

Redevelopment of Greenwich Hospital (Concept) SSD-8699

Response to Submissions and Amended Proposal

I would like to state clearly that this submission is by way of objection to the Concept Proposal for redevelopment of Greenwich Hospital.

I have numerous concerns regarding the proposal and many issues regarding unsupported claims in the Response to Submissions (RTS) documentation.

Areas of concern to me primarily relate to:

- Visual impact
- Amenity impact
- Incompatibility with the local area
- Removal of trees
- Undue intensity/overdevelopment
- Local traffic impact
- Unjustified or unsupported claims in documentation
- Insufficient identification and analysis of impacts
- Inconsistency with relevant planning instruments

Context

My wife and I reside at 1 Seaman Street, Greenwich, immediately adjacent to the Gore Creek Reserve. On two sides of our house (north and west) we enjoy a predominantly bushland setting. We overlook the Gore Creek Reserve (Bob Campbell Oval) and bushland to the west; to the north the outlook is mostly bush, with some filtered glimpses of other houses. Our setting is quite unique, a full bushland setting in an urban environment.

Our living areas, including living room, balcony and side courtyard, are designed to maximize our enjoyment of the bushland aspect and we enjoy complete privacy.

From our house we can see the rooflines of Pallister House and the Main Hospital Building to the north – these are, however, filtered views through trees and the buildings are set below the existing tree line. Apart from some filtered lights at night, we are not visually affected by the current Greenwich Hospital.

The current hospital is a benign presence to us and our neighbourhood.

Should the redevelopment occur as proposed, we would be significantly adversely affected. The character of the neighbourhood would be substantially altered in an adverse manner.

Visual Impact and Residential Amenity

Greenwich Hospital is located to the north of our home, across a treed valley, sitting on a ridge. The hospital is set amongst vegetation, beneath a canopy of trees. It is not intrusive to us.

The proposed redevelopment would considerably and fundamentally detrimentally alter our aspect and our current enjoyment of our home and its environment.

The south-west 'seniors living' tower, would be located approximately on the site of the current Main Hospital Building. This proposed building's height, being some 30 metres, would be almost 8 metres higher than the current roofline (current ridgeline RL 56.3; proposed height RL 63.2). The building would sit higher than the tree line and dominate our north-west aspect. Proposed tree removal would only compound this dominance.

We would have a clear view of the upper two floors and the roof of the south-west tower across its 60 metre frontage

The proposed Hospital tower, which is also some 30 metres tall, is unfortunately located on the highest part of the site, only emphasizing its height. This height would be almost 20 metres higher than the ridgeline of the tiled roof of Pallister House (current ridgeline RL 59.9; proposed height RL 79.1). Although set to the north of Pallister, this building would be far taller than the current tree line and will be visually dominant.

We would have a clear view of levels 5-8 and roof of the hospital tower.

The RTS (Appendix N p16) notes that the hospital building has been located "to maximize the sightlines for patients over the retained dense vegetation on-site towards the Harbour to the south-east". Our home is located to the south of the site, we will have views to this dominant structure. The Design Quality Principle adopted here is inimical to our amenity, privacy and visual amenity. In essence, the design principle is saying 'yes, we want to look at you, that's how we have designed it'.

Appendix N (p16) notes that the Southern Seniors building "steps away from Pallister House to the east and a podium language is introduced to create a similar appearance in height between the proposed development and the western annexe of Pallister House". Our home is located to the south of the site. We can see filtered views of the roof of the western annex of Pallister House. The architectural drawings show that the South Tower will be 8 metres (2 storeys) higher than the ridgeline of the western annex building. It is disingenuous from our viewpoint to suggest the proposed building will be of "similar appearance". Whereas presently we see a tiled roof, under the proposal we would be seeing two floors of windows. The building will be most obvious and a stark contrast to the northerly aspect we currently enjoy.

