

**SUBMISSION TO THE DEPARTMENT OF PLANNING, INDUSTRY AND
ENVIRONMENT ON HAMMONDCARE'S AMENDED PLANS FOR THE
REDEVELOPMENT OF GREENWICH HOSPITAL – SSD 8699**

The Secretary
NSW Department of Planning, Industry and Environment
GPO Box 39
SYDNEY NSW 2001

Dear Sir/Madam

**Re: SUBMISSION ON HAMMONDCARE'S "AMENDED PLANS FOR THE
REDEVELOPMENT OF GREENWICH HOSPITAL" – SSD 8699**

Firstly, I wish to say that whilst I affirm the right of the owner of the property concerned, HammondCare, to develop it for continuing use as a Health Services Facility, I have strong objections to many of the aspects of their current "Amended Plans".

I recognise that the company has scaled back some of the excesses of the original "Concept Proposal" of March, 2019, particularly by the removal of the three Villa Buildings containing 9 separate "villa" dwellings from heritage-listed land, also the slight reduction in height of a small part of the northern "Serviced Seniors Living" apartment block and by the lowered height at the front of the "Hospital" tower and the new Podium connection to the landscape. However, I consider the latter three aspects of minor significance and a mere tinkering with the design; they do not address major concerns about their intrinsic nature and design (which I shall address later in this submission).

It is pleasing to note, however, that the amended plans allow for a reduction in tree removal, as the site is noted for its pleasant ambience, mostly due to its treed nature and the retention of significant bush areas on the southern, western and eastern sides of the site. It is in keeping with the nature of the suburb in which it exists, which is highly valued by its residents and neighbours for its quiet tranquillity, treed gardens, bush trails and natural watercourses retained since the days of early settlement. These are natural things of value and should be retained and fought for if threatened by over-ambitious

development. Removal of too many trees from the site would result in a significant and irreversible visual and environmental change to the site.

The immediately adjoining residential sites to the hospital site are developed within an R2 low-density residential zoning and contain only single, detached, residential dwellings. It is noted that the Amended Plans do not take into account the prevailing Lane Cove Council's local planning concept with relation to multi-dwelling housing. Thus, the two apartment towers – at the height, bulk and scale proposed - would be well out of line with local densities and context if ever allowed to proceed. I strongly OBJECT to these on this ground alone.

It is also of great concern that at the initial reveal of HammondCare's plans to the local community in late 2017, attendees were told, in no uncertain terms, that the planned dwellings would be no more than 2- to 3-storeys in height. Now, the retention in the plans of the two residential towers at a far greater height and scale is greatly in excess of this – despite many scores of objections in submissions lodged last April against these factors - thus giving rise to general ill-ease at the intentions of the proponent and a lack of confidence in its openness at its intentions for the site between it and the local community.

Nor did HammondCare's attitude towards its neighbours improve when it refused the offer to meet with a number of local organisations in a meeting proposed by the Lane Cove Council and to be monitored by them in their hall, at which ideas and concerns regarding the previous plans could be discussed after the submissions had been viewed and digested by all. This attitude was at odds with the objectives of community consultation requested of the developer by the Department of Planning and caused further mistrust of the proponent's intentions for their site by the community. The building of high-rise residential apartment buildings would change the way in which the site would be used on a day-to-day basis and gives rise to many concerns about the appropriateness of such usage on this site.

I reiterate the points made in my earlier submission, all of which remain valid (excepting those made regarding the then-proposed villa buildings):

The current proposal would fail to provide a good planning outcome for me personally, my neighbours and other residents living near to the hospital site and as far away as Northwood and Longueville and for the wider community on key aspects including, but not limited to -

