

# **The Northwood Action Group Inc**

## **Building Our Community Spirit**

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### **Subject: Objection to Redevelopment of Greenwich Hospital (Amended Concept Proposal) SSD 8699 and Response to Submissions**

The Northwood Action Group Inc, (aka NAG) which has a membership of over 100 households from Northwood, wishes to respond to the Environmental Impact Statement for, and lodge an Objection Submission to, the above Redevelopment of Greenwich Hospital (Concept Proposal) SSD 17\_8699.

The Greenwich Hospital and its site has played a part in the lives of local residents over many years. Many of them have visited it, had direct involvement with it or had relatives or friends involved with it - including as patients, staff, and volunteers.

Bought only in 2008 by HammondCare, they cannot claim the kudos for the long period of time during which its operations have brought Greenwich Hospital into good public regard.

Vision of HammondCare has clearly been for commercial redevelopment when in 2008 they bought Greenwich Hospital site. A site survey by Lockley (Feb 2009) and a Geotech Report (Feb 2010) were promptly prepared, and so begun preparations for a massive redevelopment including apartments, which HammondCare claim are needed for funding the hospital redevelopment. They knew there was a Heritage Lot 4, and that seniors living apartments was not a zoning on the site. They know the state of the hospital. Yet they went ahead and made the decision to purchase.

This submission begins with some comments on the process since the close of submissions for the initial concept proposal.

It then deals with objections relating to inadequacies in the Response to submissions, and other Objections.

- i) NAG received no Notification from Dept of Planning  
Despite Northwood Action Group putting in a submission to the initial EIS consultation, with our letterhead and containing an email address as well as a PO Box address, we wish to advise that Northwood Action Group did not receive an email nor letter from the Department of Planning advising of:-
  - a) the Notice of Exhibition of Response to Submissions and the Amended Proposal for Greenwich Hospital;
  - b) that the period of time for submissions in response to the Notice of Exhibition had been extended.
- ii) Inadequate Community Consultation  
Although Community Consultation was a request of the Dept itself, the type of consultation which HammondCare chose to hold was not of an open type, but aimed at separating each group so HammondCare could "listen to concerns" as they put it. But, groups and individuals

had already spent much effort setting out their concerns. Such an approach was for many months not even proposing to present any drawings or concept revisions.

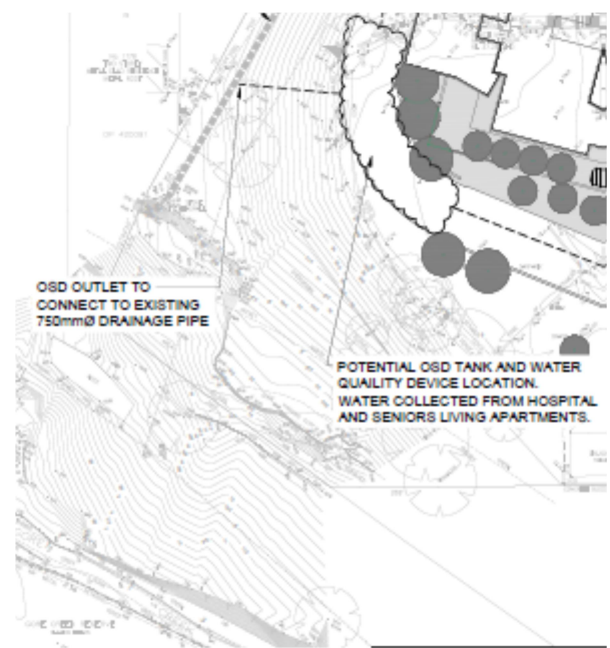
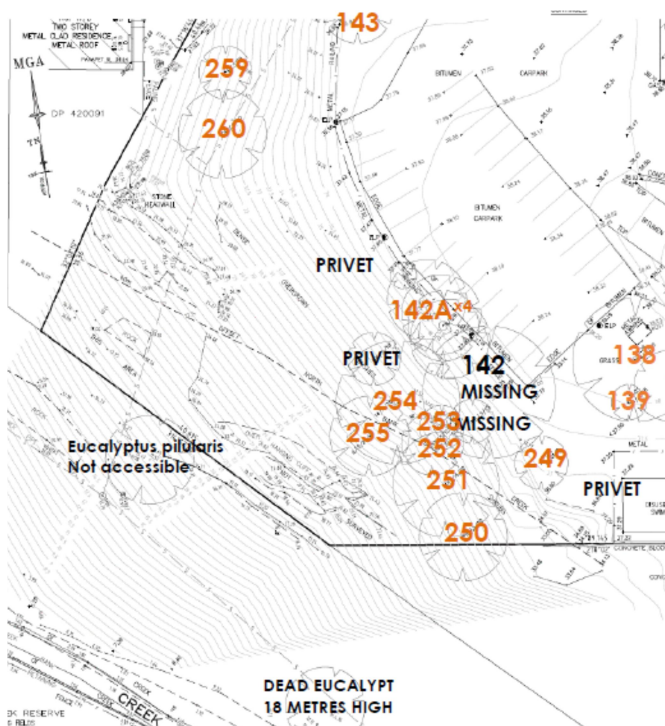
iii) Disappointing drop-in Session on 28 August 2019

