paid (as apparently the HSE is a charity), that no such condition(s) should be applied. The Community Council and those it represents submit that the applicant should have budgeted for such a condition, which as this submission highlights, is common in SID applications. The Community Council is not asking for anything unreasonable but the applicant response has responded negatively. The applicant wants to impose this project on the area

⁸ This video can also be watched via the following Internet link:

<https://onedrive.live.com/redir?resid=BB671777315FFDE1!28493&authkey=!AAa1ZLNIB5fUNIE&ithint=video%2cmp4>

without any recognition of its impacts. The Community Council considers that the FCC proposals with respect to community gain condition are wholly reasonable.

4. The Community Council remains concerned that the proposed development's location at St. Ita's runs contrary to national and regional planning policy, but also to contemporary mental health policies which seek to avoid the development of isolated and segregated facilities located outside of any settlement. This is a national level hospital which, for the benefit of its patients, its staff and its visitors should be located in an urban area - thereby meeting objectives set down in the National Spatial Strategy and the Regional Planning Guidelines. To do otherwise would be to condemn the patients of the future NFMHS Hospital to a future removed from society. **The applicant is proposing a 21st Century hospital at a 19th Century location.**

The reasons for choosing the St. Ita's location, as articulated in the applicant submission, are wholly reminiscent of the reasons given in the 19th Century for doing likewise. History should not be allowed to repeat itself in what is a Victorian era location. The Eastern Health Board's 'Estate Management Department' produced a report named 'Draft proposals for the Future of St. Ita's'⁹ in 1998 – this report dismissed the idea of St. Ita's being the location of a national facility again in the future. The only HSE type use considered possible for the site was, "sheltered housing and community based care".

The Community Council notes how the applicant's further information submission accepts that the proposed development could be completed in the site which forms the location of the existing CMH in Dundrum; only it would take longer and be a difficult build. The Community Council asks that the Board consider the best long run location for the NFMHS Hospital. The Community Council set out in its original submission why it believes the Dundrum site to be the best option. Any objective assessment would agree, as would national and regional planning policy, as would the patients, staff and visitors of the existing CMH in Dundrum.

Regrettably, Donabate Portrane Community Council considers that this planning application suffers from unwillingness to accept non-compliance with planning policy of the type which led to the refusal of the National Children's Hospital by An Bord Pleanála. That is, the applicant planning consultant team argued then that a very large hospital had to be located in one city centre location above all others irrespective of the fact that this location choice made it inconsistent with many planning policies – they did so as this was the client's chosen location (the HSE).

In the current instance, the applicant planning consultant team argues that a proposed national hospital doesn't have to be located in a city centre location at all (one standard for one national hospital and another for this one) so long as it is located at the choice of location made by their client – irrespective of the fact that this flies in the face of national and regional planning policy. Even the variation map produced by Fingal County Council illustrated how the area of the variation is rural. It is not located within the boundaries of Donabate or Portrane villages. Section 3.1 of this submission highlights how the Board does not even grant nursing homes in such locations.

5. The Community Council is concerned to ensure that, in the event of a grant of planning permission, there is community involvement in the process of reviewing, on an ongoing basis, the construction operations involved in the carrying out of the proposed development. The proper implementation of planning conditions (hours/days of operation, restrictions on the number of commercial vehicles - to that predicted by the applicant, restrictions on air emissions, restrictions on noise and vibration, etc.), restrictions on commercial vehicle movements, noise and vibration monitoring, decisions on when the applicant should be allowed to work outside of agreed working hours / days, decisions on when to allow large loads to travel to the site, decisions around when temporary traffic management is needed and where, the management of decisions around when utility connections will be made, the handling of community complaints, etc.

Critically, the community needs to be involved in the development and implementation of the Construction Management Plan(s).

The Community Council respectfully requests that, in the event planning permission is to be granted, that a condition such as that below be applied:

⁹ See: <http://lenus.ie/hse/handle/10147/45703>
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Prior to commencement of development a community liaison committee shall be established to liaise between the developer and the local community. The membership of the committee shall include representation from two elected members of Fingal County Council, two officials of Fingal County Council, three members of the local community and two representatives of the developer. The community liaison committee shall have responsibility to act as a liaison committee with the local community in relation to ongoing monitoring of the construction and operation of the proposed NFMHS Hospital, including in the development and implementation of the project Construction Management Plan(s).

Reason: To provide for appropriate ongoing review of operations at and outside of the site in conjunction with the local community.

6. The applicant has been asked by the Community Council to address the issue of community security arising from the possible location of the NFMHS Hospital in the area of Donabate/Portrane. This is an area which does not even have a Garda Station. The Community Council is not reassured on this issue by the further information submission.
7. The applicant's proposals with respect to the removal of an existing legally held Right of Way and its replacement with a Right of Way whose proposed legal basis is unknown remain inadequate. The applicant disappoints the Community Council by referring to this as a community gain and as a benefit the project is delivering generally. The community has long enjoyed Right of Way access through St. Ita's; the alteration of this access to suit this project's requirements is not a community gain. Community access to and through St. Ita's needs to be confirmed by the applicant in a manner which can convince those reviewing the proposals that they are permanent. As presented, the proposals read as though access will be allowed as and when the HSE wishes to allow it.
8. The Community Council has read through the applicant's further information submission with respect to the future of those of St Ita's buildings not involved in this project, including the Walled Garden. Overall, the Community Council is concerned at the lack of an overall applicant vision for St. Ita's. This project is, to all intents and purposes, being dropped onto a section of St. Ita's without any vision for the entire site being articulated.¹⁰ The Community Council notes how this is disappointing given how the community had been encouraged to believe in and around 1998 that St. Ita's would become a facility of significant community benefit. The Eastern Health Board's 'Estate Management Department' produced a report named 'Draft proposals for the Future of St. Ita's'¹¹ in 1998 which suggested the future of the site was a sports campus – a use which would benefit the entire site – not a select part. In the absence of any vision for the future of St. Ita's, there is a growing concern that the facility may be like the new house built by a farmer alongside the old house which falls into disrepair and ruin. The Community Council continues to consider the proposed development to be premature pending a masterplan for the entire site in which the future protection of all of St. Ita's buildings is guaranteed.

The applicant was asked by An Bord Pleanála at pre-planning stage to provide an overall masterplan vision for the site; to illustrate plans for the entire complex over time. The applicant has not provided this but has instead tried to put a positive spin on the process of effectively mothballing buildings or maintaining them with very limited uses (e.g. storage and filming).

9. The Community Council remains unconvinced by the applicant's proposals with respect to the wholesale cutting down of trees to facilitate the project. It is obviously possible to argue that existing trees (many mature) can be substituted by new planting elsewhere on the site, but the Community Council asks the Board to consider whether it would allow 961 trees to be removed from any private site to facilitate a given development? The applicant submission takes every opportunity to cloak this wholesaling removal of trees in the language of EIS. Numerous plans have been and are to be produced which will minimise or mitigate the impact. But in the end, the applicant is still proposing to remove 961 trees. This factor does not appear to have been included in the site selection process. The applicant has also not stated what will happen to the felled trees. Are they to be trucked through Donabate with all the other HGVs?

¹⁰ The project is not a brownfield development – a re-use of historic St. Ita's -, as the applicant seeks to portray by claiming the "re-development of St. Ita's". Instead, being, by location, a rural development on 'High Amenity' zoned land, the project will, much like a planning application for any rural development: "involve a conversion of mostly open grassland and woodland into a modified landscape of buildings, hard surfaces with a significant reduction in the area under grass or trees" (para. 146 of Section 7.1.8.4 'Potential Impacts on Habitats').

¹¹ See: <http://lenus.ie/hse/handle/10147/45703>
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2.1 SUMMARY OF INDEPENDENT TRAFFIC ENGINEER'S ASSESSMENT OF THE FI SUBMISSION:

- On reading the applicant's response to the traffic concerns raised by the Board and by Fingal County Council, the Community Council responded by approaching a number of firms of consulting engineers who specialise in roads and traffic studies. Waterman Moylan Consulting Engineers Ltd was appointed and their report is attached. Their report provides evidenced justification for why it is not possible for the Community Council to support this planning application. In summary, the Waterman Moylan report ('National Forensic Mental Health Service Hospital, Portrane, Co Dublin Planning Submission to An Bord Pleanala in Respect of An Bord Pleanala Ref. No. 06F.PA0037') identified, inter alia, the following issues with the applicant's roads and traffic submissions:
 1. The proposals have not adequately assessed the traffic impact of the proposed development, due to the absence of any accurate modelling associated with the development, and which is required to be further amended by the Road Safety Audit.
 2. The development will result in increased traffic movements at the site entrance junction and in the Donabate area in general will give rise to traffic hazard and road safety issues due to the increased movements.
 3. The traffic impact assessment which has been submitted is fundamentally flawed in so far as:
 - The reduction in capacity as a result of the geometric constraints are not included in the model, specifically: (i) The poor horizontal alignment of the roadways on approach to the R126 / Turvey Avenue junction; (ii) The poor vertical alignment on this roadway, and in particular the humped back bridge at Donabate Railway Station and steep road gradients on approach; and (iii) The narrow road widths and narrowing roadways on approach to the R126 / Turvey Avenue junction; (iv) The impact of HGV's crossing over into opposing traffic lanes; (v) The low operating speeds of vehicles on approach to the R126 / Turvey Avenue junction; and (vi) The limited / substandard visibility at Hearse Road.
 - The above result in a significant underestimation of the queues, with The R126/Turvey Avenue junction in the AM and PM peaks 2015 do nothing scenario, i.e. the model of the existing conditions, calculating queue lengths of 2.1 and 0.9 vehicles respectively. These compare to the observed queue lengths of 12 vehicles in the AM and 17 vehicles in the PM peak during the traffic counts, i.e. 470% and 1,789% higher than those determined by the modelling.
 - An appropriate trip generation rate for the development should be incorporated and should not be based on urban hospital populations with large adjacent populations.
 - A meaningful mobility management plan which seeks to increase modal split through the reduction in on-site parking and other measures.
 - A meaningful mobility management which sets realistic targets for a modal shift to more sustainable modes.
 4. The road safety audit as prepared is flawed in so far as it is based on 3 No. drawings only and has not be based on:
 - an audit brief.
 - the available accident data which indicates a significant quantum of road collisions, including a fatality in the 2005 to 2012 period.
 - the available traffic impact assessment and the impact of queuing, junction capacity etc. on the safe operation of the junction.
 - the available traffic survey information, which includes queue lengths and potentially pedestrian flows.
 - no data has been provided in respect of proposed junction lighting, and the existing street lighting affected by the proposed works.
 - no data has been provided in terms of the impact of surface water drainage. It is key that this properly assessed and addressed as inadequate drainage and resultant ponding particularly affects vulnerable road users.
 - no details have been provided in respect of the proposed access junction and internal road network within the St. Ita's complex.
 5. Some 22 No. safety issues identified by the audit are summarily dismissed by the Designer's, including the lack of a pedestrian phase in the proposed signalised junction, which is simply accepted by the audit team.

6. No meaningful attempt to offer alternative construction routes away from the local schools and village centre to cater for the predicted c. 86,400 delivery vehicle trips to and from the proposed site.
 7. There is also a lack of transparency in the omission of key design drawings and information, including survey information further undermines the process and perceived engagement with local groups.
- The Community Council considers the applicant transportation submissions made to date to be unacceptable. The Community Council asks that the above deficiencies be addressed prior to any further consideration of this planning application.

2.2 REASONS FOR THE DECISION TO OPPOSE THE PRINCIPLE OF DEVELOPMENT AT ST. ITA'S:

- Following a detailed discussion of the relative merits of the St. Ita's site versus an urban site and having reviewed the applicant's uncompromising FI response, the Community Council has come to the conclusion that it cannot support this project even in principle at St. Ita's. The reasons¹² are:

- (a) **Social Isolation Impedes Rehabilitation** - The proposed new development at St. Ita's is in a rural location. Such a location is most unsuitable for a hospital whose ethos is, according to the CHM Carers Group¹³, treatment and rehabilitation in the community. In its present location in Dundrum, the Central Mental Hospital is accessible to family members and other visitors coming on foot, by car, bus and LUAS. Dundrum is also a very accessible location in which patients on leave (yes, they can be granted leave) may access services and/or travel further to other services, to visit family and friends, to go to a college course, etc.

St. Ita's, whilst being relatively close to the M1, will be far from readily accessible by foot or by public transport. Even if the current very limited public transport provision to the area were to be improved, the relocation would still mean that the time and effort involved for families and other visitors in getting to and from the hospital would be much greater than is the case for Dundrum.

The socially isolated location proposed will impede the rehabilitation of those who have to use the hospital's services. Low security patients in Dundrum avail of training, college courses and facilities in the city as part of their rehabilitation and re-engagement with community life. Daily access to local community facilities is clearly an integral and necessary aspect of patient reintegration and rehabilitation. Attendance at these activities would either not be possible from St. Ita's or would be severely disrupted. These activities are provided by a range of organisations:

- (i) The CMH itself delivers Laurel Lodge is operated as a hostel at the CMH - it offers rehabilitation programmes that prepare patients for the challenges of community living. There is an open door policy in operation except during the night. This open door policy could not function at St. Ita's. Patients are encouraged to continue their study in colleges or work outside the hospital. How could this happen at St. Ita's? The NFMHS operates a Day Centre & Outpatient Clinics and an Occupational Therapy service out of Ushers Island.¹⁴ This is also a long distance from St. Ita's. The NFMHS also operates a 6 bedded community residence at Westlodge Hostel, Lucan, Dublin which patients use as a step down unit toward community living. The Community Team operated by the NFMHS will no longer have a base in Dublin City if the CMH is moved out of Dundrum.

- (ii) By voluntary organisations: the CMH Carers Group, Irish Advocacy Network, Alcoholics Anonymous, The Simon Community, the Mental Health Association, The Marist Fathers who act as chaplains to the hospital and St Vincent De Paul.

- (iii) The CMH has links with UCD and Trinity College including a student nurse's programme.¹⁵

¹² These reasons are similar to those put forward by the Central Mental Hospital's Carer's Group when it opposed the Thornton Hall site. The arguments against the rural Thornton Hall site remain entirely relevant when applied in the current case of proposed relocation of the CMH to St. Ita's when the alternative fo redeveloping the Dundrum site remains preferable to all.

¹³ <http://www.cmhcarers.org/> & <http://193.178.1.238/DDebate.aspx?F=HEJ20080708.xml&Node=H2#H2>

¹⁴ Usher Island, located in Dublin city is a community day care centre for service users in the National Forensic Mental Health Service. It provides 5 day a week service for forensic mental health patients on rehabilitation in the central mental hospital, West lodge and those living in the community. Usher's island has an outpatient clinic, a workshop and other facilities for rehabilitation.

¹⁵ <https://www.ucd.ie/t4cms/Induction%20Pack.pdf>

- (b) **Lack of Community Support Impedes Rehabilitation:** Over a period of one hundred and fifty years, the Central Mental Hospital has become integrated into the local community in Dundrum. Patients avail of education, training and social activities in the locality without stigma or rancour. This is a vital part of the rehabilitation and reintegration of patients into the community and into society. On a very practical level, the remote location of St. Ita's will make the rehabilitation of patients extremely difficult, even before one considers the issue of acceptance of both the hospital and its patients by a rural community. The scale of the area will not be conducive to integration, since its population is too small to allow recovering patients to grow in confidence and to re-establish social skills.

The NFMHS Hospital should be located where patients have the ability to retain, restore and establish social connections. This requires ease of access to relatives, friends and the community, for graded leave and work programmes. The proposed new complex at St. Ita's is in a rural location with a dispersed population. Such a location is not suitable for a hospital whose ethos is treatment and rehabilitation in the community. Professor Mullen noted that the proposed St. Ita's site does not offer the essential ingredients for best therapeutic practice.

- (c) **Potential loss of Experienced Staff:** The Central Mental Hospital Dundrum comprises not only physical capital, in the form of land and buildings, but also social and intellectual capital residing in the human resources of the hospital – that is, its staff. This should be taken into account in any policy decision on relocating the hospital.¹⁶ The task of providing 'safe treatment for high-risk patients in conditions of therapeutic security'¹⁷ involves very specialised knowledge and skills. Over the years, such expertise has been developed in Dundrum by a range of staff members – clinicians, psychiatric nurses, social and care workers, occupational therapists, psychologists – who work in the multidisciplinary teams needed to provide services in this very specialised niche of psychiatric care. It can be anticipated that a large portion of this intellectual capital will be lost in the proposed move to St. Ita's. This is borne out by the experience of some specialised government services being decentralised.