Our visual aspect and privacy are fundamental to our residential amenity and enjoyment. If the issues of visual impact are not properly considered at this stage, then we would have no further opportunity to meaningfully address these matters through changes to the fundamental design and layout of the proposal.

The visual dominance of the seniors living and hospital towers will affect our privacy, which is currently almost complete. If we can see them, they can see us.

Our bushland aspect would be ruined. The proposed buildings would be overbearing and would dominate our view, fundamentally destroying the design rationale of our living areas, and hence our current enjoyment and amenity of our home.

We will also be significantly affected by lights at night from both buildings. As hospitals are 24 hour operations, there will be no relief from the visual intrusion; dominant buildings by day, lights all night.

In my submission, earlier this year, I invited inspection of our property, as part of the assessment process, in order to verify the potential for visual and amenity impact and to ensure these issues are fully and properly addressed at this stage. Although we have received no response to this invitation to date, the offer still stands.

The visual impact assessment (RTS p17) undertaken only looks at views to the site from selected public places (because the Land and Environment Court places greater store in such). However, this approach tends to ignore the validity and effect on private places, such as residences. There is no analysis identifying, let alone assessing, impact on neighbouring buildings eg. balconies on neighbouring properties, living room windows overlooking the site or private open spaces, nor is there any analysis of views from the site. This, in my submission, is a major oversight of an element of impact which is fundamental to proper assessment.

The Visual Impact Assessment (RTS Appendix H) adopts a methodology which leads to a conclusion that visual impact of the proposal is 'moderate'. This is some cold comfort to those who may be 'moderately' affected, as the photomontages within that assessment show a development which is completely out of scale with the locality and visually intrusive to a degree. In my submission, the substance of the visual impact report condemns the proposal.

The RTS (p17) effectively dismisses the visual impact from a viewpoint in Northwood. It is stated "the viewpoint is rated moderate/high impact but is considered acceptable in the overall context of the development". It goes on to say, with respect to seniors living building envelopes "any additional reductions to these envelopes would not result in substantial improvements...that would justify the wider cost of reducing the design". It is up to the assessment process to consider whether these conclusions are accurate. I would submit, they are not.

Visual impact arises because the elements of the proposal are too tall, out of scale and unsympathetically sited in relation to the neighbourhood and the locality.

Compatibility

The RTS notes (p16 and Section 3) there have been changes from the original proposal, relating to some design amendments and reduction in vegetation removal.

However, this does not of itself mean the modified proposal is acceptable on the basis of its scale or compatibility with the locality.

The RTS' discussion relating to clause 25(5)(b)(v) SEPP Seniors (p17) concludes by stating the revised scheme "strikes an appropriate balance" between providing for the functional requirements of the hospital and the impact of bulk and scale on other uses in the locality. It draws this conclusion without satisfactory explanation or justification (apart from meeting the requirements of the hospital and its residential component). Where is the 'balance'?

The RTS does not address community/locality character, it does not address maintenance of neighbourhood amenity, it does not address residential character; it does not demonstrate how the proposed new buildings would contribute to the quality and identity of the area.

How can two residential apartment towers of 7 storeys, and a hospital tower of 8 storeys, sit in the middle of a detached housing residential area of 1-2 storeys and be compatible?

The RTS (p17) seeks to justify its design by claiming "that an alternative design for the campus could involve reducing the height of proposed buildings to a low rise design, however, this would result in far higher site coverage...". This may be so, should the current intensity of use be kept constant.

However, should the number of seniors apartments be reduced and the 'vertical' nature of the hospital be more horizontally spread across its proposed footprint, then the visual impact and perceived bulk and scale of the development would be reduced.

The RTS (p16) also makes reference to a court case which observed 'compatibility is different from sameness' and goes on to say that design cannot be expected to be a replication of surrounding development. It notes that a master planning and site analysis process have been undertaken and that compatibility may be achieved through design measures. However, in my submission, these processes have not resulted in a design which, by any reasonable measure, could be regarded as compatible with its surrounds. Design has concentrated on functionality, not harmony.