Eventually when a 'drop-in' session was held, there was inadequate notice, it was not widely advertised, and it was of an ad-hoc format. A number of NAG members were able to attend, however the format was not a useful one. The format of the meeting was that they had a lot of charts all over the room with several representatives present to answer questions. So basically, if one did not ask a question one would not know the answer to it, or find out anything!

*Committee: Our view is for Community Consultation to be effective everyone attending should have the same access to information as anyone else in the room. The format of the Information Evening did not present itself as suitable to ask the questions either, because the key representatives were always pretty busy speaking to someone, so people needed to wait a while before you can get to the representative. Our view is that the drop-in session on that day was inadequate for the purpose since not only were all members unaware of it, but the few who did attend would not have heard all the ongoing discussions between your representatives and those present. This we believe can only be achieved in a formal Q&A session.*

iv) Major Survey contour discrepancy South –West portion of site has not been addressed and causes numerous documents, plans, shadow diagrams and reports to be incorrect.

The Survey Discrepancies raised in public submission 322554 and attachments? Appendix E Survey in the original EIS has wrong contours in the south west portion of the site, area is said to be "not surveyed" when seen on the detail survey page.. It is dated in 2009. The regularly-spaced contours are shown that way because they have been 'interpolated', this area of the site is not of an even gradient at all. The correct contours for the same area are shown in the original Civil Engineering Plan appendix I [letter] 2, dated about 2018. (see below right) It shows cliffs, and irregular contours. The Redgum Horticulture report p71 has used the incorrect Lockley survey contours, but marked in some other formations such as rocks/cliffs - with levels which are clearly at odds with the interpolated incorrect contours shown. Compare below



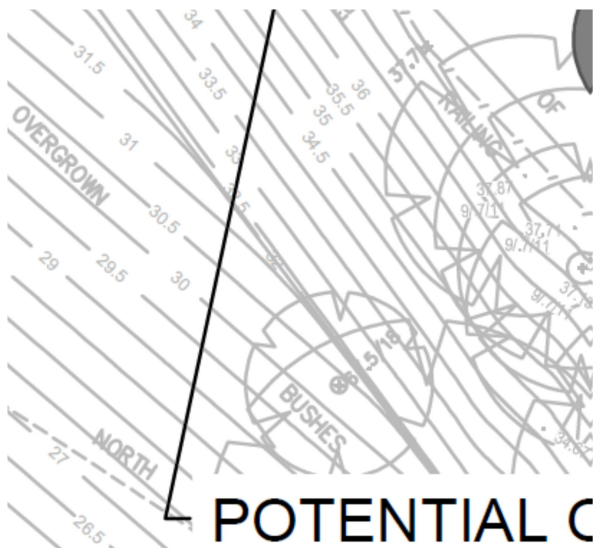
Above L:-Extract, p71 of Redgum Horticultural. Above R: Equivalent portion of I2 Civil Eng. Plan

The incorrect contours have been used in all drawings by the Design Team, over which they have superimposed their designs.

Implications of using incorrect contours when correct contours are available:-

- incorrect shadow diagrams
- incorrect information on landscape
- no reliable tree survey in the bushland area
- bushfire report and information on which RFS has based its comments will be wrong
- incorrect hydraulic flow calculations
- trees (which are offered as future planting to "screen" the Seniors Living from Northwood) will not grow on cliffs, and if growing at the much lower level which is the reality on this south-western portion, will take a very long time to even reach the top of the cliff, let alone screen .