The Community Council asks whether the applicant has asked how many of the clinical and nursing staff in Dundrum will leave as a consequence of the relocation of their place of work to rural Fingal? Such intellectual capital cannot be quickly replaced. The ethos of the hospital is to provide the specialist skills of multidisciplinary teams offering active programmes of assessment, intervention and rehabilitation to service users through individually tailored care plans which are reviewed on an ongoing basis. This process would be severely disrupted with a loss of staff.

In 2008, the then **Deputy James Reilly** stated:

*I would add to some of what the delegates have said when talking about the **loss to the service of some key people who work with the patients because the movement from where they are currently located across the far side of the city to a rural isolated area is not something people who might have five or six years' service left might fully engage with** [emphasis added]. That will be a loss to the service. I visited the Central Mental Hospital in Dundrum as did all the members of the committee where we got a very strong message from staff and patients that they did not want to move either. This is the 21st century. At the tail end of the 19th century we were building large institutions, one of which was St. Ita's where I worked. Before St. Ita's was built, consideration was given to building it on Lambay Island; in other words, out of sight, out of mind. The only thing that prevented that happening was the cost. Communication is more than just speech. It is also the actions that are associated with what one says and the message is clear. **It is to maximise the return on property at the expense of patient care** [emphasis added].¹⁸*

- (d) **Contrary to Human Rights Obligations?** Article 12 of the International Covenant on Economic, Social and Cultural Rights of the United Nations recognises 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health'. Ireland has ratified the Covenant, which means that under international law the State is obliged to ensure that the rights enshrined are guaranteed for all persons

¹⁶ <http://193.178.1.238/DDebate.aspx?F=HEJ20080708.xml&Node=H2#H2>

¹⁷ The National Forensic Mental Health Service, Central Mental Hospital, 'Submission to the National Steering Group on Mental Health', Dublin, 2003, p. 2.

¹⁸ <http://193.178.1.238/DDebate.aspx?F=HEJ20080729.xml&Node=H2#H2>

on its territory. The UN Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care¹⁹ outline the basic rights and freedoms of people with a mental illness that must be secured if states are to be in full compliance with the Covenant.²⁰

Key among the UN Principles are: “All persons have the right to the best available mental health care, which shall be part of the health and social care system” (Principle 1); “Every patient shall have the right to be treated in the least restrictive environment ...” (Principle 7(1)); and “The environment and living conditions in **mental health facilities shall be as close as possible to those of ... normal life ...**” (Principle 13 (2)). These standards apply equally to all persons who suffer mental illness, including those: “detained in the course of criminal proceedings or investigations against them” (Principle 20(1)). This requirement is elaborated as follows: “All such persons should receive the best available mental health care as provided in Principle 1. These Principles shall apply to them to the fullest extent possible, with only such limited modifications and exceptions as are necessary in the circumstances” (Principle 20 (2)) Other principles in the UN document emphasise **the right of patients to have access to educational, training and placement services to promote their rehabilitation and reintegration into society.**

As a member of the United Nations, and a signatory to most of its human rights treaties, Ireland should see the principles laid down by the UN as setting the standard for policy in relation to the redevelopment of facilities for patients in the Central Mental Hospital. The Government has failed to show how its plan to relocate the hospital to St. Ita’s could meet the requirements of the principles set out by the United Nations.

(e) **Contrary to Government Policy?** *A Vision for Change*, the Government’s template for mental health policy that forensic mental health services should have a strong community focus.²¹ Uprooting the hospital from a community where it is now naturally embedded and relocating it to a small rural community will deny that community focus to the country’s only specialised forensic psychiatric hospital; it represents a further discrepancy between the Government’s stated policy and the likely outcomes of its decision to relocate the hospital.²² *A Vision for Change* also states: “The Central Mental Hospital should be replaced or remodelled to allow it to provide care and treatment in a modern, up-to-date humane setting, and the capacity of the Central Mental Hospital should be maximised”.²³ No one disagrees that the existing CMH buildings are not suitable for the provision of modern twenty-first century forensic psychiatric care and investment in modernisation is long overdue. But this does not mean one should throw the baby out with the bathwater. The state of existing facilities in themselves do not justify tearing up the roots which have been made by the CMH’s location in Dundrum over decades. The current plan to sever the CMH from its Dundrum location is and to drop it into St. Ita’s is not the answer to the existing issues with the CMH in Dundrum. Investment in the Dundrum site is the answer.

(f) **The decision should not be based on economics but on best practice care:** Dail debates²⁴ from 2003 highlight how calls were being made then for the funding of the building of the long-proposed new Central Mental Hospital at Dundrum. References are made to how, by 2003, the plans for this new hospital had been in existence for approximately ten years. It was intended during all of those years to build it in the grounds of the existing campus at Dundrum. The original cost was, apparently, estimated at £34 million. The Minister stated during a Dail debate on Wednesday, 16 April 2003:

In December 2000, the East Coast Area Health Board, in conjunction with the Eastern Regional Health Authority, the Department of Justice, Equality and Law Reform and the Department of Health and Children established a group to advise on proposals for the future of the Central Mental Hospital. They took into account national and regional services provided by the hospital, linkages with community psychiatric services and with the criminal justice system, new mental health legislation, the training role of the Central Mental Hospital for medical, nursing and paramedical

¹⁹ These Principles, often referred to as the MI Principles, were adopted by the UN General Assembly Resolution 46/119 of 18 February 1992.

²⁰ Amnesty International (Irish Section), ‘Mental Illness: The Neglected Quarter’, Dublin: Amnesty International (Irish Section), 2003, p. 27.

²¹ *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Section 15.1.1: ‘Principles Central to the Delivery of Care by FMHS’, p. 138.

²² <http://193.178.1.238/DDebate.aspx?F=HEJ20080708.xml&Node=H2#H2>

²³ *A Vision for Change: Report of the Expert Group on Mental Health Policy*, Dublin: Stationery Office, Recommendation 15.1.4, p. 140.

²⁴ See for example:

<http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/seanad2003041600014?opendocument> & <http://193.178.1.238/DDebate.aspx?F=HEJ20080930.xml&Node=H2#H2>

staff and future accommodation and resource requirements. The group concluded its work last year ... The report includes plans to modernise, refurbish and extend the existing building at the Central Mental Hospital and to provide a new residence on the campus ... The Minister of Health and Children has accepted, in principle, the main thrust of the report of the review group and requested that the East Coast Area Health Board establish a project team to progress the matter as quickly as possible. The project team had its inaugural meeting on the 19 February 2003 and its remit will be to examine critically all options for the redevelopment of the hospital; to put together a design brief for the redevelopment; and to examine various financing options, including the possibility of a public-private partnership.²⁵

Why did the position of all of these organisations and the Government change? It may have had something to do with the fact that the Government agreed in September 2008 that: “The cost of developing the new enlarged 120 bed hospital at Thornton Hall will be met from the proceeds of the sale of the existing site in Dundrum and the balance of the funds realised will be ring-fenced for further investment in the mental health service”.²⁶

But the basis of this statement must be challenged as it is accepted that: “Redeveloping the Dundrum site is a cost-neutral option. The current hospital site in Dundrum is 34 acres in size. It is located in what is now a prime residential area. A conservative estimate values the site at €5 million per acre, or €170 million in total. A true valuation could be up to €400 million. This valuation was given by Mr. Jim Power, economist with Friends First”.²⁷

In 2008, the CMH Carer’s Group stated:

The Government does not need the entire proceeds of the sale of the 34 acre site to finance the building of the new CMH. If ten to 14 acres to the front or rear of the site were sold for residential development, the remaining 20 acres would be sufficient to facilitate the provision of a new state-of-the-art hospital. The sale of 14 acres could raise up to €140 million. This would be more than adequate to construct a new facility which could be provided at the estimated cost of €100 million. This option would deal with all the aforementioned problems and objections associated with the proposed move to Thornton Hall. This outcome could be achieved at no cost to the Exchequer. Most importantly, it would be the best outcome for patients, their families, carers and the medical and nursing staff in the hospital. With this option, the sale of lands at Dundrum would have to be reinvested in mental health services without asset stripping on the part of the Government. I thank the committee for listening and we will attempt to answer members’ questions.²⁸

- The Community Council understands that there is a need for the Central Mental Hospital to be replaced by a modern facility and for the number of places provided to be expanded. However, St. Ita’s is not the right location for this as it will increase the stigma associated with mental illness, impede the rehabilitation of patients, is contrary to the Government’s stated policy on mental health and is against the spirit of international human rights law. Reverting to the option, which the applicant states can be done (just more slowly which - for a facility likely to last multiple generations - appears reasonable), of developing the NFMHS Hospital at the existing site in Dundrum would show that the welfare of the users of the services of the Central Mental Hospital, and not administrative convenience or financial gain, was the priority in updating and expanding the facilities for this vulnerable and often overlooked group in our society.

3.0 MISSING ITEMS FROM THE APPLICANT FURTHER INFORMATION SUBMISSION:

- The applicant was asked by ABP to respond to the contents of all third party submissions. In the selective response provided, the applicant has not responded to the following points made by the Community Council. It is not therefore possible to provide a response in respect of these points:
 1. The submission does not refer to or appear to accept that the Community Council is opposed to the proposed development as presently submitted. Regardless of this, the applicant repeatedly claims

²⁵ <http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/seanad2003041600014?opendocument> & <http://193.178.1.238/DDebate.aspx?F=HEJ20080930.xml&Node=H2#H2>

²⁶ <http://193.178.1.238/DDebate.aspx?F=HEJ20080930.xml&Node=H2#H2>

²⁷ <http://193.178.1.238/DDebate.aspx?F=HEJ20080708.xml&Node=H2#H2>

²⁸ <http://193.178.1.238/DDebate.aspx?F=HEJ20080708.xml&Node=H2#H2>

“approval” for this project, though multiple submissions have yet to be satisfactorily addressed, including that of FCC.

2. The applicant does not comment on those issues which were raised by ABP at pre-planning, but which have not subsequently been addressed. These are listed in Section 1.5.1 of the Community Council’s original submission.
3. The planning application provides no details of any discussions which may have taken place between the applicant and other parties around the possible construction of the distributor road. The distributor road issue is not treated seriously enough given how its need in the area – to facilitate the construction of large-scale projects such as that proposed - has been long recognised.
4. The submitted ‘Planning Report’ refers to how the quantity of soil and demolition waste to be transported off the site is now reduced. The relevant sections of the EIS which would provide these details do not appear to have been submitted. No details are also provided as to how this proposal would be monitored and enforced.
5. No response(s) are provided to concerns over how certain points were presented in the EIS (see Section 1.5.3 of the original Community Council submission).
6. No detail is provided as to future plans for the existing CMH site in Dundrum. Is it available for development in the event this planning application is refused? At pre-planning with the Board, question marks were raised over why the existing site could not be re-developed. This remains unanswered. The applicant team has sought to provide every possible negative and stalwartly refused to consider the positives. Locating the proposed development at St. Ita’s removes almost all of the fundamental benefits which are inherent at the existing CMH site in Dundrum. The applicant appears to have selected St. Ita’s in spite of the obvious and significant benefits of retaining access to the infrastructure which has developed around the Dundrum site over 150 years. The applicant is asking patients to move, staff to move, suppliers to supply elsewhere, visitors to travel outside of Dublin City, etc. Croke Park and Lansdowne Road stadiums were re-developed on their existing sites and it would be hard to imagine them now hoisted out to sites beyond the M50. The same applies to the current project.
7. The applicant does not refer to and then address community concerns over construction impacts, traffic noise, vibration, air emissions. Concerns expressed over proposed mitigation measures are also not addressed. Comments on the ‘Construction Noise & Vibration Management Plan’ go unanswered.
8. The exact number of HGV, truck, commercial vehicle, etc. trips is not provided in anything but what appears to be an educated guess. The Community Council has been advised that these figures could be out by as much as 100%. The Metro North and DART Underground SID applications were each accompanied by very detailed and specific projections of HGV and other heavy vehicle trips and the precise routes they would travel inside and outside of the site. It is not clear why the applicant can’t provide similar level of clarity.
9. Details of the number of over-sized commercial vehicles (HGVs, etc.) likely to travel to and from the site along the R126 are not provided.
10. No precise details of predicted road closures in respect of utility connections are provided. All references to utility connecting activities are vague yet such works can have an enormous impact on local roads and traffic conditions.
11. The applicant has not addressed why it is that new residential development in this area is contingent on the new distributor road. It is unclear why it is that the applicant considers that the proposed development at St. Ita’s could proceed but a housing estate scheme could not. As the project planning consultant for the distributor road is also that working on this project, it is hard to understand the lack of information forthcoming.
12. There is insufficient detail provided with respect to how the conditions of any planning permission, should it be granted, would be enforced. Community experience with the construction of the new sewage plant – a much smaller project – highlighted significant issues with enforcing conditions. The Community Council

considers that community representatives would need to be included on a community liaison committee which has real power to influence the project in the event that conditions are not being enforced and/or decisions are to be made which impact on the community.

13. The applicant has not provided a Construction / Contractor Management Plan with sufficient detail to assess fully the impacts which will arise from same. This is although many issues are pushed forward to the plan and not included in the applicant submission. Given the impacts of the construction stage on the community - i.e. outside the site - this plan needs to be explicit for outside the site - inside the site is a different situation – that plan is (and can be generic boilerplate, as it does not impact on any third parties). To ensure the community is involved in the development of the Construction / Contractor Management Plan a community liaison condition is required. The applicant does not refer to or recommend such a condition. The proposals provide with respect to community liaison are inadequate.
14. The applicant includes details of a survey of existing staff undertaken at the CMH in Dundrum. The aim, apparently, was to determine current travel to work arrangements and future travel arrangements if staff are moved to St. Ita's. The applicant provides some pie charts, but does not provide the list of questions asked or the raw data which was garnered from those surveys. It is not therefore possible to fully interpret the results. The presentation and interpretation of what results the applicant has provided requires careful examination as they would seem, contrary to the spin placed on them by the project team, to confirm that 93% of existing staff would definitely drive to St. Ita's (and the rest are yet to test the commute which Google maps indicates could be up to two hours just to get to Donabate from Dundrum). This confirms that a move to St. Ita's would cause significant additional car commuting over longer distances.
15. Though required, the applicant further information submission does not include a detailed assessment of the impact of the proposed development on the air quality – exhaust emissions, dust, etc. at construction phase - along the proposed routes of construction traffic. In respect of dust generated by construction traffic, the submission refers to a Dust Management Plan which has not been submitted. The Community Council does not consider that the applicant EIS can reasonably reach the conclusions it has in the area of air quality as the EIS does not contain the appropriate detail to do so. The lack of clarity regarding mitigation measures to control the unknown quantities of dust which will emanate from the proposed site is very concerning for residents and parents of young children who live in such close proximity to the proposed building site.
16. The applicant further information submission does not include a detailed assessment of the impact of noise and vibration from construction traffic along the main routes along which such traffic will pass which are proposed at construction stage. The applicant has not provided any mitigation measures which would substantially reduce these impacts because there are none, but also because the proposed 'Construction Management Plan' and 'Mobility Management Plan' have not been submitted. The Community Council considers that the impact associated with the construction phase of the proposed development will be moderate to significant over three years.
17. The community asked that any cycling path proposals feed into a future peninsula cycle route. This is not mentioned in the applicant further information submission.
18. There were confirmed sightings of Red Kite and Kestrel, both protected species, in 2014 in St. Ita's demense. Sighting of these protected species is rare yet this goes unmentioned by the applicant's original and most recent submissions.

4.0 RESPONSES TO THE SIGNIFICANT FURTHER INFORMATION SUBMITTED:

- The Council notes that given the general request for Further Information issued by the Board to the applicant, which is outlined in Section 1-4 of the applicant's submitted "Planning Report", it has been difficult to structure this response. There is, for example, no list of questions to follow in any order. In the absence of this, it has been necessary to read through the applicant response page by page and respond to any point which requires responding to. This has allowed the applicant to set the framework within which its response has been made and led to a great deal of repetition.
- In the event the Board decides to request Further Information under Section 37F of the Planning and Development (Strategic Infrastructure) Act 2006, it would be helpful if a list of questions could be issued such

that drawing together a community response to specific points made by the applicant in response to the issued list can be achieved with less difficulty.

4.1 RESPONSES TO THE SUBMITTED 'PLANNING REPORT':

- The Community Council's responses to this 'Planning Report' necessarily follow the structure of the report.

4.1.1 RESPONSES TO SECTION 1:

- In response to para. 1-6, the Community Council did **not** "welcome" or "broadly support" the principle of the proposed development. This paragraph is misleading.
- The majority of Section 1.1 is a repeat and should have been taken as read. However, it contains some changes from the original background section contained in the September 2014 'Planning Report'. The Community Council is concerned that the applicant has been given the opportunity here to re-write the original sections to iron out information which was of concern to the community.
- It is also important to point out that Prof. Harry Kennedy's opinion on the re-location of the Central Mental Hospital was compromised at the time of the proposed relocation of to a site at Thornton Hall.²⁹ According to Dail records, Professor Kennedy's view at the time was that while the location of the hospital adjacent to a prison complex was not ideal, the key priority was that a new hospital be provided as soon as possible³⁰ – "the difficulties posed by having the hospital adjacent to the prison could be overcome".