What is absent from the proponent's discussion is any proper analysis demonstrating that there is any form of compatibility with surrounding areas. This is probably because there is no compatibility between what is proposed and the desirable elements of the locality's current character. There is no justification of how "new buildings contribute to the quality and identity of the area" (clause 33(a) SEPP Seniors). There is little demonstration or justification of how the proposal might "maintain reasonable neighbourhood amenity and appropriate residential character" (clause 33(c) SEPP Seniors).

Plainly, in my submission, the proposal is not compatible with its surrounds on many levels – height, bulk, scale, vegetation removal, amenity impacts, overlooking, non-harmonious design, to name but some.

The proponent is seeking to achieve its objectives of scale and functionality. The community is effectively being requested to cope with the externalities of these objectives. This is not sound practice. This is the type of incompatibility and imposition which the planning process is in place to resolve.

Dominant/Primary Purpose

The proponent has sought to address itself to issues raised as to whether the proposal is “primarily for a health care facility” (RTS p8). This is because the original proposal contained more residential GFA than ‘health’.

This point was obviously sensitive enough to cause the proponent to alter calculation of GFA to the point where the GFA of the hospital is marginally larger than the residential component, thereby implying that the hospital is the ‘dominant’ purpose.

[This change is ‘achieved’ through converting the previously larger ‘villas’ to apartments (reducing non-hospital GFA) as well as now including the floor area of Pallister House and the new respite component into the hospital GFA calculation]

However, the question of ‘dominance’ could be looked at another way, such as accommodation provision. The hospital proposes 150 beds; the residential component proposes 89 units. On a broad, but not unrealistic assumption, that each residential unit would accommodate 2 people, that would yield 178 persons. Looked at in this manner the hospital would not be the dominant purpose.

This still leaves open to speculation – is this a hospital with residential attached, or residential with a hospital attached?

There is little doubt that the rationale of the ‘continuum of care’ model would provide residential as an ancillary or sufficiently related component to the hospital. There is great merit in this model and the nature of care to be provided. However, there is insufficient information supplied with the proposal to demonstrate the mechanisms as to how this model would work in practice, particularly in the operation and management of the residential component.

The marginal difference between the scale of the residential component to the hospital component does not lend itself to regarding the development as primarily for a health care facility. In fact (RTS App B p4) the proponent states that without the seniors living “there would be no hospital on the site”. This again raises the question noted above.

The scale of the residential component restricts the flexibility of siting and design of the hospital component – the tail wagging the dog – which leads to detrimental impacts arising from the scale of both components. Both residential and hospital designs create adverse visual impact as well as being out of scale with the character of the locality.

Seniors Living Feasibility and Control

The RTS states that in the absence of the residential component the development would not be sustainable (maybe unviable) (RTS p11 Development Feasibility). There is no evidence or information to support this proposition.

For what reason does reduction of residential make the whole proposal unsustainable?

Is there an implied economic imperative associated with the provision of seniors living which indicates this is a profit centre for the overall development? The proponent should make its business case, in order to explain its 'unsustainability' argument and appropriately justify such a claim.

Additionally, the proponent must provide clear criteria as to what the qualifications for residential occupancy will be – age, circumstance, length of tenure, chronic condition etc. are relevant. The only indication of qualification for residential occupation is that it is "expected to attract older residents (75+ years of age) with chronic health care needs" (RTS p10).

Whilst it is said that Hammondcare will retain ownership and will not sell or subdivide units, this is not to say that, in the absence of strict criteria, that the units might be long-leased to other persons, which would create a far different dynamic in their mode of occupancy than older 75+ people.

Here I might question the wisdom of locating 75+ old people with chronic health care needs in 7 storey tower blocks. This just doesn't sound sensible on many grounds, particularly safety.