Below is an enlarged portion of the *I2 Civil Eng. Plan* extracted above. It shows that there is a cliff not far to the south-west of the existing lower carpark railing. Refer contour 32.5 which runs just to east (right) of word "BUSHES" – it intersects with a contour 30.5, forming a cliff. This proves that at the BUSHES point of the plan, there is a 2 m high cliff, just below the railing. Nowhere else has this cliff been shown, in fact it is pretended not to exist, as the Survey contours and Landscaping drawings pretend there is a relatively even gradient. Moreover, the vegetation has not been surveyed and is dismissed in documents as "Existing dense vegetation" (Dwg S10) and "protected vegetation" (Bushfire Report p13) and even worse, mis-represented as "rainforest vegetation" in the RFS submission and the 13/9/2019 letter by bushfire consultant.

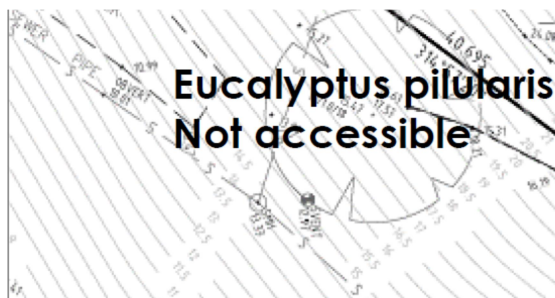


Above: there is a 2 m high cliff, at the word BUSHES. Photo R shows clearly a steep drop below railing. Vegetation shown here has not grown up to screen even the lowest levels of the hospital.

Note that the Redgum Horticultural extract has had some rock formations added onto the p71 "not surveyed " section, and a couple of trees (euc Pilularis and Dead Euc) in the 5 August revision. The text claims the Euc Pilularis is "not accessible". However, this is not true, it is readily accessible by crossing Gore Creek at the stepping stones and going up towards the sewer Manhole and vent, which appear adjacent to the Euc Pil. on the same drawing, as extracted in below left detail. The photo below right is of this manhole and vent, in the Reserve. The Bushfire Report App. J, p11 also has a photo of the sewer in this area.

Response to Submissions Report claims that the discrepancies in the Arborists Report have been corrected – this is clearly incorrect, as the authors think the area with the Euc Pil. Is inaccessible.





Above L: Redgum report misleads on accessibility. Above R: Manhole near Euc Pil clearly accessible

v) Landscape package for Riparian and /Bushland Zone is misleading and not achievable.

Below are extracts from p21 of Landscape. It ambitiously claims to be clearing weeds, planting new canopy trees where shown which are largely on steep rocky ground, , all the while having views across to Northwood and Lane Cove River. There is no clarification on which parts of the area are called "rainforest". At the same time, the tree plantings have to be spaced out so that as they grow the growing branches will stay as far apart as required to satisfy NSW Bushfire Guideline. This is not genuine Landscape plan at all, because the author does not know what is on the land, but has merely drawn marketing-style pretty pictures.

### 3.6 Riparian and Bushland zone



#### Legend

-  Existing trees retained
-  Proposed evergreen trees

#### Design Notes

- Remove weed and provide new indigenous canopy trees in accordance to NSW Bushfire Guideline while framing views to the riparian
- New canopy trees
- New lush under-storey underplanting to enhance existing riparian corridor.
- Opportunities for seating area with view to existing vegetation.

Above - extract from p21 of Landscape package is based on wrong information. There is a misguided idea that some of these trees will screen the Seniors Living from 46a Upper Cliff Rd, Northwood.

- vi) No response to the 2/11/2017 Drop-in Info Eve advice, that Seniors Living Blocks were to be 2 to 3 stories high. In 2018, a resident sought a clarification on heights of existing buildings on site, from HammondCare's Design Manager and their General Manager Health & Hospitals, via email to each. A reply letter advised as follows:

- *Please note that the height will not exceed the heights of existing buildings on site."*

There has been no explanation forthcoming as to why this deception as to number of stories and maximum height of building was communicated, both at the first Info Eve, and the subsequent reply.

- vii) Unconvincing response to the objection that the Seniors Living apartments are not integral to the Hospital and Health purposes of the special Purpose Zoning of the site

It has been to simply restate and double-down - with even more marketing spin and simplistic diagrams, on the charade, the pretense, that there is a benefit to having seniors living apartments on the same site as a hospital, when in fact quite the opposite is true. The Seniors Apartments use up valuable land, and there is no need at all to house over 55 year olds in large apartments on a hospital site.