Expediency appears to have been an important factor in his early consideration. Following the reaction voiced by the Mental Health Commission³¹, Irish Mental Health Coalition³², Amnesty, the CMH Carers Group and others to the proposal, Mr Kennedy's support of that proposed location changed and he became opposed. But it does highlight that Mr Kennedy's position is that the CMH needs to be re-located and as quickly as possible. Other concerns – in this case the impact on the existing community - may not have figured adequately in Mr Kennedy's assessment. That is, in the same way that he could not have expected the extent of negative reaction to the Thornton Hall location (reaction, which when articulated in full, caused Mr Kennedy's about-face.

The Minister of State at the Department of Health and Children said in 2008:

*There has been criticism that the location in Thornton Hall is too isolated and that there will be problems for patients who are in the rehabilitation phase of their treatment. I am pretty certain Dundrum was an isolated location in 1850. I am confident that in time, just as in Dundrum, a vibrant community will build up around the new hospital in Thornton Hall. In the meantime I am sure Professor Kennedy and his staff will be innovative and consider ways and means of addressing this community access issue.*³³

In the end, Prof. Kennedy and his staff could not and would not. Well, St. Ita's is well over a hundred years old and no vibrant community has built up around it, so this argument cannot be made in the current case. **However, like Thornton Hall, St. Ita's suffers from these issues of: (i) problems for patients who are in the rehabilitation phase of their treatment; (ii) Isolation and lack of community; and (iii) Lack of community access.**

²⁹ <http://193.178.1.238/DDebate.aspx?F=HEJ20080930.xml&Node=H2#H2>

³⁰ <http://193.178.1.238/DDebate.aspx?F=HEJ20080909.xml&Node=H2#H2>

³¹ The Mental Health Commission found that the Thornton Hall location was not an appropriate location for a facility of this type because inter alia: "The current proposal would promote the isolation and exclusion of those admitted to the hospital, if relocated, and is not consistent with best practice and thinking, nor with the contemporary view of mental illness" – "the medium and high security facility should be situated in Dublin".

(<http://193.178.1.238/DDebate.aspx?F=HEJ20080729.xml&Node=H2#H2>)

³² The Irish Mental Health Coalition's position was, inter alia, that: "A central part of any treatment programme and the experience of people in the current Central Mental Hospital is rehabilitation which includes being a part of the local community. As the commission has indicated, the daily experience of people in the Central Mental Hospital is progressing to be part of that community and includes accessing facilities there. Those facilities are not readily accessible at the proposed location at Thornton Hall. It will be practically impossible to deliver the type of rehabilitative programme currently in place in Dundrum from the proposed site".

³³ <http://193.178.1.238/DDebate.aspx?F=HEJ20080930.xml&Node=H2#H2>

In his submission for the current planning application, Prof. Kennedy does not adequately address these points. The focus is on the proposed facility and not on the area in which it is to be located. Where is the detail on addressing points (i) to (iii)?

Mr Kennedy attended a public meeting in Donabate in which he stated a desire to be a “good neighbour” to the community. Having reviewed the applicant planning application and Further Information submission, the Community Council wonders how this can be the case. There is little good neighbourly in this planning application from the Community Council’s assessment of it. Mr Kennedy came to see the problems with the proposed Thornton Hall location, but he seems blind to the St. Ita’s site which comes with the same problems – if not worse – than the Thornton Hall site. The Thornton Hall site could have been developed with less impact on that local community, than that of Donabate/Portrane through whose heart all of the construction traffic is to be pumped.

As Deputy James Reilly said of The Minister of State in 2008:

He says he is confident that in time, just as has happened in Dundrum, a vibrant community will grow up around Thornton Hall but that is not much good to the people who need a service today and those who are in the service, for whom he is responsible today and not at some time in the distant future. If there was no alternative we might not be having this discussion and we might only decry the fact that we had to go along with the plan, despite its not being ideal. However, there are alternatives but the Minister of State and the Government refuse to acknowledge that they can be availed of. The alternatives include the proposals put forward by the economist, Mr. Jim Power, to build on the site.³⁴

Deputy Jan O’Sullivan stated in 2008: “Jim Power’s proposal to sell part of the site to generate enough money to rebuild the Central Mental Hospital on its current site is logical. A raft of carer’s and human rights organisations have signed up to the proposals, as have the Opposition parties. The Minister of State is an independent thinker. I hope he will have a fresh look at this”.³⁵ The Irish Mental Health Coalition also asked for this in 2008 arguing how this would be a cost neutral exercise in terms of the expense to the HSE and the Government.³⁶ Deputy Jan O’Sullivan also stated in 2008: “I speak from the heart on behalf of every member of the committee when I say we would like to find a way to have this decision reviewed and the facilities to remain located in Dundrum”.³⁷

It is notable that in 2008, the same Minister stated: “unless the issue of the location of the hospital is resolved in the short term, the opportunity to develop a new hospital could be lost”.³⁸ This seems to be Prof. Kennedy’s argument in favour of St. Ita’s. But seven years were lost because Thornton Hall was chosen as the wrong location and Prof. Kennedy backed it. **The correct location is the existing site in Dundrum; it may, as the current planning application states, take longer to build, but it is the correct location. Locations outside of Dublin appear expedient but are riddled with operational problems arising from such an isolated location; problems which would last for decades.**

Deputy James Reilly stated, in 2008, of the Thornton Hall location: “Nobody disputes the need for a new hospital. That is a priority for all of us. However, the logic of the Minister of State’s argument is that we should have a new hospital at all costs and as quickly as possible regardless of anything else”.³⁹ The Community Council holds the same position in respect of the proposed location at St. Ita’s.

In response to para. 1.1.1-9, the applicant appears to be trying to re-write the September 2014 ‘Planning Report’. This report stated in para. 8.2-3: “Most of the CMH’s admissions (some 90%) come from the Prison Service, whether they are on remand, pending trial or serving a sentence”. This is very different to what para. 1.1.1-9 states. It refers to: “A small number have been transferred from prisons and are returned to prisons” or “Between a fifth and a quarter of patients in the hospital have not been processed through the Courts”. In fact, Mr Hugh Kane of the HSE stated in 2008: “The Irish Prison Service refers most of our clients, 95% of whom are remand or sentenced prisoners”.⁴⁰ Perhaps the applicant could clarify how it is that 90% [95%] of admissions

³⁴ <http://193.178.1.238/DDebate.aspx?F=HEJ20080930.xml&Node=H2#H2>

³⁵ <http://193.178.1.238/DDebate.aspx?F=HEJ20080930.xml&Node=H2#H2>

³⁶ <http://193.178.1.238/DDebate.aspx?F=HEJ20080729.xml&Node=H2#H2>

³⁷ <http://193.178.1.238/DDebate.aspx?F=HEJ20080729.xml&Node=H2#H2>

³⁸ <http://193.178.1.238/DDebate.aspx?F=HEJ20080930.xml&Node=H2#H2>

³⁹ <http://193.178.1.238/DDebate.aspx?F=HEJ20080930.xml&Node=H2#H2>

⁴⁰ <http://193.178.1.238/DDebate.aspx?F=HEJ20080909.xml&Node=H2#H2>

come from the Prison Service but only a small number come from prisons and 20-25% never went to court? This paragraph appears to be misleading.

The Board is referred to the contents of an induction pack which is issued to student nurses who attend the CMH on placement.⁴¹ Pages 11, 12 and 13 of this document state:

The majority of admissions to the hospital will be individuals transferred either on remand or as sentenced prisoners [emphasis added]. The legal process for these transfers is described below. These individuals are primarily referred for assessment and treatment for mental health problems and will generally present in the crisis phase of their illness with associated risks of self harm and/or violence to others.

The hospital will also have a number of patients who have been directly referred from the courts who require assessment for 'Fitness to be Tried' and/or an assessment of Insanity.

In addition the hospital also accepts patients from other psychiatric hospitals who have a mental illness but who require conditions of higher security.

- Section 1.1.3 repeats points made in the September 2014 'Planning Report' with respect to its commentary on the condition of building and the lack of investment in the Dundrum facility. The Community Council notes how the fact that the HSE and its predecessors failed to invest in the Dundrum facility is of little relevance to this planning application. As things stand, Dundrum is the existing facility which could, with investment, be restored. This is a planning application for a wholly new facility. One cannot apply for planning permission for a house and use as one of the main reasons for doing so, complaints about the state of your old house. It is, after all, your own fault it is in the state it's in.
- Sections 1.1.4 and 1.1.5 are also repeats and bear no relevance to this assessment (para. 1.1.5-17 even lists the areas of development proposed) – other than trying to provide further backing for the weak justification which presently exists for the choice of St. Ita's for this planning application. The existing Dundrum facility is located in a demesne like environment close to a very wide range of amenities, so any arguments that St. Ita's provides more light and air and is an improvement in principle on Dundrum are a little difficult to take seriously.
- Section 1.1.6 again tries to back up the argument for St. Ita's by claiming (para. 1.1.6-18): "The St. Ita's site is particularly appropriate because patients admitted to the Central Mental Hospital are drawn more or less equally from city settings and from other parts of the country". This is no justification at all. Dundrum is clearly more accessible to almost anywhere in the country. Dundrum is accessed directly off the M50 and not off a spur motorway from it. This paragraph is essentially newspeak. It makes arguments which fit the applicant's case but back them up with nothing. How exactly does: "the St. Ita's site offer more opportunities for the development of a modern service than would be possible on the existing Dundrum site"? No basis for this claim is provided.
- On the other hand, the Eastern Health Board's 'Estate Management Department' produced a report named 'Draft proposals for the Future of St. Ita's'⁴² in 1998 which directly contradicts the arguments made in Section 1 of the applicant 'Planning Report'. It states in Section 4.2.1:

Modern attitudes towards the care of the mentally ill have overtaken St. Ita's original hospital and many similar institutions. Current needs require small scale "user-friendly" facilities with separate identities and specific functions. The concept of the social isolation and segregation of mentally ill patients is no longer considered appropriate. Accessible, community based, or at least community related, facilities have superseded the traditional typology associated with the institutional asylum. Large, singular institutions have become redundant. The reuse or redevelopment of their buildings and grounds has become a major challenge for many health and planning authorities in both Ireland and abroad.

In this paragraph, the Eastern Health Board accepted that St. Ita's is socially isolated and the location of patients in Portrane causes them to be segregated from society. It accepts that St. Ita's is not an: "accessible community based" or even "community related" facility. The idea of a large-scale institution being placed in an isolated

⁴¹ <https://www.ucd.ie/t4cms/Induction%20Pack.pdf>

⁴² See: <http://lenus.ie/hse/handle/10147/45703>

location is “redundant”, so why is the HSE now arguing the opposite? Dundrum is a community based, community related facility which is not segregated geographically from the community. It is closer to all the urban based facilities of Dublin. It is located in a Major Town Centre (as zoned by the Dun Laoghaire-Rathdown County Development Plan 2010-2016). St. Ita’s is not even located in a village.

- Para. 1.1.6-18 tells the read what the NFMHS does and lists supporters of the project. It is not clear what relevance this paragraph has to this response to An Bord Pleanála.
- Section 1.1.7 is also a repeat. But it is a repeat which seeks again to back the choice of St. Ita’s which is presently a mostly derelict site vis-à-vis a site which is already in use as the CMH and which could be redeveloped. Para. 1.1.7-25 accepts that the Dundrum site could be re-developed – just that this would take longer. Given the benefits to patients and staff of not having to be re-located outside of Dublin, this would be preferable.
- Para. 1.1.7-26 states: “For all of these reasons we believe the new hospital cannot be accommodated on the Dundrum site”. The Community Council has not read any new and compelling reason in this section; such reasons are missing.
- Section 1.1.8 repeats the weak arguments listed in the September 2014 ‘Planning Report’ in favour of St. Ita’s. The Community Council has responded to these. None of the reasons given are strong ones. St. Ita’s is in fact less well located from a roads perspective as demonstrated in the Council’s previous submission. The bullet points lack any real reasons, so instead they refer to other things like history of psychiatric services in the Portrane area (what does: “psychiatry in particular is also a holistic and positive process in which recovery is achieved through artistic and spiritual self-expression as well as biological and social means” mean in the context of a planning application)? Again, the Dundrum site is based in a demesne like environment with open grounds. St. Ita’s, as proposed, would be substantially single storey and behind a massive fence.
- Section 1.1.9 does not address the issue of “Accessibility to local amenities for Patients and Staff”; instead it refers to a day centre and outpatient clinic? The Community Council has noted how all of the local amenities of Dundrum and the amenities of Dublin City Centre are closer to the Dundrum site. They remain so.
- Para. 1.1.9-29 refers to patients on leave. The applicant has not explained the relevance in the context of patients and staff accessing local amenities.
- Section 1.1.10 confirms that patients will travel to and from courts and prisons via Irish Prison Service transports. The Community Council has raised concerns over the nature of patients who will be travelling through and resident in their community.
- Para. 1.1.11-51 states: “St. Ita’s is still a very active healthcare campus providing a range of healthcare services for approximately 127 patients”. No source is given for this figure. According to the ‘Report of the Inspector of Mental Health Services 2013’, the total number of beds at St. Ita’s was 27.
- Para. 1.1.11-51 refers to how historically there has been a separation of people living with mental illness from society. This is listed as a reason why this St. Ita’s project should proceed. This argument does not make sense when placed in the context of why the existing facilities at St. Ita’s were gradually wound down over many years as isolated locations such as Portrane fell out of favour from a health policy perspective. Section 2.1.2 of the report ‘Draft proposals for the Future of St. Ita’s’ dated 1998⁴³ produced by the Estate Management Department of the then Eastern Health Board states (in direct contradiction of the HSE’s present argument: “the isolated site chosen for the hospital still spoke of the fear of the mentally ill and the desire to separate them from ‘normal’ society. However, this was a generally accepted policy in both Great Britain and Ireland in the 19th century”).

Section 3.3.1 of the same report states: “St Ita’s Hospital was intentionally built in an isolated location in accordance with 19th century perceptions” and is located only on a “minor road”. This view of St. Ita’s remains. The Report of the Inspector of Mental Health Services 2013 refers to an inspection of the Willowbrook and Woodview Units at St Ita’s. It refers to how “Portrane was a relatively isolated location with limited public transport”. The argument now being made by the HSE in this planning application – that St. Ita’s will somehow make those living with mental illness feel closer to society by re-locating them from Dundrum to Portrane – is

⁴³ See: <http://lenus.ie/hse/handle/10147/45703>

disingenuous when placed in the context of the health service's previous acknowledgements of the isolated nature of St. Ita's.

It is notable that the report 'Draft proposals for the Future of St. Ita's' dated 1998' provided three future options for St. Ita's. None of these were for a national or for a regional facility. They were all quite local options with a substantive community facilities component including: (1) An educational and community facility; (2) A sports centre with community facilities; and (3) Non medical uses with some provision of sheltered housing and community based care". The conclusion reached by the study group was that Option 2 was the best strategy and that St. Ita's should become a sports complex.

It is understandable therefore that the community had not, prior to this planning application being made, envisaged anything more than St. Ita's maintaining limited health service functions with community facilities becoming the predominant uses over time. The current planning application directly contradicts this.

- Para. 1.1.11-51 of the applicant 'Planning Report' refers to a stigma attaching to mental health services. It states: "This stigma and separation surrounding mental illness is a barrier to the improvement of mental health and mental health services". Conclusion number 1 of the report 'Draft proposals for the Future of St. Ita's' states: "The perceived "stigma "which attaches to St. Ita's Hospital must be removed and replaced with a positive image". The HSE's response to this conclusion is apparently to propose that St. Ita's become the location of the NFMHS Hospital. The Community Council cannot understand how replacing what was once the biggest and mental health institution in Ireland with the current proposal would represent an improvement in addressing the stigma of isolation and segregation – it would in fact worsen it. It would be a step away from the urban/community based Central Mental Hospital presently located in Dundrum.
- Section 1.2.1 is a further statement of design principles outlined by the project architect. It is not clear how this responds to the Further Information request. In the end, no matter how high is the quality of any architectural design produced for the NFMHS Hospital proposal at St. Ita's, it will be an institution which is isolated and segregated from society on a site whose nearest form of settlement – accessed along a minor road - is a village. The isolation will be emphasised by a 5.2m high boundary wall and a 2.4m high fence – all within a 5.2m secure perimeter. The no man's land in the middle serving to emphasise the high security nature of what appears from the designs as a well designed prison. The architect describes the buildings as "islands" which highlights the sense of an isolated facility inside a high security boundary.
- The design language is that of prison architecture. Substitute prisoner for patient in the architect's statement and this becomes obvious. Section 1.3.4 refers to a "security perimeter". Section 1.2.1-41 refers to how the buildings have been laid out to create a "secondary secure line" (all in what is "currently a permeable landscape" – Section 1.3.4-78. The entire design is reminiscent of Jeremy Bentham's Panopticon. The concept of the Panopticon design is to allow a single watchman to observe (-opticon) all (pan-) inmates of an institution without the inmates being able to tell whether or not they are being watched.