- The failure to retain the land for health services for which the site has been exclusively zoned;
- Loss of amenity to the surrounding community due to a variety of factors including reductions in aural and visual privacy to dwellings and outdoor spaces;
- Visual intrusion into current outlooks from homes within this neighbourhood due to the height, bulk and scale of the proposed new hospital building and its prominence on the site and the height, bulk and scale of the residential apartment blocks. The proponent should be required to show relative height and shadow diagrams with the proposed apartment towers and hospital tower against current dwellings bordering its site;
- Removal of about 30-35% of trees on the site;
- Consequential loss of the buffer-zone which has existed between the hospital and adjacent residential properties since the hospital was developed in the late 1960s;
- Irreversible loss of habitat for which this area is renowned and on which several species rely for breeding purposes;
- Destruction of the heritage significance of the heritage item by intrusion into the heritage curtilage of a newly-proposed "Respite Care" building and associated landscaping and access, for which no need has been demonstrated;
- That there would be increased traffic onto, within and off the site and the need to construct internal roadways which would not be required if the site were retained for its primary use under the zoning of "Health Services Facility" use. Demonstrably this would impair normal use of River Road and St Vincents Road, especially during the 2-3 hours of morning and afternoon in key times of commuter traffic use; greatly increase the danger of accidents and even death occurring during construction stage and after, due to the very much higher volume of traffic the site would generate under its current plans and to the numbers of school children and others using the crossing and St Vincents Road footpath (which is negligible in some parts);
- Change to the existing character of this precinct and to the adjoining properties and to many of the surrounding properties.

It is pleasing that there has been an effort to improve the preserve of and sightlines to Pallister House by the reduction in the western end and rear alignment of the Hospital building and the slight reduction of the western Seniors Living apartment block to improve street frontage: these are good

improvements. Also the addition of the podium to the Hospital building and a new façade of a two-three storey addition to reduce the overpowering appearance of the hospital from the street also look to be redeeming factors in the design, although they do not deal with my chief objection, which is to the overall height and scale of this building..

My chief points of OBJECTION to these Amended Plans are:

1. An important **LEGAL POINT** regarding the application of the SSD category to this proposed development. The underlying principle of any SSD is that the development be **primarily according to the chief permitted use of the site: in this case that of a hospital**. The Seniors apartment blocks now proposed would comprise 13,000 sq.m. of the site which is 47.3%, the Hospital being 52.7%, or 14,400 sq.m. of the site, which is just over half the site and cannot be adjudged as being the principal or over-arching use; it's only marginally in the majority and these current plans dilute the whole purpose of the SP2 infrastructure zoning. Given the significant change in the proposed use of this site, I consider it would be more appropriate to consider it under a Planning Proposal process to ensure proper direction, control and pertinent planning law be applied to it.
2. **HOSPITAL BUILDING**. The height, bulk and size of the proposed main hospital building are grossly over-blown for the site they are to occupy. The erection of a building of nine (9) stories, on the highest point of the site, close to a narrow, twisting and undulating road, lined with houses of 1 to 2 storeys, is inappropriate in the extreme. It would be a blot on the landscape. This site is not the site for a high tower of those dimensions, so out of scale with its surroundings and dominating the skyline in all directions. Every house tiered up the hill on the north side of River Road opposite it would have this tower right in their face, ruining their views and the privacy and amenity of their homes. The same problem would extend to those living below the planned hospital on the southern slopes along Gore Street, down to the Gore Valley and across to Northwood. The Bob Campbell Oval – the only recreation ground of a size to accommodate a playing field in the area – would be compromised by both the hospital as well as the southernmost proposed apartment block looming above it. If the **HOSPITAL BUILDING** were to occupy some of the land now allocated for residential purposes (2 very large blocks of apartments and a green space between them) and spread across the site more, it would mean it would have a much lower

profile and fit more comfortably into the site, rather than dominating this entirely residential area.

3. In most hospital developments – because of the industrial nature of them and the busyness, action, lights, noise and 24-hour operation of them - there is always a **BUFFER ZONE** around their perimeter to protect local businesses and residences from such intrusions. There is no such buffer zone planned for this **NEW, MASSIVE HOSPITAL**, proposed to be built right on the highest point of its site, adjacent to a narrow, twisting road (that already carries too much traffic on it for its design and nature) and right in the middle of a totally low-key residential area. The only resemblance to a buffer zone is the treed section of the heritage curtilage along St Vincents Road, yet this is hardly likely to keep out the noise, lights and constant activity associated with a hospital of this nature, never mind the vastly increased traffic that would ensue from its use, especially as the service road giving onto St Vincents Road has been allocated the status of an entry- and exit-point to the Underground Hospital Car Park. On the other three sides, these factors, plus the height, bulk and scale of the buildings would intrude most injuriously into the lives of the adjoining residents and those spread around the area. So, I object to the **height, bulk and scale of the HOSPITAL BUILDING and the lack of a planned BUFFER ZONE around it to protect the amenity of residents.**
4. The **SEPP (Housing for Seniors or People with a Disability) 2004** applied to this site shows that the Seniors apartments are prohibited under the Lane Cove LEP 2009, but are proposed as permitted under the Seniors Living State Environmental Planning Policy (SEPP). However, the height, bulk and scale of the apartment towers are considered incompatible with the surrounding development. The proposal is contrary to Clause 33 of this SEPP 2004 and is unable to meet the aims of the Seniors Living SEPP.
5. **INCOMPATIBILITY OF USAGE** under the proponent's integrated convergent model of care, which is to bring together the social, housing and health needs of an individual (similar to that practised in the HammondCare site at Miranda), though investigation shows that the Miranda complex is not a hospital, but a retirement village. The note in the design parameters section for Greenwich Hospital that the facilities need to be 'flexible in design' indicates that over time the residential sector may enlarge and dominate the designated "principal use" as a hospital on the site. As the only requirement for the designated future residents of these 89 apartments is that they be "over 55 years of age" it