In essence the proposal may still be a residential property play, even in the absence of strata sale. A licence may still provide the same outcome as freehold or lease.

It is most important that the criteria for licencing and occupancy of seniors living be made known and properly assessed at this stage. It is relevant to the legitimacy of the 'seniors living' component as proposed. It is also relevant to the operation of the seniors living component and the impacts this might have on the neighbourhood.

It is also of concern, should the seniors living towers be constructed, that the operator may then seek to change the nature of occupancy, arguing there is insufficient cross subsidy for the hospital from chronically ill 75+ people, so rather than have a white elephant, occupancy might be broadened to, say, 55+ retirement housing. This potential should be assessed, controlled and limited.

Respite Care

The revised proposal introduces a Respite Care facility, located approximately where one of the residential villas was removed from the original scheme.

Apart from noting that the floor space in this facility is to be some 700 m2. There is little explanation of its proposed design or operation.

In the absence of such information it is not possible to assess its potential impact.

Noise potential

It is noted that some acoustic tests were undertaken on the margins of the site and certain recommendations made concerning noise attenuation measures.

It should be noted that the Gore Creek Reserve valley has a peculiar acoustic environment. The valley echoes and amplifies sound, most particularly at night.

I am concerned that the redevelopment may increase the potential for noise disturbance. We are often disturbed by the noise of the emptying of garbage bins at the hospital, and at night the drone of air conditioning units is at times quite disturbing.

I submit that the acoustic environment of the Gore Creek valley warrants greater attention and assessment. The RTS would prefer to defer such consideration to the DA stage. I would submit this warrants attention at this stage and as part of the overall assessment of compatibility with the local environment.

Local traffic impacts

I have noted the traffic consultant's report and conclusions and that Roads and Maritime services has raised no issues of substance. However, there are a number of matters which are of concern and should be properly taken into account.

Firstly, River Road is a busy road. Two lanes eastbound, one lane westbound at the Hospital frontage. River Road is heavily congested in the morning peak eastbound and evening peak westbound. The traffic signals on River Road allow access and egress to the Hospital. However, there is no turning bay for eastbound vehicles to enter the Hospital, which means that vehicles turning right into the Hospital block an eastbound lane, being both a source of congestion and potential accident. Increased traffic to the proposed hospital and residential apartments will only exacerbate congestion.

Secondly, St Vincents Road is an important access point for Greenwich residents living in the area west of Greenwich Road. Overflow parking from the existing Hospital often reduces St Vincents Road to a single lane, inhibiting local traffic flow. Increased parking and traffic movements, arising from the proposed development and its construction, would potentially impact on local traffic flow, affecting residential amenity and convenience.

Current restrictions on the Hospital's access to St Vincents Road (locked gate at night and weekends) reduce traffic movements to and from the Hospital during times of greater amenity sensitivity to residents. Such restrictions should be maintained.

State Environmental Planning Policy (Housing for Seniors or People with a Disability) 2004 [SEPP Seniors]

The proponent notes that, in spite of the State Significant Development application process, the Seniors Living component is permissible under the SEPP Seniors. Both Lane Cove Council and the Department have quite correctly raised issues relating to the proposal's consistency with the provisions of SEPP Seniors.

Even though the application may be assessed under the SSD process, the consent authority is still enjoined (pursuant to section 4.15 of the EPA Act) to consider the relevant provisions of "any environmental planning instrument" (section 4.15(1)(a)(i)) as well as other matters. I would submit that the provisions of SEPP Seniors are relevant to the assessment and determination of this application.

In this regard, the provisions of Clauses 29, 25, 30, 32, 33 and 46 are relevant.

Clause 29 requires a consent authority to take into consideration a number of Site Compatibility Criteria set out in clause 25.

Clause 32 requires a consent authority to be satisfied that a proposal demonstrates adequate regard has been given to various Design Principles set out in clauses 33-39. In my submission, clause 33 is of particular relevance.