The development of the design proposed by the HSE is described in Section 1.2.1-45 as: "modified to provide a single point of observation to all patient areas from a central ward office", but then the design was revised and then in Para. 46: "It was identified that a single point of observation from the ward office to all areas of the ward could not be achieved with this layout. However observation could be enhanced with extensive glazing to the inner courtyard external walls and glazed screens to selected internal partitions". The idea of a village green is compromised by the statement in Para. 47: "The Village Green design mechanism is maintained, while the space to the sides and rear of the units is demarcated by a 4.2m fence to create a secure, non-patient zone".

- Section 1.3 revisits and repeats almost all of the planning policy material contained in the applicant's original 'Planning Report'. The Community Council's previous comments and concerns on this can reasonably be taken as read.
- Section 1.3.1 further emphasises how the St. Ita's site is isolated. It is a "demesne landscape" and it is surrounded by "trees and woodlands". It will not even be as accessible as it was in the past as the HSE seeks the "closure of sections of existing public access routes through the St. Ita's complex" (though the 'HA' zoning states: "opportunities to increase public access will be explored"). These are rural lands with an historic use. The relocation of the Central Mental Hospital to St. Ita's comes down to the question of why lands are zoned for certain uses.

The recent Fingal County Council CDP Variation was required because St. Ita's was no longer considered by that CDP (before the HSE proposed such a large investment in the county – the Variation then specifying “National Forensic Mental Health Service Hospital”) an appropriate site for a large institution due to its isolated nature. Instead it was zoned as “high sensitive and scenic”. On the other hand, the Dundrum site remains zoned for purpose – why? Because it is urban/community based and not isolated. Current thinking with respect to mental health services is that they should not be hidden away (this is quite literally the case - the proposed development will be “enclosed to the immediate northwest, southwest by woodland blocks – see Section 1.3.4-36); they should be integrated into the community in a manner which makes them accessible. This planning application seems to be contrary to this and all about almost hiding the NFMHS Hospital at St. Ita's.

- Section 1.3.2 and 1.3.4-77 argue that although the CDP includes a specific local objective to ‘protect and preserve trees, woodland and hedgerows’, the applicant ‘Planning Report’ argues that these trees are, “of relatively low quality and value”. The Community Council considers it remarkable that the low quality and value trees just happen to be those “trees within the footprint of the proposed project area and a considerable number of additional trees around the edges of the existing woodlands to accommodate the perimeter fence to be constructed around the new facility” (see Section 16.2.1 ‘Trees’ of the November 2014 applicant ‘Planning Report’).

The Community Council has, in its previous submission, expressed its concerns at the proposed loss of **961** trees. The original November 2014 applicant ‘Planning Report’ described this as “significant”, but that it is required to “facilitate the new facility”⁴⁴ (that is, fences, visitor car park, etc.). The Community Council asks how many trees would be removed to facilitate such a development on the Dundrum site or on other sites considered by the applicant. It is argued that the tree felling is part of a Woodland Management Plan, an Arboricultural Method Statement, a Tree Protection Plan, a Biodiversity Management Plan and a Landscape Plan, but is it justified? This tree felling would not be required if the project was taking place within existing developed areas of the site. The applicant is seeking to use greenfield lands for the development while significant brownfield lands are available in immediate proximity. In the end, these lands would benefit from no tree felling, but the applicant would prefer – as stated in Para. 64. – a conclusion such as the trees “would otherwise continue to deteriorate in quality without appropriate management”. What does this mean? Would the trees get sick and die? Would they think, I can't live with this project? This mass felling of trees will, we are told, “improve the environmental quality ... in St. Ita's Demesne” (Para. 64).

- Section 1.3.3 seeks to amend the applicant's original planning submission which made the proposed development appear as a standalone scheme within a wider complex of, in many cases, increasingly derelict buildings. In paras. 1.3.3-70, 71 and 72 efforts are made to give the impression that the HSE is actively addressing issues of concern with respect to the conservation of other buildings in the complex. No specific detail is provided (“storage” and “filming” are mentioned), but plenty of buzz phrases: “Active management approach”, “medium term conservation solution”, “long term survival and re-use”, “precautionary measures”, “a maintenance plan”, etc. These are meant to add up to what is called a “strategy”. But concerns are expressed that a “reactionary situation develop”. What does any of this mean?

Happily for the applicant they don't have to mean anything because para. 71 reminds the “Board that a number of measures contained within the strategy are over and above the duty of the owners to ensure the building does not become endangered through neglect” and “A Section 5 Declaration has been obtained from Fingal County Council regarding the methodologies prepared for active management/mothballing the buildings on the east side of the complex (FS5/027/13)”. By the end of Section 1.3.4 it is clear that the applicant intends to do nothing different from what was originally proposed.

- Section 1.3.4, the Community Council's comments on these points, contained in the previous submission, can be taken as read.

⁴⁴ This includes 1.89 Ha of mixed broad-leaved woodland, 0.34 Ha of Scrub and 0.21 ha of ornamental and non-native shrubs. The development of the NFMHS site at St. Ita's will result in the loss of approximately 1.89 Ha of mixed broad-leaved woodland which is significant within the context of the site boundary and is 7.1% of the total woodland cover within the demesne.

- Section 1.3.5, the Community Council’s comments on these points, contained in the previous submission, can be, for the most part, be taken as read. However, it remains unclear how works to the woodland which will result in 100s of trees being felled can reasonably be considered to have a, “positive impact on the Architectural Conservation Area”.
- Section 1.3.6 & 1.3.7, the Community Council’s comments on these points, contained in the previous submission, can be taken as read.
- Section 138 states: “the HSE has committed the necessary resources as part of this planning proposal to implement a phased programme of maintenance works for both necessary maintenance works and medium/long term works to ensure the conservation of the existing buildings at St. Ita’s in the future”. The Community Council is concerned at the lack of detail provided with respect to these proposals. It is not clear how any agreement with respect to these proposals could be enforced. For example, Section 1.3.8-92 (7) states:

While it is not proposed to rehabilitate the protected structures comprising the walled garden as part of the present development proposal ... as part of this planning application. The HSE is however committed to rehabilitating the walled garden as an amenity feature, as part of a patient therapy programme in the near future (which will require separate planning consent).

The Community Council asks that the Board require the HSE to confirm whether it is willing to enter into a written agreement to undertake these works as a community gain arising from this project; if not, the HSE can reasonably be considered to be being disingenuous.

- Section 1.3.8-92 (11) is misleading as the Community Council has asked that, if necessary, the current legally held Right of Way be replaced by a Right of Way of equal legal standing. The applicant’s submission does not offer this. Instead it states: “The existing right of way shall not be closed to the public until an alternative public right of way has been completed and opened for public use”. The Lissadell Supreme Court legal case⁴⁵ demonstrates the importance of legally held Rights of Way, as the burden of proof is set unreasonably high against anyone asserting a public right of way anywhere in the Republic of Ireland.
- Section 1.3.8-92 (13) is misleading as the Community Council has demonstrated how the submitted traffic impact assessment will not result in the use of sustainable modes of transport. It is noted that as the facility is not built yet, the applicant cannot promise to, “ensure maximum modal shift to sustainable forms of transport”. As the site is poorly accessible by public transport, the Community Council is concerned at this misleading paragraph.
- Section 1.3.8-92 (14) begs the question – ‘where are people – staff and visitors - going to cycle from?’ Staff will for many years be travelling from Dundrum and its hinterland to the site. As public transport is not feasible from Dundrum, this will be by car. If someone travels by train, they have to get to St. Ita’s from Donabate. Is the applicant arguing that people should leave a bike at the train station (where it is uncovered) and cycle along the unsafe minor road serving St. Ita’s? The Board should reasonably ask the applicant to provide details of existing levels of cycling to work at St. Ita’s. Dundrum on the other hand is located on a network of roads which contain cycle lanes and staff can reasonably cycle to work safely (and at shorter distances).

4.1.2 RESPONSES TO SECTION 2:

- What strikes the reader of this section of the applicant’s Further Information submission is the dissonance between the position of the HSE and that of Fingal County Council. There is a lack of detail provided with respect to any contact / discussions which have taken place since ABP’s request for FI was issued. Issues which the Council suggests could be addressed by condition are dismissed by the applicant. But why could the proposed conditions could not be reviewed and commented on nonetheless?

Given how road widening and other substantive proposals are made by the applicant, one wonders why this is. Is this all news to the local authority? The response to Fingal County Council’s concerns is not fully answered. For example, the Council refers to the difficulties experienced with construction traffic at the time of the WWT plant extension in Portrane, but this is ignored by the applicant. This is a trend throughout the applicant response which plays down the Council’s concerns over tree felling, lack of site masterplanning for all of St. Ita’s, etc.

⁴⁵ <http://www.courts.ie/Judgments.nsf/bce24a8184816f1580256ef30048ca50/408746df7372520180257c2000442748?OpenDocument>

- Section 2.2.1-95 asks “the Board to agree that, subject to the extensive mitigation measures proposed, the proposal is acceptable in terms of impacts relating to traffic both in the construction and operation phases”. This is not Further Information. It is a statement. It is also a statement with which the Community Council and its ‘Roads and Traffic Committee’ fundamentally disagrees.
- Section 2.2.2.2 is cut and pasted from Point 1 of the submitted Punch report: ‘Responses to Observations by FCC Transportation Planning Section’. Responses to this section and to the entire Punch report are provided below.
- The Community Council notes how, in para. 2.2.2.2-102, the applicant’s response to the legal on-street parking by residents of the Cottages is to make this illegal by painting yellow lines on the road. This is not a reasonable response to an identified deficiency in the road’s capacity.
- Para. 2.2.2.2-103 is cut and pasted into this document in multiple places. This seems to be whenever the argument being made gets difficult. The Board is invited to read, for example, paras. 51, 105 and 285.
- Section 2.2.3.1 refers to FCC’s request for:
 - 1) An assessment of construction traffic impacts;
 - 2) An estimate of the number and classes of construction vehicles;
 - 3) Limits on construction traffic activity in terms of times of day;
 - 4) Details of proposed wheel washing facilities;
 - 5) Details on how the construction traffic would be segregated from the existing sports related traffic and pedestrian traffic;
 - 6) Impact of Construction traffic on the condition of the roads; and
 - 7) The full results of the traffic surveys in Donabate village centre.
- Does the applicant answer these questions?
 - Para. 109 does not answer these questions but instead repeats the November 2014 ‘Planning Report’.
 - Para. 110 refers the reader to the Punch ‘Response to FCC Transportation Observations’ and the Punch ‘Traffic and Transport Assessment’.

These documents are commented on below. However, the Community Council notes the lack of detail provided on the impacts which would arise from the movement of large commercial vehicles (HGVs, etc) through the community. Is it enough therefore to only provide an estimate of truck loads? And the Community Council is advised that this is a flawed estimate at that. The impacts of construction traffic on Donabate are not listed. Details of specifically how the applicant will mitigate these impacts, on an impact by impact basis, are not answered. It is the case therefore that the FCC are mostly not answered. The applicant provides only selective detail.

4.1.3 COMMENTS ON PUNCH’S ‘RESPONSES TO OBSERVATIONS BY FCC TRANSPORTATION SECTION’:

- The following points are made in response to Punch’s report: ‘Responses to Observations by FCC Transportation Planning Section’:
 1. The Punch response under Point 1 exemplifies the applicant’s ‘do nothing’ response to all traffic concerns raised. In this case, FCC asks for a “second access” to be considered. The applicant’s repose is to repeat the original planning submissions that the second access is not required. The applicant, as is standard in this planning application, is referring to the operational phase only and not to the construction phase. The Board should request details on the impact during the proposed construction phase. In the event this planning application is granted, the Community Council favours two entrances.

The applicant is essentially stating that cost and a number of trivial matters should be allowed to rule out risk mitigation. The applicant states it is not required – but isn’t this because new measures are to be implemented? It remains unclear to the Community Council’s traffic advisors as to whether or not the network can handle peak construction traffic as proposed – regardless of whether the new measures are implemented.

2. The Punch response under Point 2 is reviewed below under 'Comments on the Punch 'Traffic and Transport Assessment'.
3. The Punch response under Point 3 sought: "A detailed assessment of the traffic in Donabate village centre, including consideration of possible right turn pockets at the junctions of the R126 with Turvey Avenue and Balcarrick Road". Without providing specific details of the construction traffic proposed to travel through Donabate in planning permission is granted (the extent of the problem the applicant needs to address is not outlined), Punch refer immediately propose measures which would themselves impact on the local community and its use of these roads. Punch does not specify whether these measures are needed to facilitate construction traffic and the construction traffic peak. These include:
 - *Road widening:* The Punch report does not specify when the proposed road widening would take place, i.e. prior to construction or not? The Community Council is opposed road widening simply to facilitate this one project. The R126 has only recently been the subject of intensive road improvement works including re-surfacing which caused considerable traffic impacts including delays and queuing. The Community Council is opposed to further works to the R126 which would cause such impacts to be revisited. It is unreasonable to expect the community to experience project impacts before the project's construction even starts. Were this project proposed in Dundrum, it is very unlikely that the applicant would be proposing the widening of roads to facilitate the project.
 - *Traffic lights on the R126/Turvey Avenue junction:* The Community Council is wholly opposed to traffic lights (temporary or permanent) being installed on this junction simply to facilitate this project (the Punch report states: "Traffic lights are also proposed to cater for the additional traffic that will use the junction" – they are not otherwise required). The traffic lights would not be required if local roads infrastructure were adequate to serve the proposed development. Traffic lights would cause queuing and result in significant traffic delays for local residents at this location.
 - *The R126/Balcarrick (New Road) junction:* The Punch report states that this junction will have adequate capacity into the future – but does this analysis refer only to operational traffic or to construction traffic also? Reference is made to how: "A right turn pocket wide enough to allow Heavy Commercial Vehicles [is this a Heavy Goods Vehicle – a HGV – or not?] to pass is not possible" – what does this mean? Are users of the junction meant to simply suffer during the construction period because the junction is simply inadequate and nothing can be done? Even the Road Safety Auditors have dismissed mitigation measures as too unsafe?
 - *Limiting the times of construction vehicle movements:* The Community Council first notes that the applicant does not refer (deliberately or otherwise) to the evening peak and proposals to address same. Otherwise, the movement of construction vehicles before 9:30am should be prohibited. That is, no construction vehicle should enter the R126 before 9:30am and between 12:30pm and 3pm. The means for monitoring and enforcing this should be set out. Queuing of construction vehicles after the 9:30am mark and around the 12:30pm and 3pm cut off times, as they seek to enter/exit the area should be planned and not allowed to cause traffic jams.
 - *Footpath widening on public land:* This proposal is simply tokenism and appears only proposed where Fingal County Council owns the land on which widening would take place (if permitted). The road cannot safely accommodate two way construction traffic and pedestrians, so irrespective of the damage such road widening would have on the character of Donabate; Punch argue that this is the only solution. Where would pedestrians walk during the period of constructing the widened footpath? How would the behaviour of HGVs be monitored to ensure they do not encroach onto even the widened footpath? Where would cyclists cycle.
 - *Moving ESB poles:* What is the logic behind moving ESB poles – to give passing trucks more room? Surely the contrary is the case? This needs further explanation and some examples – e.g. how often is this an issue? No context is provided.
 - *Railway Bridge parapet wall:* The Punch solution is to do nothing but to erect a sign telling drivers that the "road narrows". This is not sufficient. The Community Council opposes, in principle, the use of the bridge for construction traffic.