should be realised by the developer that most people of that age are still working, are fit and well and often have families living with them, as children nowadays continue to live with their parents until their late 20s or longer. Thus the residential population will likely be of the order of 135 or more persons if only half of the apartments have two persons living in them. It is also likely that many of these residents will have 2 cars that need to be accommodated on the site and they will need to use them to access the local shops and other services that will not be provided for them on the site. This will result in a very high number of vehicle movements on and around the site, which it is incapable of managing well and safely. Additionally, it will most likely be decades before most of the residents require any “aging in care” services, so the basis on which these apartment towers are planned immediately collapses. This “model” needs to be closely considered by the Department of Planning if, indeed, permission is actually given for the inclusion of apartments in the project.

6. Demonstrably, the **height, bulk and scale of the SERVICED SENIORS LIVING APARTMENTS**, at 6-7 storeys (7 storeys, given that the plans show a podium under them), would not be in scale with the surrounding residential area, where housing is of one or two storeys, and would be incompatible with the low-scale residential nature of the neighbourhood. At the street frontage **both the 9-storey HOSPITAL BUILDING and the 6-7 storey Seniors Apartment block** would not be in scale with the opposite and adjacent housing, as is required in the SEPP and would be an eyesore and visual affront. Although they step down a little on the western side to be more in alignment with housing there, there is no attempt to follow this “stepping-down the slope” principle where their southern side is concerned and where there are the amenities of existing houses and the Bob Campbell Oval to consider. They would also be a visual affront to **PALLISTER HOUSE** and diminish its special nature, which is endangered by their very close proximity anyway. The proposal would result in an adverse outcome for this heritage item on the site.
7. No justification has been given for the allocation of such a high proportion of both the budget and the site to a **RESIDENTIAL COMPONENT**. As mentioned earlier, residential use would comprise 47.3% of the site, compared with 52.7% of the site for hospital facilities, which is out of scale for a health services facility development. It should be noted that there are already nine (9) existing and planned seniors dwelling developments in the area, sufficient for current and future

needs for a very long time. Those facilities are in places more easily accessible to senior people, carers and to public transport and shops & services needed by them, which factors are noticeably absent from this development under consideration. If HammondCare wants to build Seniors housing, it should be required to justify the reason and make available its financial model to public scrutiny.

8. **HOSPITAL-ZONED LAND.** Most important of all, if the residential part of this proposal is allowed to proceed it will completely '**sanitise**' the site **against any future hospital expansion**, thus forever limiting the use of the land for **Health Services Facilities**, for which it is exclusively zoned. Land for hospital use in Sydney is extremely scarce and it would be profligate of the NSW Government and its Planning Department to allow this **HOSPITAL-ZONED LAND** to be almost 50% used for seniors residential accommodation, when there is sufficient of that existing nearby or in the planning pipeline for early construction.
9. **HERITAGE LAND.** HammondCare still plans to build on one lot of the Heritage-zoned land with its **3-storey "RESPITE FACILITY"**. This is neither proper nor suitable, given that the site is primarily part of the curtilage of Pallister House, with its remnant bush and 19th century garden and "bridle path" and must be preserved for posterity as the Heritage Commissioners decreed. This area is also difficult to access by people needing respite care (those on walkers, in wheelchairs or with walking sticks and their visitors and carers), as there is no nearby parking in St Vincents Road and the path is inclined and twisting. Therefore the "Respite Facility" should be absorbed by the Hospital itself and placed there where easy access and care are possible. If it is thought that it needs to be separated from the main hospital building, then it could be placed on some of the land now designated for Seniors Living, where more easy access for its users would be possible. There is also the danger that, if permission is given for a Respite Centre on this Heritage Land, that its size will be increased and a much greater part of the heritage land and its bushland expropriated for that purpose.
10. **BUSHLAND and WILDLIFE.** There is very real concern that the remnant bushland would be very severely impacted by the clearing of many trees, by much of the undergrowth that is the habitat of local wildlife being disturbed by clearing, grading of roadways and paths on the site and for building purposes that the very nature of the site could be destroyed. This is a special quality of this area so, if the residential part of the development is expunged from the plans, most of this area will be able to be preserved, a highly-desirable outcome.