Clause 30 requires a consent authority to be satisfied that the applicant has taken into account a 'site analysis' which contains certain information about the site and its surrounds. The site analysis is required to identify numerous factors, including neighbouring buildings (clause 30(4)(a)), privacy (clause 30(4)(b)) and views to and from the site (clause 30(4)(g)).

Clause 46 also requires a consent authority to be satisfied that adequate regard has been given to the Design Principles (as noted above).

Clauses 29 and 25

Clause 25(5)(b)(i) refers to the potential compatibility of a development proposal with surrounding land uses, having regard to "the natural environment...and existing uses and approved uses of land in the vicinity".

Clause 29 requires these matters to be taken into consideration by the consent authority.

In its RTS (p14) the proponent addresses itself only to elements relating to the natural environment. It discusses the extent of potential tree removal, which is extensive, and the planting of new trees. It seeks to defer details of this to a subsequent DA stage.

The context of the area surrounding the site is largely a bushland setting. Certainly, the setting of my house is dominated by a bushland aspect. The removal of trees from the site will potentially alter this bushland aspect and expose the proposed built structures to greater views and prominence.

I agree with the Department's assessment that the extensive removal of trees from the site would be incompatible with the surrounding area.

Unfortunately, the RTS does not address itself to compatibility with existing land uses in the vicinity. The areas surrounding the site are predominantly bushland and low density residential houses. [references in the RTS to "a number of residential flat buildings of 4-5 storeys" east of the site on River Road (RTS p18) are misleading] The setting is of a generally quiet, private and secluded neighbourhood; in which the current hospital is a benign component.

The potential introduction of 7-8 storey apartments and hospital buildings would be overwhelmingly out of scale with the current situation. It is not possible to envisage how the proposed development could be considered compatible. The proponent has provided no information or rationale which addresses potential compatibility with existing land uses in the vicinity.

Clause 25(5)(b)(v) refers to the potential compatibility of a development proposal with surrounding land uses having regard to "the impact that the bulk, scale, built form and character of the proposed development is likely to have on the existing uses, approved uses and future uses of land in the vicinity of the development".

Clause 29 requires these matters to be taken into consideration by the consent authority.

The RTS (p15) notes the initial assessment of the Department that the bulk and scale of the seniors living apartments and the hospital building are inconsistent with the low density residential character of the area. I agree with the Department's assessment.

The RTS does not seek to demonstrate compatibility of the proposal with local existing land uses. Rather it seeks to justify its inconsistency through an explanation of functional efficiency in hospital design (RTS p 15). The RTS recognizes that "the proposed building envelopes are larger than development within the immediate surrounds" and goes on to say "that does not necessarily mean that the development is incompatible with its surrounds" (RTS p15). I submit there is no justification or analysis to support this claim.

The introduction of three towers of 7-8 storeys on a prominent site, surrounded by bushland and low density residential houses does not indicate compatibility. Indeed the scale and built form of the proposal would fundamentally alter the character of the neighbourhood. From a personal point of view, the development would change our bushland outlook to one where 3 floors of hospital and 2 floors of residential apartments would dominate our northerly aspect.

The photomontage at Figure 5 (RTS p 17) only serves to emphasise the bulk of the proposal (conveniently hiding the hospital tower behind a tree). Whilst the RTS notes certain modifications to the original design, these do not serve to modify the overall impact of the proposal, nor do they provide any indication of greater compatibility with its surrounds.

I submit the proposal is not compatible with its surrounds. The proponent has not demonstrated how the proposal is or could be compatible with its surrounds.

Clauses 32 and 33

Clause 32 provides that a consent must not be granted unless the consent authority is satisfied that the proposal demonstrates adequate regard has been given to relevant Design Principles. Clause 33 is most relevant in that it contains Design Principles relating to Neighbourhood Amenity and Streetscape.