4. The HSE is proposing a shift pattern for the benefit of this planning application which is not in use in other hospitals. Not even in the existing facility in Dundrum. The Community Council queries how this proposed shift pattern and associated vehicle movements can be enforced.
5. The proposed footpaths will not be 1.8m on both sides as Portrane Avenue is not wide enough to facilitate this. This further illustrates how the local road network is not suitable for the proposed development. Those walking to St. Ita's from the bus stop will do so in very close proximity to a road carriageways of only 5.4m in width. Compare this to the CMH in Dundrum where there are established footpaths on both sides of the road for pedestrians walking from the LUAS, bus or from home.
6. The Punch report gives a basic estimate of the number of HGV loads. The Community Council is advised that these figures may represent a flawed estimate. Punch does not provide "an estimate of the number 'and' classes of construction vehicles", as required by FCC. In addition, it does not provide adequate details of the proposed impacts of construction vehicle movements; it also fails to provide predicted numbers of construction vehicle movements. Instead, some exercise in car equivalents is provided, but cars do not and would not have the same impact on the local road infrastructure as cars (cars can currently pass each other on sections of the road where HGVs cannot). The impacts of 2.3 cars cannot be compared to that of a HGV travelling on the R126. Given how the traffic engineers working on Metro North, DART Underground and other large projects could predict construction traffic volume, it is difficult to understand why this cannot be predicted for the current planning application.

The Punch report does not provide results for the project as originally set out in the planning application, but instead for an apparently revised project in which there is no longer 8086sq.m of demolition waste expected as per Table 14.5 "Predicted Demolition Waste Generation and Targets for the Proposed Development" of the EIS, but now there is 5000sq.m (where did the 3086sq.m go?) – which equates, the Punch report states, to "500 truck loads". Where it was proposed to remove earth off the site (600 truckloads at minimum), this is apparently no longer the case. This appears somewhat convenient and therefore the Community Council requests details on how these claims could be enforced? What if the HSE begins trucking subsoil through Donabate? What is the dust impact arising from this – has it been assessed?

As stated above, the applicant has not addressed the evening peak. Otherwise, the movement of construction vehicles before 9:30am should be prohibited. That is, no construction vehicle should enter the R126 before 9:30am and between 12:30pm and 3pm. The means for monitoring and enforcing this should be set out. Queuing of construction vehicles after the 9:30am mark and around the 12:30pm and 3pm cut off times, as they seek to enter/exit the area should be planned and not allowed to cause traffic jams.

7. The applicant has not justified why such large numbers of parking spaces are required when operational traffic flows on local roads are predicted to be so low. The applicant should be asked how many parking spaces serve the existing CMH in Dundrum.

4.1.4 COMMENTS ON THE PUNCH 'TRAFFIC AND TRANSPORT ASSESSMENT':

4.1.4.1 GENERAL COMMENTS ON THE PUNCH ASSESSMENT:

- The TTA does not appear to give any value to the inconveniencing of locals and road users as a consequence of the impact on traffic arising during the operational and construction phases – the focus is on a minimal construction cost solution – no visible consideration of less tangible impacts and risks.
- No consideration is visible in relation to the risk of a serious accident when ruling out the alternatives – the reasons given for ruling out alternative 1 in particular are the very things that the proposed solution imposes on the road users and community along the route through the village – cost appears to be the driver.
- The focus is on engineering a solution to ensure network capacity is sufficient – for the operational phase – it is not clear how the proposed route will function at average and peak construction traffic levels.
- The approaches preferred constantly refer to mitigation – no consideration of elimination either in full or in part – which the relief road, and to a lesser extent Alternatives A and B would do, is provided.

- Soft measures such as ensuring a co-ordinated approach or a staggered work pattern at the new facility cannot be guaranteed.
- The timing of the implementation of the proposed mitigation measures is not clear – will they happen prior to the commencement of construction? The conclusion that the measures as proposed in the TTA are sufficient to meet the construction loads appears to be based on the proposed measures required to meet the 2033 loading being in place prior to commencement of the works.
- The proposal to share the haul route with the access to Ballymastone is a real concern irrespective of mitigation measures – elimination of any risk in this area, as with traffic travelling through the village, should be the aim.
- The conclusion that the measures as proposed in the TTA are sufficient to meet the construction loads appears to be based on an understated estimate of the likely construction traffic.
- The original submission with the EIS mistakenly represented the actual situation at the Hearse Road Turvey Road junction – the TTA says this has been corrected but the solutions proposed again fail to take due account of local concerns and knowledge – this is a concern.
- Where is the risk assessment that quantified the likelihood of a serious accident? How much does one serious accident cost the state not to mention the likely ramifications for the individuals involved, the project and the community? Where is this risk assessed?
- The ‘technical summary’ contains lots of statements in favour of the ‘do the absolute minimum’ approach being adopted by the HSE which are not presented in context or cross referenced to any corroborating information within the report. This could be considered to be disingenuous or even a misrepresentation of the true situation.

4.1.4.2 SPECIFIC COMMENTS ON THE PUNCH ASSESSMENT:

- In respect of para. 3, Section 1.0 ‘Non-Technical Summary’ (p. 4) - why wasn’t a full TTA carried out for the initial assessment? Based on this document, the original obviously came to erroneous conclusions. The applicant indicates states that this was because it was not requested (when the EIS was being prepared) – why not?
- In respect of para. 4, what is the context of the implication being made that the development is merely replacing ‘existing’ traffic loading? Is this disingenuous? It is presented by the applicant as a swap, but when were 120 patients in residence? An, have Punch taken into account what has happened to Donabate since then? The Punch statement is made without context.
- In respect of Para 6 – What about construction phase loading? See Section 7 pages 20 and 21 – is this accounted for in the numbers used to justify the sufficiency of traffic lights and widening at hearse road?
- In respect of Para 7 – A 30 second delay is quoted but no context. What is that relative to? Is the delay imposed on residents and road users by the NFMH included in a cost benefit analysis – to include consideration of delays and reduction in risk of an accident in comparison with taking a route through the village? Was a Cost Benefit Analysis carried out in relation to the option? To travel through the village utilising an alternative route?
- In respect of Para 8 – Minimal compared to what? Not compared to utilising an alternative route. This statement is not made in context.
- The problem with the Punch ‘Traffic and Transport Assessment’ is obvious and repeats that in the original submission (deliberately or otherwise). That is, Punch does not model construction traffic impacts as requested, but models instead existing traffic conditions and forecast loadings for 2018 and 2033. What use is this to helping the local community assess traffic impacts?
- Section 3.2 gives us details of existing traffic flows, but then no data, no tables, no graphs – no details at all – are provided such that local residents can assess the impacts on local roads from the project when construction traffic is added. The report states: “A traffic survey was also conducted at St Patrick’s National Schools where queue lengths were recorded. A queue started to occur at 8:45am and increased in length to 8:55am. It had dissipated by 9:15am”. How big was the queue exactly? And, how much worse would this queuing get during

construction if the project is granted planning permission? The Community asks: ‘has sufficient sampling has been undertaken?’

- The answer must be that the impact of construction traffic would be bad, as the Punch assessment, Section demonstrates that, **taking just the operational phase**, there will be delays arising from the proposed development on the R126/New Road Junction, while the Turvey Avenue/Hearse Road junction will have inadequate capacity by 2033. Addressing the capacity issue would require traffic lights if the development went ahead under current road conditions. The Community Council wishes to confirm that it is wholly opposed to the installation of traffic lights at this location.
- The Punch assessment accepts the Community Council’s point that large vehicles cannot pass one another on Hearse Road in advance of Turvey Avenue. The Punch solution is to widen the road. These proposals are not acceptable to the Community Council. This would only allow large vehicles to travel faster on roads which are already used by vulnerable road users such as children.
- Section 3.3 of the Punch assessment refers to the Donabate Relief Road but adds no new information. This is the Community Council’s preferred solution to addressing all of the traffic impacts and risks which would arise from this project if granted without the Relief Road in place.
- Section 4.0 refers to the proposed new beds are presented as a swap for 120 existing beds. The Community Council asks whether these beds are currently live or not as this figure was greeted with some surprise in the community? When were these beds decommissioned? In what context were they decommissioned, i.e. were the traffic numbers in Donabate when they were in use? Different times and different demographics/car ownership, etc?
- Section 5.0 refers to a questionnaire of existing staff (no survey of the families of existing residents appears to have been undertaken – surely the distance which must be travelled for visitors to see their relatives is also an important factor) that would have to travel to St. Ita’s and no longer to Dundrum, if planning permission is granted. The Community Council has reviewed the entire document and cannot find a copy of the survey form or of the entire survey results. These statistics, even in the limited manner presented do not make the point that Punch thinks they do (points biased toward the project “only”).
 - What is remarkable is just how many of the CMH in Dundrum’s staff live under 5 miles away – the figure is 36% (one wonders what the 10 mile figure would be?). This is very large and reflects the long time relationship of the Dundrum site with the surrounding community. The applicant proposes to remove this relationship and replace it with a situation where only 1%; yes, 1% live within 5 miles of the hospital. This is wholly unsustainable and will result in significant upheaval and energy inefficient journeys to St. Ita’s for existing staff.
 - The questionnaire only asks existing staff at the CMH in Dundrum whether they are within 1 mile, 5 miles or more than 5 miles of the CMH and of St. Ita’s. It does not record an average distance that those travelling to work will travel if the CMH is moved. It is obvious that this would be higher for St. Ita’s.
 - It is obviously the case that many of the CMH’s staff in Dundrum would live a little over the 5 mile mark away – a 10 mile radius of Dundrum includes many more residential communities than does a 10 mile radius of St. Ita’s. Therefore, the 64% figure for those living 5 miles from the CMH is meaningless.
 - 77% may drive to work in the CMH in Dundrum, but this is because it is easily accessible by car via an urban road network located just kms from the M50.
 - 23% travel to Dundrum by other forms of transport (which may mean they do not own or have access to a car). Punch refers to how “only” 85% of people intend to drive to St. Ita’s and argues that this is a good thing because only 1% of the expected workforce live within a 5 mile radius. It is not, it means that 15% of staff at the CMH in Dundrum do not know yet how (or if) they would travel to St. Ita’s.
 - The Punch report states of the unsustainability of proposed staff journeys to St. Ita’s if planning permission is granted: “The actual percentage driving is expected to be less when the workforce is aware of the shuttle bus service to be provided by the HSE between Donabate railway station”. Really? Given that only 3% of staff expressed an indication that they would travel to Portrane by LUAS ‘and’ train, is Punch really

expecting the Community Council to accept the argument that after walking to their nearest LUAS stop, travelling into Dublin City Centre on the LUAS, then walking to the train station and boarding a train to Portrane, that the deciding factor on whether more people would make this journey would be a third mode of transport – a shuttle bus - to get them to work in the morning? This is unlikely. In fact, more staff will likely end up travelling by car as the LUAS/train/Shuttle bus commute takes so long.

- The Punch report states: “the actual percentage driving is expected to be less”. What is the factual basis for this statement? Why would this be the case? Because they live close to rail links? This should be substantiated or withdrawn.
 - The Punch report expresses an expectation that existing staff will move to Portrane. There is no evidence for this. If 36% of staff purchased houses in Dundrum within 5 miles of the CMH over decades, what is the likelihood that staff will move to the area of St. Ita’s any time soon? It has few of the amenities of the area of Dundrum and these are mature staff with families whose children are in schools, etc
 - The Punch report expects new staff to live closer to St. Ita’s. Why? Where is the evidence for this? As noted above, it has taken decades for the CMH in Dundrum to achieve this. Has a survey of existing staff in the operational areas of St. Ita’s been undertaken? How many of these live in the area or moved to the area recently for work. We do not live in the past. We live in an era where someone can drive around the M50 and to St. Ita’s from Dundrum in around an hour. People do not need to live in the area.
- Section 6.0 refers to ‘Traffic Forecasting’; however, no analysis is provided in terms of zoned land/land with planning permissions granted or pending which itself could cause traffic levels on the R126, etc. to rise.
 - Fig. 7.1 refers to the construction access routes including the regional road network as though these are agreed. They are not. This is a planning application, not a fait accompli. As with much in the Punch report, the construction access routes are unchanged from what was originally proposed.
 - Constant references are made throughout the applicant ‘Planning Report’ and the Punch reports to “the construction access route” – these references refer only to the old water treatment plant access - this gives a false impression that the applicant proposes to take traffic off local roads.
 - An independent estimate of trip numbers is required as what the Punch report provides is a guess. The overall guess has its problems, but these are compounded by the claim that it is possible to operate for 48 weeks a year. If you remove Sundays alone from a working year this is 52 days removed alone which is 7.5 weeks. If you then take out all truly non working days, the number will be around 37-40. Punch has provided what is at most a ‘guesstimate’ and then added caveats which defeat the purpose of making the guess. The report expects an: “increase for busier period during the construction” and “for busier times of any particular day”. The figures provided, which allow for a worst case of 24 HGVs per hour on local roads (56 cars/hour equivalent divided by the 2.3 conversion factor) do not provide the Community Council with the clear picture of proposed construction vehicle movements as requested by FCC. The Community Council is advised that using the formula the applicant has adopted, the figures provided could be under-estimated by as much as 100%.

The under-estimate would be due to the TTA using an excessive construction period/the underestimate of construction cost/no geolocation adjustment to account for differences between Ireland and the UK. TTA states construction traffic will be average of 6 HGV movements per hour with a potential max of 6 x 2 (busy construction period) x 2 (peak production hours within busy period) = 24 movements per hour potentially. This is the Punch Figure. Based on 2.3 cars per HGV, this equates to 56 cars per hour. This falls within the 2033 capacity which the TTA says the network as proposed can accommodate. See the attached alternative calculation in Appendix 1 which gives a potential average of 10 movements per hour up to a potential max of 48. Taking the TTA estimate as the lower end of a range. This indicates a potential max per hour within a range of 24 to 48 movements. How is this accounted for in the measures proposed? Can the proposed route handle this many movements? These are construction loads – note the car equivalents are 56 to 111 movements per hour based on TTT factor of 2.3 cars per construction load. The mitigation proposed is to keep these movements outside two narrow time periods in the morning and at lunchtime – no constraints are proposed for the evening peaks. Can the 2033 capacity handle this number? Will the measures required to achieve this capacity be in place in advance of the construction phase?

The EIS states there will 6 HGV deliveries per hour¹ for 3 years. This is double the findings based on the ‘best estimate’ contained within the TTA and is more in line with the alternative calculation above – this surely brings into question the veracity of the TTA ‘best estimate’ on which the TTA conclusion that the measures proposed for construction traffic are adequate (in numbers terms – no mention of increased risk of an accident). Note as well that if as suspected the actual construction programme is shorter than 3 years, this increases the load per hour during the construction phase. Based on 48 working weeks, 5 days per week and 8 applicable hours per day over a 3 year period, 6 HGV movements per hour average translates into $6 \times 3 \times 48 \times 5 \times 8 = 34,560$ movements. The EIS figure was 12 HGV movements per hour which equates to possibly 69,129 movements over the construction phase – this is what is being proposed – a compressed period increases the density of movements. The potential bunching could be greater if/when construction overlaps with demolition and the removal of waste – 500 loads estimated which is the equivalent of 1000 movements in what may be a short period of time.

Is the strategy to let the locals live with the difficulties that construction traffic will put on the community at peak construction traffic time? Or is the mitigation designed for same? This is unclear but given the intention to run traffic through the village, surely this must be expressly addressed now.

It is stated in para. 4 on page 21 that ‘the foregoing proves’ that construction traffic can go through the village - does it allow for the peak construction traffic flow projections as per the ranges set out above or is the statement based on the averages?

- Section 7.0 raises a number of questions:
 - Has St. Pats GAA been asked by the applicant (and/or by Punch Consultants) about sharing the access with construction traffic notwithstanding the “mitigation measures” proposed?
 - The construction access route is really nothing more than a site access road – its presentation as a construction access route gives it a status it does not deserve, as it does not take any traffic away from Donabate village.
- Section 8.0 repeats material included in Section 5.
- In terms of measures that the applicant proposes to the R126 and the routes which are proposed to be used by the applicant. A question arises as to whether it is proposed to have these in place before the construction starts? And, if so, would the roads be tested to ensure that the measures are in fact enough particularly for the construction phase?
- Section 10.2 refers to the ‘Existing Turvey Avenue/Hearse Road Junction’.⁴⁶ However, no details are provided as to what are the existing traffic issues at the Turvey Ave Hearse Road junction that the applicant is referring to? Punch proposes traffic lights on the junction and road widening to address the fact that the proposed development would substantially worsen queuing at the junction for the local community. The Community Council is opposed to traffic lights being installed on the junction only to facilitate this one development and opposed to the proposed widening of Hearse Road to facilitate a single development project as this would set a precedent for future large-scale developments to be served by this road. The Community Council notes how this work would extend the construction period of the project and the widening works and the traffic lights would themselves impact on the community by causing queuing and delays. This stretch of road was recently the subject of road improvement works which caused significant community disruption. The applicant is now seeking permission to carry out additional works outside of the project boundary which themselves are unacceptable to the Community Council.
- The Community Council notes how the applicant describes mitigation measures, but it is not clear what exactly they are mitigating. They appear only to try to mitigate the disruption the development brings but would not eliminate it. The originally proposed construction access route does not address the issue of traffic using the village and the railway bridge – these issues should have been considered in the original SID which was deficient in this regard. They say they were not tabled prior to the application to ABP – is that mitigation for failing to consider the risk associated with travelling over the bridge and through the village and the increased risk to and

⁴⁶ Punch accepts, as they did when their original planning application report was submitted that “the queuing observed when the traffic survey was carried out was worse than the software predicts”. The software is not blamed. Apparently it is the “poor geometrics of the R126 to the west of the junction”.

inconveniencing of locals? Where is the increased risk of an accident considered? Is there a cost benefit analysis that does more than simply try to minimise the construction cost of any proposal to mitigate traffic impacts? Is risk elimination not a valid approach? Mitigation is the wrong word – the applicant is implementing what is necessary to make the figures work – this is not mitigation.

