



20 November 2019

NSW Department of Planning and Environment
320 Pitt Street
SYDNEY NSW 2000

RE: FURTHER SUBMISSION ON PROPOSED STAGED REDEVELOPMENT OF GREENWICH HOSPITAL - SSD 17_8699

A. INTRODUCTION

I write in response to amended plans lodged by the health-care provider Hammondcare for the redevelopment of Greenwich Hospital located at 97-115 River Road Greenwich as State Significant Development (SSD) under State Environmental Planning Policy (State and Regional Development) 2011. I wish to further object to the amended proposal, noting that I have previously objected to the original application in my submission dated 27 March 2019.

In summary, my grounds for my continued objection to the amended proposal are as follows:

1. Failure to meet the legal threshold eligibility criteria applicable to State Significant Development and therefore continuing ineligibility of the proposal to be accepted as such.
2. Continuing excessive density of development, together with excessive mass, scale and bulk of development, resulting in severe degradation of neighbourhood character.
3. Continuing inadequate street setbacks, thereby further degrading neighbourhood character.
4. Severe and fatal conflict between stated landscape objectives and overriding bushfire management requirements.
5. Continuing conflict between future hospital expansion needs and provision of for-profit housing, together with continuing severe conflict with zone objectives.
6. Inadequate provision of visitor carparking.
7. Continuing severe inadequacy of site analysis and Statement of Environmental Effects.

B. DETAILS OF OBJECTIONS

FAILURE TO MEET THE LEGAL THRESHOLD ELIGIBILITY CRITERIA APPLICABLE TO STATE SIGNIFICANT DEVELOPMENT

I reiterate my strongly held view and position as previously stated that the application does not legitimately or legally qualify to be accepted and assessed as State Significant Development (SSD) under the provisions of State Environmental Planning Policy (State and Regional Development) 2011 because, although it nominally meets the numerical qualifying 'gateway' threshold of \$30 M, it fails substantially to satisfy the overriding provisions of Clause 14 of the SEPP, which states that the proposal can only be accepted as a valid SSD if it is predominantly a "hospital" as further defined.

The hospital component is clearly and unarguably not predominant within the application, either physically or numerically, since it is in effect subsumed by the private housing component whose density of development, bulk, and scale has only reduced marginally 47% of the development's overall Gross Floor Area. In fact, I also note that although the 9 "villas" have been deleted from the proposal, this has been completely offset by the addition of 9 very large apartments in the primary Seniors Living component of the proposal.

I also reiterate that the Seniors Living component of the proposal is not only massive by comparison, it is more tellingly quite a distinct and separate development component that has nothing in effect to do with the hospital.

Accordingly, the amended proposal continues to unarguably contravene the qualifying criteria applicable under the SEPP, and to some considerable degree.

I must also express my most serious concern that the Department appears to have ignored, not considered and most certainly not acknowledged this ground for refusal as a result of my first submission on the application. Please ensure this does not happen again.

CONTINUING EXCESSIVE DENSITY OF DEVELOPMENT, TOGETHER WITH EXCESSIVE MASS, SCALE AND BULK

The Department of Planning's response to the original application indicated quite major, if not severe concerns about the proposal's apparently excessive density of development, as well as its relative mass, bulk and scale. These expressed concerns were certainly matched by substantial concerns expressed by a wide cross-section of local community interests, including Lane Cove Council.

However, in response the applicant has made what are unarguably only superficial and relatively minor changes to the overall density of development, as well as to the proposal's massing, bulk and height. In this regard, the only major physical change has been the deletion of the 9 villas proposed for the eastern side of the site. However, this has been completely offset by the addition of 9 more quite large apartments in the multi-storey residential component of the development. Adding to this, while the 9 villas have been deleted, they have been simply replaced by a respite centre of some 700 m².

Notably, the overall density of development has been reduced only marginally from its previous 0.84:1 down to 0.81:1, a drop of only 3.6%. Even more tellingly, the overall height and relative massing, bulk and scale have not been reduced to any identifiable or realistically noticeable extent.

Overall, the applicant's response to what are quite serious and legitimately expressed physical inadequacies in the original proposal is self-evidently grossly inadequate. The amended proposal remains fatally flawed with regard to density of development, as well as relative mass, bulk and scale.