- viii) The amended concept remains excessive in mass, scale and height

Despite fiddling with the numerics, the response of reducing the floor area of the Seniors Living apartments so they are somewhat less in area than hospital area is mere tokenism. The apartments with landscaping and carparking still occupy a significant portion of the site area, much the same as that occupied by the hospital. Moreover, no Quantity Surveyor's figures have been presented. The deleted villas used a low per square metre rate. It is quite likely that almost 50 % of the cost of construction is for seniors apartments, especially when the cost of building to bushfire standard construction is included.

- ix) Location of the respite clinic on Heritage curtilage is inappropriate

The villas have been deleted due to outrage about heritage issues, but now there is another 15 bed facility to take villas' place. This facility will require significant servicing, and more likely increase in size. The proposed location of the respite clinic on St Vincent's Road is inappropriate for accessibility/parking reasons and would be difficult for outpatients to find. It should be consolidated with other health services and better located for public transport. The attempts to justify it's visually grating intrusion on the heritage landscape, by producing a page full of pretty "Falling Water" style photos of other buildings, shows how inappropriate it is.

- x) Traffic Study is not redone and is inadequate

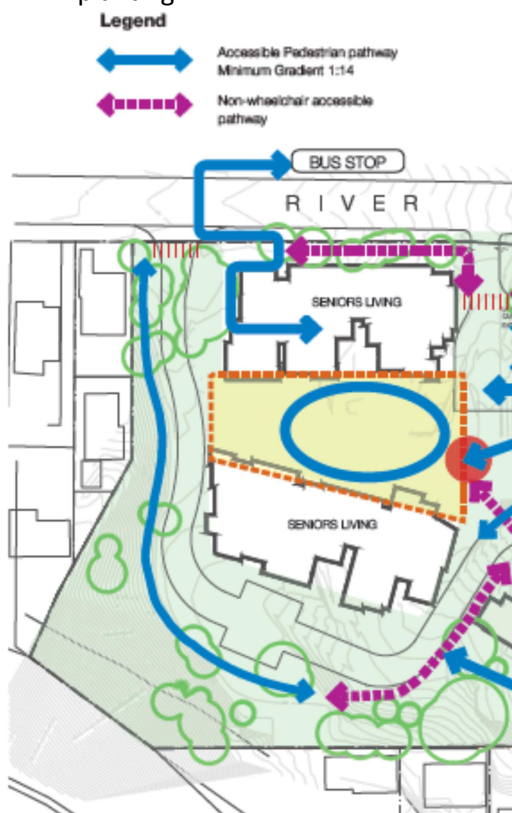
The traffic study has not been updated despite changes in the car park levels and their connectivity. There has been no analysis of the impacts of altered traffic volumes at each street access point, nor impact on pedestrian safety within and without the development. As well, a cumulative traffic study should be done to incorporate new Seniors Living developments which have been approved nearby, or are in process of approval, such as at corner of River/Greenwich Road, and Blaxland's

The below diagram must be assumed to be still current to the amended concept, as it has not been updated. So, all the cars to the upper carpark level will come through a time-gated access? This does not seem feasible.



xi) Accessibility not achievable as stated.

It is not possible to achieve the western 1:14 gradient accessible pathway where shown in Circulation Principles on p9 of Landscape report . The path is shown in the bushland below the road and the inaccurate contours on the survey and hence this drawing have misled the consultants into thinking it is achievable. It is not, as shown, nor without major cantilevering or regrading and disturbance of the land and vegetation which is claiming to be “protected” and have additional planting.



Above – L- extract from p9 of Landscape. ; R- obvious retaining wall below existing. carpark and road.