- Comments on Section 2.2.3.3 of the submitted ‘Planning Report’:
 - The Community Council does not consider that the proposed construction traffic can be accommodated within the local road network. The Punch report is an exercise in try to retrofit the R126 and its various sections and junctions to serve the proposed development. A bit of road widening here, some signage there, traffic lights elsewhere and references to queuing being within acceptable ranges. The Community Council has for years sought improvements to the road infrastructure in the area. For example, the Donabate Relief Road need was identified partly to help relieve congestion in the Donabate. This project remains premature pending these improvements and the sticking plaster mitigation proposals made by the applicant are inadequate and, for the most part, unenforceable.
 - Concerns regarding the impact on St. Patrick’s National Schools are set out above.
 - References are made liberally to “traffic lights”, “point men”, “fencing off part of the route”, “one-way traffic control of vehicles” without a complete Construction Management Plan being provided such that the actual impacts of these measures can be assessed. All of these measures suggest traffic chaos. The Community Council considers that these measures need to be scoped in practice and then, as appropriate (i.e. once assessed as being practicable and workable) made a condition of any planning permission.
 - The Community Council has illustrated in its original submission how the Hearse Road/Turvey Avenue junction does not have capacity for the project – the applicant now accepts this. Rather than accept that the project’s traffic cannot reasonably use the R126 to travel through Donabate, the applicant proposes instead to widen the road into the land of, as yet not contacted, third parties. This is not therefore a proposal but a suggestion. The Community Council notes that the Board should also consider the impacts that road widening would have on the character of Donabate.
 - No details are again provided with respect to the numbers of oversized and hazardous loads proposed to travel to St. Ita’s during the construction phase.
 - The applicant refers to how construction vehicles will park up in St. Ita’s site to avoid queuing. The impact of this will be caravans of trucks travelling along the R126 during permitted hours.
 - No details are again provided with respect to utility works which may impact on the community by way of their taking place on already congested public roads. This issue is worsened by reference to how: “The contractors Construction Management Plan will include specifications regarding the quality of temporary reinstatements and the timelines of permanent reinstatements of roads and pavements affected by the works”. These details are required by the Community Council to assess the impacts of the proposed development on the road network.
 - References to how construction vehicles will use the road hierarchy “as much as practicable” are meaningless in the Donabate/Portrane area where the R126 is the only route to the M1. Not only this, but “as much as practicable” is hardly an unconditional guarantee. It is in fact meaningless.
 - References to multiple contractors on site each with their own CTMP raises the issue of enforcement. The Community Council is concerned that there will be no way to control the applicant’s contractors.
 - Comments on working hours are provided above, but concerns must also be raised over such points as: the applicant failing to address the evening peak, “consent for work outside these hours may be given” and “It may however be necessary to work outside of these hours at night and at weekends during certain activities and stages of the development; for example to minimise disruptions when road closures may be required (e.g. utility works)”. These caveats to the proposed working hours are of significant concern to the Community Council.

The Community Council request that no construction or excavation works are permitted on the proposed site at night time due to the proximity of this site to numerous private residential homes in The Priory estate, along the Portrane Road and on Portrane Avenue. If construction works activity take place at night time it would be completely unacceptable to the numerous residents who live in such close proximity to a large scale long term building project.

- Comments on Section 2.2.3.3 ‘Proposed Alternative Construction Traffic Routes’ of the submitted ‘Planning Report’:
 - The applicant provides no detail to indicate that any genuine effort to provide an alternative construction route to using the R126 has been made. The detail provided is dismissed almost entirely on the basis that the R126 already exists. The fact is that the R126 is not suitable to serve the proposed development and an alternative is required or else the proposed development is premature. The applicant’s position is that causing significant traffic impacts on the local community is preferable to waiting for an appropriate construction access route to be agreed.

The Community Council notes how the risks referenced by the applicant as a basis for dismissing, for example, alternative A, are minimal compared to the risks posed by their preferred solution.

The Community Council’s preferences are:

1. The Donabate Relief Road being completed prior to construction as the only alternative which would result in maximum community risk and impacts elimination;
2. Option B, which would still carry risk and impacts, but less than Option A; and then
3. Option A.

- Comments on Section 2.2.3.3-133 & 134 – the Community Council’s previously submitted comments in respect of the applicant Mobility Management Plan can be taken as read as the applicant has provided no new details.
- Comments on Section 2.2.3.3-135 – this point is addressed under the response provided to the Punch reports.
- Comments on Section 2.2.5 ‘Internal Road Layouts’ – comments on these points are provided above as this point is cut and pasted from the Punch reports.
- Comments on Section 2.2.7 ‘Mobility Management Plan’. Para. 146 does not define what capacity bus is to be used for the shuttle bus serve which will make just 9 trips and from St. Ita’s – less than hourly. This does not appear to be an especially attractive service; one which would encourage staff and visitors not to take their cars.
- Comments on Section 2.2.8 – the applicant states: “we recognise that there will be impacts on the local road and traffic network”. There will be and the Community Council asks that an alternative access route be developed by the applicant. The “mitigation” measures are not aimed at minimising impacts on the community, but instead are proposed by the applicant in recognition of the fact that the road carriageway and the junctions along its length, especially in Donabate, cannot currently safely accommodate the proposed development as they cannot provide for two HGVs passing one another. Road widening, traffic lights, etc. are of no benefit to the existing community. They will merely cause queuing and exacerbate those areas where queuing occurs at peak times at present. The applicant’s sole focus in the submitted documentation is dragging the existing road carriageway into a state where it can serve the scheme; no consideration is given to the impacts that, for example, road widening would have on the appearance of Donabate.
- Para. 150 states: “We note the general approval for the development”; the Community Council again notes that it does not approve of the project while it proposes to use the R126 as the construction access route.
- Para. 151 claims to have “comprehensively” addressed the concerns of the Fingal County Council and the community. The Community Council does not agree with this.
- Paras. 153, 154, 155, 156, 157 and 158 are addressed under the Community Council’s response to Section 1.3.3, paras. 1.3.3-70, 71 and 72 of the submitted ‘Planning Report’. These are repeat paragraphs.

- The Community Council’s response to Section 2.5 of the submitted ‘Planning Report’ is provided above under its responses to Sections 1.3.2 and 1.3.4-77. It is not clear why Fig. 2.2 was needed to highlight previously provided information – for emphasis perhaps?
- Comments on Section 20.0 ‘Summary and Conclusion’:
 - Point 1 - Is the mention of the 120 beds valid? What is the context for this reference? Or is it, as some members of the Community Council have suggested, disingenuous?
 - Point 2 - Surveys were carried out over one day – is this sufficient?
 - Point 4 – the software used for the EIS conclusions produced a flawed answer – hence the need for a reappraisal at the Hearse Rd/Turvey Junction. Local concerns are being ignored now on the basis of another software output.
 - Point 5 – is the potential peak construction traffic flow accounted for?
 - Point 6 – will this widening scheme also require an EIS? This is one of the reasons for rejecting the haul road alternatives. What about disruption and the long term impacts on residents? Wasn’t the relief road proposed to deal with just this? Is there a cost benefit analysis that considers the potential accident risk as opposed to just construction cost? When is this going to happen – BEFORE construction starts?
 - Point 7 – see point 6 – disruption/accident risk – cost benefit?
 - Page 53, Point 2 – what about peak construction traffic? These are mitigation measures – not elimination measures – what will be the impact on road users/ locals and the increased risk of a serious accident associated with taking the traffic over the bridge and through Donabate village? What about outside school term? What about evening peaks?

4.1.5 COMMENTS ON SECTION 2.10:

- In response to para. 271, the Community Council agrees that a bond condition is required to ensure the applicant will fully “implement the Woodland and Biodiversity Management Plans”. The Community Council is advised that planning conditions applied as part of SID projects are very difficult to enforce. The Board, the planning authority in this case, is not an enforcement authority; therefore, the community must ask that bonds be required to ensure compliance.

4.1.5.1 COMMENTS ON THE ISSUE OF APPLYING BOND CONDITIONS:

- The applicant’s submission appears to express surprise that bond conditions may be applied. Such conditions have become standard in SID cases and should be applied in this case. For example:

1. Under SID Planning Applications, reg. refs. PL 26.PA0016 and PL08.PA0017, bond conditions were applied as follows:

21. Prior to commencement of development, the developer shall lodge with the planning authority a cash deposit, a bond of an insurance company, or such other security as may be acceptable to the planning authority, to secure the reinstatement of public roads which may be damaged by the transport of materials to the site, coupled with an agreement empowering the planning authority to apply such security or part thereof to the satisfactory reinstatement of the public road. The form and amount of the security shall be as agreed between the planning authority and the developer or, in default of agreement, shall be referred to An Bord Pleanála for determination.

Reason: In the interest of road safety and the proper planning and sustainable development of the area.

2. Under SID Planning Application, reg. ref. PL19 .PA0032, Condition Nos. 21 and 22 required a bond: “to secure the reinstatement of public roads which may be damaged by the transport of materials to the site”. The condition states:

21. Prior to commencement of development, the developer shall lodge with the planning authority, a cash deposit, a bond of an insurance company, or such other security as may be acceptable to the planning authority, to secure the reinstatement of public roads which may be damaged by the transport of materials to the site, coupled with an agreement empowering the

planning authority to apply such security or part thereof to the satisfactory reinstatement of the public road. The form and amount of the security shall be as agreed between the planning authority and the developer or, in default of agreement, shall be referred to An Bord Pleanála for determination.

Reason: In the interest of road safety and the proper planning and sustainable development of the area.

22. Prior to commencement of development, the developer shall lodge with Westmeath County Council, a cash deposit, a bond of an insurance company, or such other security as may be acceptable to the planning authority, to secure the reinstatement of public roads which may be damaged by the transport of materials to the site, coupled with an agreement empowering the planning authority to apply such security or part thereof to the satisfactory reinstatement of the public road. The form and amount of the security shall be as agreed between the planning authority and the developer or, in default of agreement, shall be referred to An Bord Pleanála for determination.

3. Under PL08.PA0028, a bond was applied under Condition No. 25.

4.1.6 RESPONSE TO SECTION 2.12 – ‘COMMUNITY GAINS RECOMMENDATIONS BY FCC’:

- Response to para. 274. FCC accepts that development levies cannot be applied; the applicant accepts this without question. But when FCC sets out how the project, which will cause impacts on the local community which are accepted in the applicant’s planning documentation, the applicant argues that no real community gain should be provided as per the FCC submission referenced in para. 273. The reasons given suggest no respect for the local community and the burden the project would place on it.

The applicant argues that the only “community gain” they will offer is that which they refer to as “voluntary”, i.e. those items which have already been highly criticised by the local community in the Community Council’s original submission.

The Community Council considers that the FCC’s request to provide the community gains listed in para. 273 is a reasonable one. This is a project which will make no other form of community contribution.

The Community Council’s response to the applicant’s purported “community gains” has already been submitted with the original observation. This may be taken as read as the applicant has offered nothing new.

- Paras. 276 and 277 represent somewhat of a fit of pique. The applicant wants FCC to agree that the offered “community gains” are of weight and value. But FCC does not agree – why would it? This is a project which, unlike most development schemes, does not even have to pay development levies because the HSE behemoth has been granted charitable status by FCC in accordance with its Section 48 Scheme. It is not clear to the Community Council just how a Health Service Executive can be a charity. The proposed development would, therefore, if granted, be making no contribution to the area for all kinds of established infrastructure. The project team seem not to understand that you can’t have your cake and eat it too. The applicant then angrily makes the argument that complying with planning requirements should itself be considered community gain, e.g. just the exercise of seeking to comply with planning requirements is something FCC should recognise as community gain (even though the HSE proposed the idea of the NFMHS Hospital to FCC and caused the Variation to be instituted). Para. 277 lists items which are blatantly not a gain to the community such as the closure of one legally held Right of Way and its replacement with one without legal recognition.
- Para. 278 finds the applicant dismantling FCC’s proposal, on petulant health and safety, public liability, insurance, etc. grounds, that a building or buildings be made available to the community even though buildings have been used by the community for years. It is only recently – to facilitate the current project – that access to St. Ita’s has begun to be restricted to the community.
- Next, in para. 279, the applicant tries to avoid having to explain why it won’t fund/part-fund a community facility or service. The applicant repeats points already made. Apparently providing a real community gain contribution would: “impact directly and negatively on the potential level of service provision that the hospital can provide”. Given how the provisions of Section 37G (7)(d) of the Planning & Development Act 2000, as amended, were included in the legislation for the specific purpose of effectively compensating a community arising from the

impacts of accommodating a SID, it is not entirely clear why the HSE has not budgeted to deliver some form of community gain to the local community. Claims that the HSE has not done so can only be interpreted as somewhat disingenuous given how its planning advisors would have outlined the contents of Section 37G(7)(d) during the early stages of preparing the way for this project. It is also unlikely that FCC and ABP did not also advise the applicant during pre-planning.

- The applicant team has not addressed FCC’s suggested community gain of a “community fund for the development of community recreational facilities or services within the ... area”. The reason for this is that the applicant considers that any such proposal cannot be considered by the Board because Section 37G(7)(d) of the Planning and Development Act, as amended, states that the Board may attach to a permission:

A condition requiring –

(i) The construction or the financing, in whole or in part, of the construction of a facility, or

(ii) The provision or the financing, in whole or in part, of the provision of a service, in the area in which the proposal development would be situated, being a facility or service that, in the opinion of the Board would constitute a substantial gain to the community.

The Community Council accepts that while Section 37G(7)(d) appears to be specific in respect of its applicability and the jurisdiction of the Board in that it refers to facilities or services; however, it notes how there exists considerable precedent for the Board to apply a community fund condition (see Section 4.1.6.1).

The Community Council also notes that in making this request, it had considered that the HSE might make an offer of a community fund, as was suggested by the Planning Inspector when the planning application for the National Paediatric Hospital was being considered. The Inspector stated: “the applicant may propose to establish a fund for community gain outside of the confines of Section 37G if permission is granted for the proposed development without the inclusion of a specific condition” (see Section 7.10 of the Planner’s Report for Planning Application, reg. ref. PL29N.PA0024). The applicant has now made it clear that no such offer will be made.

- In para. 279, the applicant makes reference to Section 37G(8) of the Planning & Development Act 2000, as amended. The community agrees with FCC that the community gain conditions suggested would not “substantially deprive the person in whose favour the permission operates of the benefits likely to accrue from the grant of the permission”. As noted above, the HSE has been aware that it was making a SID planning application for some time and should reasonably have budgeted for funding community gain under Section 37G(7)(d) of the Planning & Development Act 2000, as amended. The legislation states that a community gain contribution can be made when appropriate. In this case such a contribution is appropriate; the request made by FCC and the Community Council are not in any way excessive.

4.1.6.1 COMMENTS ON THE ISSUE OF A COMMUNITY FUND AS COMMUNITY GAIN – PRECEDENT CASES:

- There is precedent for SID projects to be conditioned to provide a community fund. Examples include:
 - Under SID Planning Application, reg. ref. PL06F.PA0018, a community fund condition was applied as follows:

*The applicant, over the lifetime of the landfill development, shall annually set aside a fund, derived from charges for waste management, to provide appropriate environmental improvement projects and community facilities in the local community. The initial contribution to the fund shall be €1 per tonne of waste received and thereafter the contribution shall be updated in accordance with the consumer price index. 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 the applicant and the environmental monitoring committee. In default of an agreement, the details shall be determined by An Bord Pleanála.
Reason: To mitigate the impacts of the landfill operation on the local community.*

Section 7.13.8 ‘Community Gain Fund’ of that Planning Inspector’s report states: “I would consider it appropriate that the Board would consider attaching a condition requiring that a set amount of monies based on annual tonnage to be accepted at the facility to be set aside for a local community fund which would benefit local organisations and residents. This would help off- set some of the negative perceptions associated with the facility.