11. SEARS REQUIREMENTS. The site analysis is much wanting, there are different levels shown on the southern slope below the southern Apartment block and there is no attempt to show the relative levels of the housing most directly impacted by the proposed new buildings, those on the southern side in Gore Street, Greenwich and those on the western side and in Standish Street. Mention is made of other dwellings nearby but there must be a plan made showing relative heights of the proposed buildings to those in the streets mentioned. It is not good enough to slide over these factors; they weigh heavily on residents there (including me and my family). From my second storey window the present hospital building takes up about one quarter of my sky view (considering that my dwelling is sited down the slope from the hospital). If a 6 or 7-storey apartment building goes up there, my view of the sky will be all but obliterated. It is not acceptable for a developer to erect buildings in an R2 zone that tower over adjacent residential dwellings so that their view of sky space is heavily blocked and their privacy and enjoyment of their houses and gardens can be lost; these must be maintained. **As there are no height controls on site, the proposed development should be viewed in context with the surrounding built form on and immediately-adjoining properties to the site, NOT dictate a built form of immense height over that existing. This is directed by the proponent's design statement, which indicates that** *"Smaller and varied forms that relate more strongly to the scale and pattern of surrounding residential development are to be used around the periphery of the site and where the buildings meet the ground"*. The buildings should reduce in scale and height as they near the site boundaries, in order to better fit into the surrounding terrain and built environment. This applies equally to the Hospital building and to the Serviced Seniors Living Apartments (if they are approved).

12. TRAFFIC AND SAFETY. Once again, it is the possibility of 89 residential dwellings, each with their car or cars and 1-4 persons living in them, that would lead to an enormous increase in traffic into, on and out of the site. As there are no nearby shopping facilities to walk to and bus services extremely scarce, each person would have to get in their car and drive somewhere to obtain the necessities of life and other services. Traffic movements calculated by the consultants are not useful, especially as there is a high likelihood of there being more than the 89 apartments built, given that the average permissible size of 60-70 sq.m. would allow for tens more apartments than the plans now show. School children, aged people and others using the crossing on River Road and

children walking down St Vincents Rd would be greatly endangered by the planned use of this side road giving access to the proposed Underground Car Park and the large numbers of cars that would choose to use this entrance. It is also probable that River Road will become a "car park" at peak times, both morning and evening, thus making accidents more likely due to driver frustration. A further problem lies in that there has been an allocation of only 329 parking spaces on the site for all hospital staff, visitors, service vehicles and short-term carers and for residents; it is very apparent that this is completely inadequate, especially as NO STREET PARKING is available in the surrounding area, it is always taken.

13. **BUSHFIRE DANGER.** The southern part of the site, at the very least, is zoned as a Bushfire-Prone Zone and plans for retention of plantings on the upper slopes and landscaping of the area south of the Seniors Apartments seems to be contrary to the provisions required by the Fire Authorities for such a site. The radical slope of the land is also an aspect that increases the risk of bushfires and makes defence of them more difficult. Therefore necessary provisions for the possibility of fire must be made. Those buildings would also need special materials and protection in view of their proximity to the bushfire-prone zone. It is not apparent that this matter has been given the due consideration it merits.

To conclude, I am gravely concerned about, and object to, many, many of the aspects of this poorly-conceived Hospital Redevelopment Plan for Greenwich Hospital. I ask that the matter be more properly managed by attention being given to the points I have here raised and to the correct planning laws pertaining to it and to the lives and amenity of surrounding residents which would be so drastically damaged if the development were to proceed along the current ill-conceived lines.

Yours faithfully

HILMA A. ELSE