INADEQUATE STREET SETBACKS

In my first submission on the application, one of my major expressed concerns and points of objection was the contended inadequacy of street setbacks, and in particular to the primary setback to River Road.

With regard to this objection, I note and highlight that the applicant has not altered the street setbacks to any marked degree through the amended application. As a result, this major inadequacy in the scheme remains. In particular, I again note the following features of the amended application: (i) the close proximity of three multi-storey buildings ranging between 6 and 9 storeys to a streetscape that is otherwise characterised overwhelmingly by 1-2 storey bungalows and an equally low density public school, all of which are located within relatively 'leafy' and spacious settings; and (ii) the relative absence of dense and deep landscape buffers needed to visually offset such a marked difference in relative mass and scale.

CONFLICT BETWEEN STATED LANDSCAPE OBJECTIVES AND OVERRIDING BUSHFIRE MANAGEMENT REQUIREMENTS

While I note that the applicant has included in the scheme a relatively ambitious landscaping scheme and has commendably reduced somewhat the excessive number of mature trees to be removed, I nevertheless express concerns about the evident major conflict between the landscape objectives and the fact that the site is considered to be a fire-prone bushland site that will continue to be subject to stringent and now even more demanding bushfire prevention management requirements that are clearly at odds with the landscape objectives and proposed landscape 'upgrading' of the site.

In my opinion, this serious conflict renders the application fatally flawed until such time as the major inherent landscaping and bushfire risk management conflicts are resolved.

CONFLICT BETWEEN (I) HOSPITAL EXPANSION NEEDS AND FOR-PROFIT HOUSING AND (II) ZONING OBJECTIVES

I again reiterate my serious concerns about the fact that the inclusion of so much private housing will in effect build out the site. The latest amendments to the scheme are in this regard inconsequential and therefore the applicant has failed overwhelmingly to address the unarguably crucial requirement of ensuring the future growth needs of the hospital.

In this regard, I again reiterate that the local zoning of the property specifically prohibits private housing, partly to ensure that important hospital land remains available for the future. While State Environmental Planning Policy (Housing for Seniors and People with a Disability) 2004 may act to nominally permit some private housing on the property, it is submitted that the extent to which the applicant is now seeking to exploit that permissibility provision represents a severe undermining of both the zonal objectives and the broader objectives of the SEPP.

I also reiterate that the property is currently zoned “SP2 – health services facility” under Lane Cove LEP 2009. The two key objectives associated with this zoning are:

1. To provide for infrastructure and related uses; and
2. To prevent development that is not compatible with or that may detract from the provision of infrastructure.

In my opinion, there is no doubt the inclusion of so much private housing – to the extent that it exceeds the GFA of the hospital upgrade and will cost almost as much – represents a severe contravention of those objectives. In this regard, I stress and highlight that although the applicant has withdrawn the 9 proposed “villas”, this has been completely offset by the addition of a further 9 seniors living units in the proposed multi-storey apartment buildings, noting also that the average FSR of these units is in the vicinity of 146 m² and therefore not modest or inconsequential in any way.

As I have stated previously, however, it may be feasible and environmentally acceptable for some limited amounts of private housing to be included in the proposed upgrading of the hospital, and especially if can be shown through a credible business plan that this is needed to make the hospital upgrade financially viable. However, it is also considered that the amount of private housing proposed would have to be very substantially less before the zonal objectives could be shown not to be compromised.

INADEQUATE PROVISION OF VISITOR CARPARKING

I note that the proposal includes the provision of a 150-bed hospital, plus substantial support facilities for patients, the scheme includes only 11 visitor parking spaces. In my opinion this represents a severe inadequacy, and especially considering the relative isolation and shortage of available parking in adjoining and nearby streets.

INADEQUACY OF SITE ANALYSIS AND STATEMENT OF ENVIRONMENTAL EFFECTS

The applicant has not addressed through the amended application the severe inadequacies in the submitted site analysis and Statement of Environmental Effects (SEE) documentation that I have previously identified and highlighted.