- Under SID Planning Application, reg. ref. PL08.PA0017, a community fund condition was applied as follows:

Prior to commencement of development, a community liaison committee shall be established to liaise between the developer and the local community. The membership of this committee shall reflect membership of the local community of Tarbert and shall include representatives from Kerry County Council and the developer. Full details of the committee shall be agreed between the planning authorities and the developer prior to commencement of development. The community liaison committee shall have responsibility for the administration of the community gain fund account to be set up in accordance with condition number 20 below and for decisions on projects to be supported by the fund in addition to acting as a liaison committee with the local communities in relation to ongoing monitoring of the operation of the proposed development.

Reason: To provide for the allocation of resources from the community gain fund in accordance with the requirements of the local community and to provide for appropriate ongoing review of operations at the site in conjunction with the local community.

- Under SID Planning Application, reg. ref. PL08.PA0016, a community fund condition was applied as follows:

17. Prior to commencement of development, a community liaison committee shall be established to liaise between the developer and the local communities. The membership of this committee shall reflect membership of the local communities of Cheekpoint and Horeswood (extending to Great Island) and shall include representatives from Waterford County Council, Wexford County Council and the developer. Full details of the committee shall be agreed between the planning authorities and the developer prior to commencement of development. The community liaison committee shall have responsibility for the administration of the community gain fund account to be set up in accordance with condition number 18 below and for decisions on projects to be supported by the fund in addition to acting as a liaison committee with the local communities in relation to ongoing monitoring of the operation of the proposed development.

Reason: To provide for the allocation of resources from the community gain fund in accordance with the requirements of the local community and to provide for appropriate ongoing review of operations at the site in conjunction with the local community.

The associated Planning Inspector’s report states: “The concept of the imposition of a condition in a grant of permission for a “strategic infrastructure” development requiring payment towards a facility or service that in the opinion of the Board would constitute a substantial gain to the community of the area is introduced in Section 37G(7)(d) of the Planning and Development Act, 2000, as amended by the Planning and Development (Strategic Infrastructure) Act, 2006. This is commonly known as “community gain”.

- Under SID Planning Application, reg. ref. PL19.PA0015, a community fund condition was applied as follows:

22. Prior to commencement of development, a community liaison committee shall be established to liaise between the developer and the local community. The membership of this committee shall reflect membership of the local community of Lumcloon and neighbouring townlands and shall include representatives from the planning authority and the developer. Full details of the committee shall be agreed between the planning authority and the developer prior to commencement of development. The community liaison committee shall have responsibility for the administration of the community gain fund account to be set up in accordance with condition number 29 and for decisions on projects to be supported by the fund in addition to acting as a liaison committee with the local community in relation to ongoing monitoring of the operation of the proposed development.

Reason: To provide for the allocation of resources from the community gain fund in accordance with the requirements of the local community and to provide for appropriate ongoing review of operations at the site in conjunction with the local community.

- Under SID Planning Application, reg. ref. PL17.PA0013, a community fund condition was applied as follows:

The developer shall make an annual payment into a fund to provide appropriate environmental improvement projects and community facilities in the local community. The contribution to the fund shall be €1 per tonne of waste imported (from outside the overall complex at this location) for treatment at the CHP plant or €50,000 per annum whichever is the greater, and shall be paid each year for the first 10 years of operation. The fund shall be administered by the planning authority who shall establish a Community Liaison Committee to advise on appropriate local community projects to benefit from the fund. In default of agreement, details relating to the fund shall be determined by An Bord Pleanála.

Reason: To mitigate the impacts of the CHP plant operation on the local community and having regard to the submissions from the planning authority and the applicant in the course of the application

- Under SID Planning Application, reg. ref. PL19.PA0011, a community fund condition was applied as follows:

25. Prior to commencement of development a community liaison committee shall be established to liaise between the developer and the local community. The membership of this committee shall reflect membership of the local community of Derrygreenagh and neighbouring townlands in County Offaly and County Westmeath. Membership shall be restricted to ten persons under an independent chairperson and include one member and one official from each planning authority and a representative of the developer. The community liaison committee shall have responsibility for the administration of the community gain fund account to be set up in accordance with condition number 26, and for decisions on projects to be supported by the fund in addition to acting as a liaison committee with the local community in relation to ongoing monitoring of the operation of the proposed development.

Reason: To provide for appropriate ongoing review of operations at the site in conjunction with the local community and to provide for the allocation of resources from the community gain fund in accordance with the requirements of the local community.

- Under SID Planning Application, reg. ref. PL09.PA0004, a community fund condition was applied as follows:

The developer shall pay a sum of money to the planning authority, either annually or in such manner as may be agreed, towards the cost of the provision of environmental improvement and recreational or community amenities in the locality. The identification of such projects shall be decided by the planning authority having consulted with the community liaison committee as provided for under the original permission, PL 09.212059, governing the development of the site. The amount of the contribution and the arrangements for payment shall be agreed between the developer and the planning authority or, in default of agreement shall be referred to the Board for determination. The amount shall be index linked in the case of phased payments.

Reason: It is considered reasonable that the developer should contribute towards the cost of a facility or provision of a service which would constitute a substantial gain to the community.

- Under SID Planning Application, reg. ref. PL08B.PA0002, a community fund condition was applied as follows:

38. Prior to commencement of development a community liaison committee shall be established to liaise between the developer and the local community. The membership of the committee shall include representation from two elected members of Kerry County Council, two officials of Kerry County Council, three members of the local community (Ballylongford, Kilcolgan and Tarbert) and two representatives of the developer. The community liaison committee shall have responsibility for the administration of the community fund to be set out under condition number 37 above and for decisions on projects to be supported by the fund in addition to acting as a liaison committee with the local community in relation to ongoing monitoring of the construction and operation of the proposed terminal.

Reason: To provide for appropriate ongoing review of operations at the site in conjunction with the local community and to provide for the allocation of resources from the community gain fund in accordance with the requirements of the local community.

- Although the applicant’s planning application for the National Paediatric Hospital was refused, it is notable that the Planning Inspector in that case stated: “I would recommend that if the Board are minded to permit the proposal that a condition in respect of Section 37G(7)(d) is attached” (see Section 7.10 of the Planner’s Report for Planning Application, reg. ref. PL29N.PA0024). The HSE cannot therefore reasonably expect the Community Council to believe that it did not budget for the application of such a condition in the current planning application.
- Under SID Planning Application, reg. ref. PL19 .PA0032: The developer committed (see section 4.3.1 of the EIS) to establish a Community Fund once the proposed wind farm was operational. The Board decided that the inclusion of a condition requiring same in this grant of permission would be unnecessary in the light of this stated commitment.

4.2 RESPONSES TO SECTION 3.0 OF THE SUBMITTED ‘PLANNING REPORT’:

4.2.1 RESPONSES TO SECTION 3.1:

- In response to para. 2, the Community Council stands by its position that, as submitted, this planning application is non-compliant with national and regional planning policy. The Community Council’s original submission on these points can be taken as read.
- In response to para. 3, the Community Council can confirm for the applicant’s benefit that the proposed development is proposed in a location which is outside of any settlement. This is unlike the CMH in Dundrum which is located in a Major Town Centre.
- In response to para. 4, the Community Council expects that ABP knows what the NSS is.
- In response to para. 5, the Community Council expects ABP knows what the RPGs are.
- In response to para. 6, the applicant asks that the established principle of ‘Hierarchy of Access to Social Infrastructure’ guidance which relates to hospitals (Section 5.4.5 of the NSS) be dismissed as irrelevant because all future hospitals proposed for development in Ireland are not listed in the NSS and RPGs. This is a planning application for the ‘National’ Forensic Mental Hospital’; not for a small health clinic. Of course the hierarchy should be applied. If it is not applicable to strategic infrastructure projects with national significance, what is the point in having it at all?

The applicant may need to be reminded of what Strategic Infrastructure Development (SID) is. Section 37 (A) (2) of the Strategic Infrastructure Act 2006 states a proposed development is SID if: “in the opinion of the Board, the proposed development would, if carried out, fall within one or more of the following paragraphs, namely— “(a) the development would be of strategic economic or social importance to the State or the region in which it would be situate, (b) the development would contribute substantially to the fulfilment of any of the objectives in the National Spatial Strategy or in any regional planning guidelines in force in respect of the area or areas in which it would be situated, (c) the development would have a significant effect on the area of more than one planning authority”.

At pre-planning with the Board and in the submitted SID planning application and now in this further information submission, the applicant seeks to by-pass national and regional planning policies by claiming that while the proposed development is of strategic economic or social importance to the State or the region (i.e. it is a SID), it isn’t subject to national and regional planning policies aimed at regulating the national or regional positioning of such SID developments. Again, this is not logical.

This issue was noted by ABP’s Inspector at pre-planning (file reg. ref. 06F. PC0175) who stated:

5.3 Development’s contribution to the fulfilment of any of the objectives in the National Spatial Strategy or in any regional, spatial and economic strategy. The National Spatial Strategy 2002 to 2020 refers to a hierarchy of access to social infrastructure. Section 5.4.5 notes that if hospitals are to support specialist high quality functions they need to attain a certain threshold or size. Given this, such functions will tend to develop in larger settlements. This is reflected in Figure 5.1 of the NSS (People and Social Infrastructure – Access to Services). I note that this is not a city centre location nor is Portrane/Donabate specifically identified as a ‘Primary Development Centre’ or settlements with

'Urban Strengthening Opportunity' in the NSS. It would appear to constitute a town of population between 1500 to 5000 population and for which the NSS indicates catering for local growth for residential, employment and service functions through enhancing the built environment, water services, public transport links and capacity for development. Whilst therefore in general proximity to the Dublin Metropolitan Area and associated infrastructure including legal courts and other large hospitals it would not, in my opinion assist in meeting specific objectives set out in the NSS. Similarly having reviewed the relevant social infrastructure policies contained in the Regional Planning Guidelines for the Greater Dublin Area 2010-2022 it would not appear to me to contribute substantially to the fulfillment of any specific objectives in that document.

The proposed development would not, if granted, assist in meeting specific objectives set out in the NSS. In fact, it would set a precedent for SID projects – of a national and regional importance – to be allowed to ignore / avoid policies whose content is specific to such projects.

- The applicant argues that this 'national' hospital should be treated differently from other national scale hospitals; this argument is itself illogical. The 'national' dental hospital, the 'national' maternity hospital, etc. are all located in the centre of Dublin. It was not long ago that the applicant's planning consultant was arguing that the 'national' children's hospital just had to be located in the city centre.

The applicant argues that the "NFMHS Hospital is not a general inpatient hospital serving a wide section of the community on a daily basis" (para. 6) and so is different to a general hospital. The applicant's argument is nonsense. It is nonsense for many reasons, but primarily, if the applicant can use this argument, why can't the many nursing home developers around the country who wish to propose nursing homes on the outskirts of towns and villages?

Just like the proposed NFMHS Hospital, nursing homes are not inpatient hospitals, but like the proposed development, they accommodate residents, have a regular intake of patients and those patients can come and go in certain circumstances. In recent years, Coillte – another state body – sought to apply for planning permission for numerous nursing homes outside of settlements. Based on its planning decisions, the location of residential facilities outside of established settlements is not supported by the Board.⁴⁷ The Board refused them all in Coillte's case. Common reasons for the refusal of such planning applications, including Coillte's, (e.g. in appeal, reg. refs. PL 09 234296, PL07 .237517, PL04 .237719, PL07 .208727, PL31 .238953, PL04 .219613) by the Board are:

Having regard to the Regional Planning Guidelines for the Greater Dublin Area, 2004-2016, and to the location of the site within the Hinterland Area, where it is the policy that development outside the designated development centres should be strictly limited; and to the provisions of the current Kildare County Development Plan. It is considered that the proposed development would militate against the orderly development of the Greater Dublin Area, as set out in the Guidelines, would be contrary to the policies of the planning authority, as set out in the Development Plan, would seriously injure the amenities of the area and would, therefore, be contrary to the proper planning and sustainable development of the area.

It is considered that such a facility should be located in a settlement where residents could have some degree of access to shops, other amenities and services and have opportunities for social contact; and where public transport would facilitate visitors and staff. As a standalone facility in a rural location, remote from a settlement and where public transport is not available, the proposed development would not serve the basic needs of future residents and would, in addition be an unsustainable form of development.

The proposed development is located beyond the periphery of the village of Carrabane in an unserved rural area. Having regard to the small scale of the settlement, and the large scale of the development, it is considered that a development of this scale would be contrary to the provisions of the current Galway County Development Plan for development in rural areas. Furthermore, the development is located at a remote location from the existing village core with poor connectivity and a nursing home and associated residential units would result in an excessive density of piecemeal isolated

⁴⁷ <http://ien.ie/2011/%E2%80%99C Irish-nursing-home-location-policy-a-fiasco%E2%80%9D-an-taisce/>

development, which would seriously injure the amenities of the area and be contrary to the proper planning and sustainable development of the area.

It is considered that the proposed development, by reason of its scale and location in relation to the unserved village of Monivea and in the absence of a plan for the proper and coordinated growth of the village, would seriously injure the character and amenities of the village and would impact adversely on Monivea Demesne and woodland, an existing area of amenity related to the village and the wider area. The proposed development would constitute overdevelopment of these lands, would negatively affect the relationship between the village and Monivea Demesne and would, therefore, be contrary to the proper planning and sustainable development of the area.

The proposed development to construct a 181 unit retirement village and convalescence centre in a remote rural area zoned for agricultural use with poor existing services would be unsustainable and contrary to development plan settlement strategy to support the vitality and viability of existing village and town centres and the development plan healthcare objective to encourage the integration of such facilities within new and existing communities and to discourage proposals that would cause unnecessary isolation or other access difficulties. The proposed development would, therefore, contravene materially a development strategy and objective as set out in the current development plan for the area and would be contrary to the proper planning and sustainable development of the area.

- In para. 7, the applicant continues to argue that a facility which is akin to a nursing home – just on a national scale – should be located in a rural area. The applicant argues that the NFMHS Hospital is “low density” an argument generally applied to residential policy and residential developments. This is a national hospital and it should be located in a major town centre or a city. Its present location in Dundrum is such a location.
- In para. 8, the applicant repeats that the project meets its own project criteria and seeks to conflate this point with reference to how the proposal is “very much in line with the objectives of the NSS and RPGs” – as pointed out above, even the Board’s Inspector stated at pre-planning that the proposed development would not meet any objective contained in the NSS and RPGs. The applicant also argues that the proposed development is located “within the grounds of an existing, long established mental health facility” – this is not really an argument given how the existing CMH site at Dundrum could accommodate the proposed development and it is the existing NFMHS Hospital in Ireland which is well located in a Major Town Centre in addition to having a long history of delivering mental health services.
- In para. 9, the applicant again seeks to deflect attention away from the project’s non-compliance with NSS and RPGs objectives by stating that a number of authorities have expressed support for this project and Fingal County Council especially do with a Variation. It is notable that many of the nursing home projects located outside of established settlement centres and refused by An Bord Pleanála on this basis – including some of those listed above – were first granted planning permission by the local authority in question. In respect of the Coillte nursing home proposals, these had to be appealed by An Taisce in the face of support from each local authority and from other state bodies. A project either complies with planning policy or it does not. This is a planning application for a national hospital in a rural area; it does not comply. If a private developer sought material contravention to obtain planning permission for a rural nursing home and obtained it and planning permission. Then this planning application was appealed to the Board, would it be granted? Unlikely. The Variation is effectively a bending of the planning policy rules to facilitate a single project.
- In para. 10, the applicant acknowledges how the Board’s Inspector found the proposed development to fail the tests of contributing to meeting the objectives of the NSS and RPGs. The applicant argues that just because the proposed development does not meet these objectives, it doesn’t mean that they contravene them. Well, this is only because the NSS and RPGs were not designed on the basis that a national scale project would choose to ignore these policies; to propose a project whose location is utterly at odds with the established principles of locating national scale facilities in centres of maximum population.
- In para. 11, the applicant blatantly announces that although the project has been deemed SID, it does not have to comply with NSS and RPGs policy. Well if a national hospital doesn’t have to; what developments do have to? The applicant will have the Board believe that a national scale project can be proposed, acknowledged as such and then located wherever the applicant deems suitable. In this case, in a rural area outside of any settlement.

- Para 12 continues the applicant’s argument that their project should not have to meet the objectives of NSS and RPGs planning policy. The Community Council has not relied on the ABP Planning Inspector’s pre-planning report as some form of assessment, but merely noted how any reasonable observer, as the ABP Planning Inspector did at pre-planning stage, that the proposed development does not come close to meeting the project location requirements of national and regional policy. It is the applicant who progressed with a national scale hospital project in a poorly serviced rural area (the local roads infrastructure cannot without, inter alia, road widening, even serve the site during construction).
- Para. 13 can best be described as cementing the applicant’s argument that the proposed national hospital should be absolved of any requirement to address any national or regional planning objectives set out therein which relate to national scale projects. The applicant claims not to contravene the NSS and the RPGs, but does this mean that the applicant considers that ignoring these policies entirely is ok?