In summary, some of these principles (cl 33) provide that the proposed development should –

- Recognise the desirable elements of the location's character...so that new buildings contribute to the quality and identity of the area
- Maintain reasonable neighbourhood amenity and appropriate residential character
- Use building form and siting that relates to the site's land form
- Adopt building heights at street frontage compatible in scale with adjacent development.

It is my submission that the proposal does not demonstrate adequate regard to those principles noted above.

The RTS (p 18) notes that the Department has identified inconsistencies with a number of the Design Principles in clause 33. I agree with the Department's assessment.

The proposed development has undertaken little analysis of the desirable elements of the neighbourhood's character and has paid little or no regard to these in the design of the development. The proposal does little to contribute to the quality and identity of the area, in fact it detracts from it. The proposal introduces a built form which is completely out of character with the locality.

The proposed development shows little to no regard as to how it would maintain neighbourhood amenity or appropriate residential character. The RTS (p 18) refers to some design modifications which are said to reduce the potential impact of the original scheme. However, this falls far short of demonstrating how existing character would be maintained.

The proposed development is unsympathetic to the site's landform. The proposal locates residential accommodation such as it will be prominent when viewed from west and south. The hospital tower, located on the highest point of the land, would stand as a beacon to insensitive siting and inconsistency with the character of the neighbourhood (and indeed, a much broader area).

The proposed development does not adopt building heights which are compatible in scale with adjacent development. Adjacent development is 1-2 storeys; the designs and photomontages in Appendix A (RTS), shows a development vastly different in height and scale to surrounding development.

It is my submission that in the absence of sufficient consideration in addressing the proposal to criteria under clause 33 SEPP Seniors, the proposal does not demonstrate that adequate regard has been given to these matters. In the absence of such demonstration, I cannot see that a consent authority could be satisfied that this demonstration has been given; meaning that, under clause 32, consent could not properly be granted.

Clause 30

Clause 30(1) does not permit a consent authority to grant consent unless it is satisfied the applicant has taken into account a site analysis prepared in accordance with clause 30. Clause 30(2) states a site analysis must contain certain information about the site and its surrounds.

Clause 30(4)(a) requires analysis of neighbouring buildings, including location, height, use and “balconies on adjacent properties”. Our property is adjacent to the site, it has view of the current hospital, our private open space includes a courtyard and balcony from which the site may be seen. There has been no analysis of the impact on our property, even though an objection was lodged by me, earlier this year, containing an invitation to inspect the property, no approach has been made to me; and accordingly no relevant site analysis.

Clause 30(4)(b) requires analysis relating to Privacy. Whilst not explicitly demanded by site analysis, our private open spaces and our privacy (which is currently total) will be impacted. Although drawn to attention in my earlier submission, no analysis has been undertaken.

Clause 30(4)(g) requires analysis of views to and from the site. We can see the current hospital and Pallister House, albeit the roofs. The proposal, in increasing the heights of the buildings would mean we would now be viewed from the hospital and the South tower apartments. The Visual Impact Assessment report only relates to views to the site from selected public places. There has been no analysis of views to and from the site relating to private spaces. For us, this is a major oversight and the potential cause of significant disturbance should the development proceed.

In this regard, I submit the site analysis is insufficient and incomplete.

Clause 46

This clause also requires that consent should not be given unless the consent authority is satisfied that the proposal has demonstrated adequate regard to Design principles.

My submissions relating to clauses 32 and 33 above, are relevant to this clause.

In summary, the proposed development demonstrates many serious shortcomings relative to the SEPP Seniors. The proposal relies on the residential housing component and the consent authority is obliged to consider the provisions of the SEPP Seniors as a relevant environmental planning instrument. I submit that the

inconsistencies and shortcomings of the proposal, when assessed pursuant to SEPP Seniors, are such as to entitle consent not being granted.

I offer the opportunity to inspect our property.

I wish to be informed of progress with further stages of assessment of this proposal.

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15 November 2019