While the contended “site analysis” documentation describes the site and locational attributes that will assist the development for its own sake, this purported and claimed “site analysis” is in my opinion severely lacking in that it does not in any credible way identify or account for potential impacts on either the immediate public realm or on adjoining properties, both private and public. This is unarguably one of the most important, if not crucial requirements of a site analysis, as is the development of specific design principles to account for those potential impacts. However, the applicant’s submission fails to meet its fundamental responsibilities to do this and ensure that the results of the site analysis then in turn ‘inform’ the resulting design. For this reason, the scheme remains a fatally flawed component of the application.

Furthermore, the applicant's SEE remains essentially an advocacy statement. In this regard, I do not disagree that the applicant is entitled to highlight what it sees as the proposal's positive attributes. However, the responsibility of an SEE is to also identify all possible and relevant environmental factors and criteria, and then dispassionately and convincingly assess the proposal against those factors and criteria. Arguably, the SEE does not do that, at least not to the extent I consider necessary under the circumstances.

In any event, the SEE remains incomplete. Firstly, as I have stated above, the SEE does not fundamentally identify or address the true impacts of the proposal. Secondly, I see nowhere in the SEE where the all-important provisions of Section 4.15 of the Environmental Planning and Assessment Act have been adequately considered, or indeed considered at all. Thirdly, I suggest strongly that in order to justify such a marked and substantial level of private housing within the proposal, it is incumbent on the applicant to provide irrefutable evidence that the amount of private housing proposed is essential to make the core objective of upgrading the hospital economically viable. Unfortunately, the SEE provides no such evidence.

C. CONCLUSIONS AND COMMENTARY

I again reiterate strongly that the proposal, even as amended, is not legitimately State Significant Development as required by the relevant SEPP. While it nominally passes the minimum \$30 M cost test to qualify, it fails seriously on the grounds that it is not "predominantly" consistent with its zoning as a health service facility. While some genuinely ancillary private housing may be acceptable while still satisfying this threshold "predominance" test, the simple fact is that what is proposed substantially undermines the predominance of the legitimate hospital uses of the site, and does so to some considerable and counterproductive extent.

In any event, the proposal continues to exhibit major environmental performance failures and inadequacies, and in particular in terms of the density of development proposed, the proposed massing and height of buildings, as well as its setbacks and the significant loss of important vegetation that will occur as a result of the development, together with major inherent conflicts with bushfire risk management requirements. And in this regard it is considered that each of these individual failures is of such significance that they each render the scheme fatally flawed in their own right. Cumulatively, therefore, the proposal is severely inadequate.

Furthermore, while the applicant has sought to exploit certain permissibility provisions that make otherwise prohibited private housing permissible on the site, this does not negate or set aside the fact that the proposal is substantially at odds with the zonal objectives.

Finally, the proposal's own SEE is fundamentally inadequate in a number of ways needed to achieve its core objective of dispassionately informing the community of interests about the proposal's true merits in a reasonably balanced and convincing way.

Having said that, however, I again reiterate that it should be acknowledged that the core objective of the proposal, that is, to upgrade the hospital facilities, has clear social merit and considerable worth to the immediate community. That in my opinion should not be forgotten.

Furthermore, I continue to see no reason in principle why the proposed upgrading of the hospital could not include some limited amount of private housing for seniors and people with disabilities. Unarguably, the provision of such housing by private and not-for-profit organisations serves a very important role in our society, and therefore it should be encouraged where reasonably possible.

As a result, I would reinforce my strong support for a well-designed and more thoughtful and responsive proposal by the applicant to achieve its fundamental operational and economic objectives while at the same time realising a physical scheme that is far more attuned to its circumstances and the rights of the local community to reasonably protect its amenity.

Unfortunately and quite sadly, the applicant has determined in my opinion to overwhelmingly and purposely ignore the substantial criticisms of the original scheme expressed by a wide cross-section of community interests, and just as importantly has overwhelmingly ignored the serious and extensive criticisms of the scheme expressed by the Department itself. In my opinion, the amended proposal represents only a concerted effort to weather and prevail over the storm of genuine criticism levelled at the application, as opposed to legitimately resolving what are clearly fatal flaws.



GREG VICKAS