4.2.2 RESPONSES TO SECTION 3.2.3:

- Para. 3.2.3-16 confirms that the applicant proceeded with the St. Ita’s location in the full knowledge that the Distributor Road would not be completed in time to serve the proposed development. The Community Council considers that the proposed development at St. Ita’s, not being served by adequate roads infrastructure, should have worked against its selection for the location of this project. Instead, the applicant chose the site regardless of its community impacts.
- Para. 3.2.3-17 & 18 acknowledge that there will be increased traffic through Donabate – which already suffers traffic problems – during all phases of the project. That is, for the foreseeable years until the distributor road is built. The applicant lists mitigations measures; however, these are not so much mitigation measures to reduce community impacts, but instead measures to make the roads accessible to HGVs, e.g. road widening and traffic lights (items which are oddly not listed in the paragraph). The listed mitigation measures are of the type which are, in the Community Council’s experience, impossible to enforce and riddled with caveats. How can the actual quantity of waste transported from the site be monitored? How will hours of construction traffic be enforced and managed to avoid queuing at time, especially when multiple contractors are operating on site? The Community Council’s comments on the proposed public transports and sustainable transport options may be taken as read as these will make little difference based as they would affect only the operational phase (if they are effective at all).

4.2.3 RESPONSES TO SECTIONS 3.2.5 – 3.2.13:

- Para. 20 seeks to dismiss the possibility of an alternative construction access route on the basis that it would require plans from third parties. The Community Council notes how the applicant is proposing road widening which would also require land from third parties. The applicant’s issue appears to be that they consider there to be insufficient time to develop an alternative construction access route. The Community Council considers that the planning application process for the proposed development should be temporarily adjourned such that the applicant can progress proposals for one of the alternative access routes reviewed. Once these proposals are in place, the completion of the alternative access prior to construction could be a condition of any planning permission granted. It would be better to have an alternative access in place than for the community to experience tears of traffic related problems.
- Response to Section 3.2.6 - the Community Council considers that Portrane Avenue is not suitable as the main entrance to the proposed development. The applicant’s proposals with respect to Portrane Avenue would see the avenue dominated by the project during construction with residents unable to park on the road, single lane access operating, temporary traffic lights, road works, etc. Better solutions are required from the applicant than this is the entrance which has always been used at St. Ita’s.
- Response to Section 3.2.9 – R126/Turvey Avenue Junction:
- Response to Section 3.2.11 – Local road network damage:
- Response to Section 3.2.13 – Public transport options:
 - The applicant continues to point to a single bus service and a train station in Donabate as providing satisfactory public transport access for a national scale development project. The Community Council does not agree. Public transport is poor. On site bus facilities will not improve this. The proposed shuttlebus will

is to operate a less than hourly service. This will not alter travel patterns and will not be used by visitors requiring travel flexibility. Just stating “Mobility Management Plan” is meaningless. Bicycle facilities would only be of use if the proposed development were located cycling distance from the city along a route which could be cycled – it is not. Would anyone take public transport all the way to Donabate and then get on a bike?

- The applicant states that 8% of existing CMH in Dundrum staff would consider taking public transport. This means 92% would not. The public transport option from Dundrum is so bad – LUAS and then train that it is likely only those without a car would do it and only then for a short period until they got a car. The total journey time for this journey by public transport given by Google maps is between 1 hour and 16 minutes and 2 hours and 1 minute. This is before getting on a bike or infrequent shuttle bus.

4.2.4 COMMENTS ON SECTION 3.2.16 “CONCLUSION (WITH RESPECT TO TRAFFIC)”:

- The applicant accepts there will be impacts on the local road and traffic network. The Community Council agrees with this but disagrees that the proposed mitigation measures can genuinely reduce these impacts to a tolerable level.
- Para. 38 states: “reduce construction traffic together with road widening works”. The road widening is not a mitigation measure, it is required by the applicant to allow two HGVs to pass one another on what are otherwise roads too thin to allow this.
- The Community Council is opposed to permanent traffic lights at Turvey Avenue, to footpath widening just to facilitate this project (road widening which would impact on the character of Donabate) and is unconvinced that traffic management measures proposed would or could be enforced.
- Para. 39 has no relevance to transport issues.
- Para. 40 is incorrect. The Community Council has not given its approval for the development. The Community Council is opposed to the scheme as submitted. It is premature on roads and traffic grounds pending the provision of an alternative construction access route. The project as presently proposed would not provide a positive result for the peninsula.
- Para. 41 is also incorrect. The issues raised by the Community Council have not been addressed by the applicant. They have simply been listed and dismissed in turn. The Community Council has noted above that, if required, the Board should adjourn the planning application process until such a time as the applicant is in a position to furnish details of and complete, prior to the commencement of development, an alternative construction access route.

4.2.5 COMMENTS ON SECTION 3.6.1.2:

- In respect of paras. 88, 89, 90, 91, 92 and 93 the Community Council’s interpretation of the applicant’s site selection process which saw St. Ita’s marginally outscore the Major Town Centre, public transport accessible, CMH in Dundrum – because St. Ita’s has already been the subject of the FCC Variation process, has been outlined in detail. The Community Council’s position may be taken as read as the applicant has added now new information but simply repeated detail from the original ‘Planning Report’.
- The conclusion is that had the Variation not been in place, say the proposed development had required material contravention instead (which would take place after and not before the lodgement of a planning application), St. Ita’s could not have outscored Dundrum. Concerns raised at pre-planning by An Bord Pleanála over the selection are whitewashed in the applicant submissions.
- Over 90% of staff will have to travel to St. Ita’s by car if this site location proceeds and this figure would almost certainly be higher for visitors. The only possible explanation for the choice of St. Ita’s is that the decision was made on the basis of anywhere but Dundrum.

4.2.6 RESPONSE TO SECTION 3.7.2 ‘WALLED GARDEN’

- The Community Council’s previous submission on this issue may be taken as read.

4.2.7 COMMENTS ON FUTURE COMMUNITY USE OF ST. ITA'S:

- In Section 3.7.5.2 the applicant fails to address the issue of whether the community can continue to or cannot use buildings in St. Ita's. The response is ambiguous but negative. A more straightforward response is provided in para. 2.12- 278 of the applicant 'Planning Report'. It states that the community, who has for years used buildings for community uses, now cannot for insurance and public liability issues – if the project proceeds.
- Comments on Section 3.8 'Public Consultation'. This entire section of the further information submission is a repeat of the original 'Planning Report'. This indicates that little or no consideration has been given to the points raised.
- Sections 3.8.2.1 & 3.8.2.8 repeat details already submitted by the applicant in the original planning application. The Community Council's response to this section may be taken as read. It is noted that the "public consultation" process outlined took part, in substantial part, 'after' the lodgement of the SID planning application and therefore the Community Council was not involved in the development of the development proposals.

4.2.8 RESPONSE TO SECTION 3.9 'COMMUNITY GAIN':

- Here the applicant repeats, almost wholly, its response to the FCC's submission in respect of community gain.
- The Community Council's position on these matters is outlined above under Section 2.12 above. In that section, the applicant responds to FCC's informed position and recommendation with respect to community gain provision. The applicant sought in response to dismiss these recommendations. The Community Council supports, in full, the position of FCC on the matter of community gain. The Community Council has also provided precedent SID cases in which the Board has deemed it appropriate for a community fund to be established to compensate the community for the impacts of a given SID project.

4.2.9 RESPONSE TO SECTION 4 'CONCLUSIONS':

- The Community Council does not consider the applicant to have responded in full to its submission. The responses received are selective and the answers given incomplete.
- The applicant further information submission does not alter the position of the Community Council that, as submitted, the proposed development cannot be supported. The applicant seeks to construct a national scale project within a quiet, almost rural, community and accepts that there will be impacts on the local community and on local infrastructure; however, no adequate proposals are made to address these project deficiencies or to properly compensate the community.

5.0 CONCLUSION:

- The Donabate Portrane Community Council does not consider the applicant's further information submission to have addressed the fundamental issues over which it is concerned. These issues are set out in Section 2.0 of this submission. In addition, the applicant has taken a selective approach to addressing the issues raised by the Community Council – those which have not been answered are listed in Section 3.0 of this submission.
- The Community Council has decided, taking into account the applicant's submissions to date and the unwillingness to address community concerns which has been demonstrated, to alter its position. The Community Council concludes that it is now opposed in principle to the development of a NFMHS Hospital at St. Ita's. The Community Council therefore now opposes both the principle of development and the current planning application.
- The project as it is currently proposed continues not have the support of the Community Council as it does not adequately address, inter alia (see also Section 2.0 of this submission): a) The impact on the community outside the site area; and b) Community Gain – there is effectively no community gain in the plan as it currently stands.
- The Council continues to consider that St. Ita's is not the appropriate site for the proposed development, but accepts that An Bord Pleanála must assess the current planning application, as submitted.
- In this respect, the Council considers the proposed development to be premature for the following reasons:

- The proposed development is premature pending the provision of an alternative access route (the applicant must do more than just list reasons why providing one is difficult) or completion of PHASE 1 Donabate Distributor Road Scheme granted planning permission by An Bord Pleanála. The Planning Inspector's Report for that scheme provides considerable detail on the reasons why this road is needed even to serve current and predicted traffic arising from existing and already permitted development in the area.
- The Waterman Moylan Consulting Engineers Ltd report finds: (i) The proposals have not adequately assessed the traffic impact of the proposed development, due to the absence of any accurate modelling associated with the development, and which is required to be further amended by the Road Safety Audit; (ii) The development will result in increased traffic movements at the site entrance junction and in the Donabate area in general will give rise to traffic hazard and road safety issues due to the increased movements; (iii) The traffic impact assessment which has been submitted is fundamentally flawed; and (iv) The road safety audit as prepared is flawed; (v) 22 No. safety issues identified by the audit are summarily dismissed by the Designer's, including the lack of a pedestrian phase in the proposed signalised junction, which is simply accepted by the audit team; (vi) No meaningful attempt to offer alternative construction routes away from the local schools and village centre to cater for the predicted c. 86,400 delivery vehicle trips to and from the proposed site; and (vii) There is also a lack of transparency in the omission of key design drawings and information, including survey information further undermines the process and perceived engagement with local groups.
- The applicant's community gain proposals need to be revised such that the balance of community benefit against loss is fair.
- The applicant has not provided a satisfactory explanation for the decision to locate the proposed development at St. Ita's and not the existing site in Dundrum.
- Donabate / Portrane, being villages, have obviously not been identified in national or regional planning policy as a location appropriate for a development of this scale. The National Spatial Strategy 2002 to 2020 refers to a hierarchy of access to social infrastructure. Section 5.4.5 notes that if hospitals are to support specialist high quality functions they need to attain a certain threshold or size. Given this, such functions should be developed in larger settlements.
- The applicant has not submitted all necessary project documentation for review by the Community Council or indeed by An Bord Pleanála. No finalised construction management plan, traffic management plan, mobility management plan, dust minimisation plan, etc. has been submitted.
- The applicant has again failed to supply specific details in respect of precisely how many trucks and HGVs would serve the site. The Punch submission provides a guess but based only on a car equivalent. In the absence of same: road safety, noise, localised construction traffic air pollution, etc. could not be assessed by the project team. Indeed this was noted by the project's acoustic engineer.
- The applicant's revised waste management strategy needs to be carefully examined to ensure that it is practicable and enforceable. The changes to the quantity of demolition waste and soil now to be retained on the wider St. Ita's site need to be carefully examined.
- Public and legally held pedestrian Rights of Way should be replaced, where necessary, with new legally binding pedestrian Rights of Way. This is still not what the applicant appears to be proposing.
- An overall masterplan vision for the future of the site should be provided to illustrate plans for the entire complex over time.
- 961 trees should not be removed from the site.
- A detailed assessment of the impact of the proposed development on the air quality – exhaust emissions, dust, etc. at construction phase - along the proposed routes of construction traffic is required.

- The applicant should provide a detailed assessment of the impact of noise and vibration from construction traffic along the main routes along which such traffic will pass which are proposed at construction stage.
- The Council therefore requests that the Board seek further information, under the provisions of Section 37F (1) of the Planning and Development Act 2000, as amended, such that the concerns of the Community Council with respect to the deficiencies identified in this planning application may be addressed or the Board adjourn further consideration of this planning application such that the applicant may be asked to return with a workable alternative construction access route which can be conditioned to be put in place prior to the commencement of construction.
- The Community Council continues to request that, in the event of a grant of planning permission being made, appropriate conditions are appended with respect to:
 1. The proposed development not proceeding until the distributor road is in place or until such a time as the applicant has identified an alternative construction access route to the site other than that proposed which will travel past homes, schools and cause congestion at known pinch-points such as the railway bridge in Donabate.

Any alternative construction route should be subject to strict access times to avoid traffic congestion during peak times. Any breach of these restrictions should be subject to a fine and said fines can be put to a community fund. A dedicated traffic management coordinator should be appointed and contactable at all times.
 2. The applicant making a substantive percentage based community gain contribution to the local community.
 3. The applicant providing a master plan for the future use of the entire St. Ita's complex.
 4. A reduction in the loss of trees proposed.
 5. A provision is made for use by the community use of the some of the buildings in St. Ita's campus.
- In the event that the Board is considering granting planning permission for the proposed development as submitted, the following conditions should be applied with respect to roads and traffic:
 1. Prior to commencement of development a community liaison committee shall be established to liaise between the developer and the local community. The membership of the committee shall include representation from two elected members of Fingal County Council, two officials of Fingal County Council, three members of the local community and two representatives of the developer. The community liaison committee shall have responsibility to act as a liaison committee with the local community in relation to ongoing monitoring of the construction and operation of the proposed NFMHS Hospital, including in the development and implementation of the project Construction Management Plan(s).
 2. A finalised traffic management plan, which, inter alia, contains clear proposals to take construction traffic away from Donabate Village must be developed for inclusion as a designed and working solution as part of any tender documentation for the construction of the proposed development – to ensure the safety of the local community and those that will be visiting the local community as part of both the construction and operational phases of the proposed development.
 3. The project sponsor/development agency to engage in consultation with the local community to jointly develop those elements of the traffic management plan that involve interfaces with the local community – to maximise the knowledge of the local community in relation to risk management and in particular health and safety risk mitigation and elimination and to maintain the goodwill between the local community and the project sponsors and constructors.
 4. The project sponsor/development agency to be obliged to implement measures as part of the proposed development to improve the local road network including providing for cyclists and pedestrians along the Hearse Road particularly along the 250m of the Hearse Road approaching Donabate Village – to mitigate

the risk to local road users caused by the increase in construction and operational stage traffic caused by the development.

5. The project sponsor/development agency to be obliged to implement measures as part of the proposed development to improve the local road network including providing for cyclists and pedestrians along Turvey Avenue and particularly along the section between the Waterleaf development and Donabate Village including the completion of a continuous footpath from the village to the Waterleaf development – to mitigate the risk to local road users caused by the increase in construction and operational stage traffic caused by the development
6. The project sponsor/development agency to be obliged to implement measures as part of the proposed development to improve the local road network and traffic flow including enhancing the level of road safety for cyclists and pedestrians along the Portrane Road and up to Portrane Village and particularly along the section where the local primary schools are located – to mitigate the risk to local road users caused by the increase in construction and operational stage traffic caused by the development.
7. The project sponsor/development agency to be obliged to include for the provision of safe short and long term road access solution for St Pats GAA grounds – to remove the construction traffic interface with the players and families visiting St Pats GAA grounds and to provide for a long term solution to the risks posed by the condition of the current access route.
8. That the consideration of the planning submission in respect of the proposed development does not place undue value on the possibility that the Donabate Relief road will be developed, if it cannot be developed in the time-frame accepted by the Board, when the Board is ruling in relation to the requirement to improve the local road network.
9. The project sponsor/development agency to be required to immediately engage with the local community identify periods when restrictions on construction traffic travelling through Donabate Village, along the Portrane Road and along the access to St Pats GAA club grounds might be lifted and that any periods during which construction traffic may travel along these routes shall be incorporated into the tender documents for the construction of the proposed development.
10. The project sponsor/development agency to be required to gain the approval of Community Council in relation to the lifting of any restrictions on construction traffic movements through Donabate Village, along the Portrane Road and along the access to St Pats GAA club grounds prior to the issuing of tender documents for the construction of the proposed development.

APPENDIX 1: VIDEO OF EXISTING LOCAL TRAFFIC CONDITIONS PRODUCED BY THE COMMUNITY COUNCIL