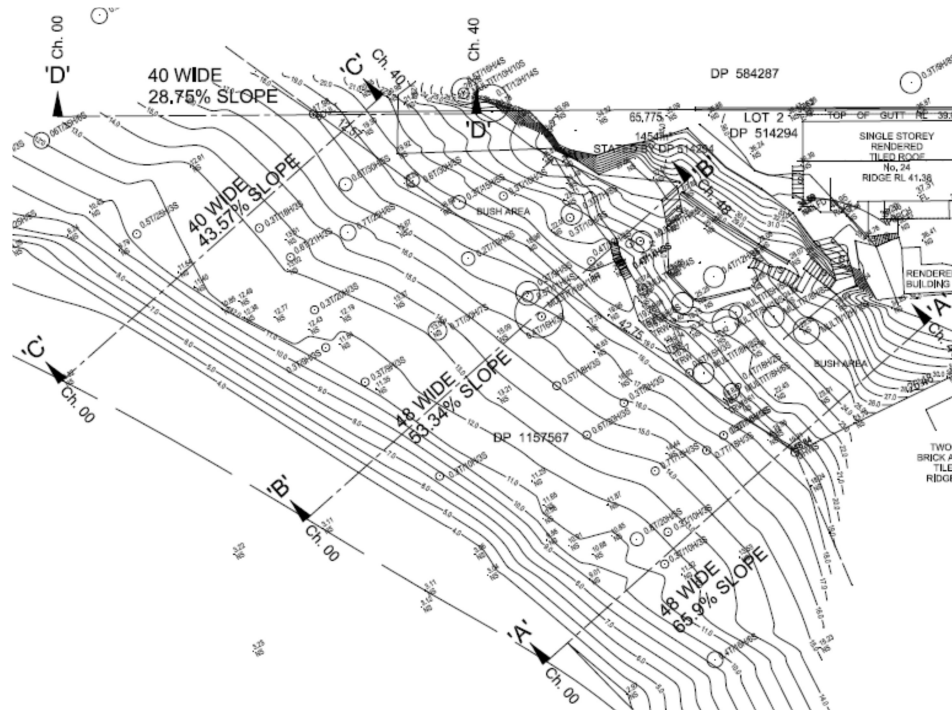
xii) Bushfire Report has not been redone following removal of 8m wide access road.

The RFS rules for an 8m wide access road for evacuation purposes in seniors living developments, and for fire fighting purposes. Yet this road has been removed without referring it to the RFS for a further comment . There is also a stark contrast in the gradients used for bushfire risk analysis, between the 24 Gore St survey, with slopes of about 45 degrees, and the Greenwich Hosp EIS, of 0 degrees. Below is an extract of the survey and slopes calculated for the immediately adjoining site to the south, of 24 Gore Street. It is highly strange that the slopes can be so different on the same stretch of bushland . The explanation could be that the RFS have had wrong widths of the remnant bushland on which to base the slope analysis. If the

bushland width measured perpendicular to the slope is closer to 60 or 70 m, then the stated slope may change and the fire-resisting construction level may be under that really needed for safety of human life.

In any event, the extent of the APZ required and bushfire risk should be clarified;

There is a fundamental conflict between stated landscape objectives and overriding bushfire management requirements.



Above: extract from survey of 24 Gore St Greenwich, immediately to south, with bushfire\_slopes calculated which are markedly different to those used in the proposed concept analysis

xiii) The Seniors Living Apartments and Villas are not incidental nor ancillary to Health Care Facilities, nor are they a Hospital.

For self-contained apartments and villas to validly fall within the provisions of Seniors Housing SEPP 2004, as Seniors Housing, by operation of cl 10 c), under the Building Code of Australia they are either class 1a (a single dwelling, whether detached or attached), or class 2 (a building containing 2 or more sole-occupancy units each being a separate dwelling) or a combination of these; but “does not include a hospital” under cl. 10 – see below. Nor are they medical centres, nor health, medical or related research facilities as required by State and Regional Development SEPP

**“10 Seniors housing**

*In this Policy, **seniors housing** is residential accommodation that is, or is intended to be, used permanently for seniors or people with a disability consisting of:*

- (a) a residential care facility, or
- (b) a hostel, or
- (c) a group of self-contained dwellings, or
- (d) a combination of these,

*but does not include a hospital.*

**Note.**

*The concept of seniors housing is intended to be a shorthand phrase encompassing both housing for seniors and for people with a disability. This Policy deals with both kinds of housing.*

*Accommodation provided by seniors housing does not have to be limited to seniors or people with a disability. Clause 18 provides that seniors housing may be used for the accommodation of the following:*

- (a) seniors or people who have a disability,
- (b) people who live within the same household with seniors or people who have a disability,
- (c) staff employed to assist in the administration of and provision of services to housing provided under this Policy.

*Relevant classifications in the Building Code of Australia for the different types of residential accommodation are as follows:*

- (a) Class 3, 9a or 9c in relation to residential care facilities,
- (b) Class 1b or 3 in relation to hostels,



(c) *Class 1a or 2 in relation to self contained dwellings."*

Seniors Living can go on any stand-alone land which meets the criteria in NSW, and can be undertaken independently of any health-related facility. They do not need hospital zoning in order to operate. You do not need to be in a Seniors Living development associated with a hospital to "age in place". To live in one, you can be in good health, over 55, and can live there with household members and children of any age. In fact, they are often marketed to such people

xiv) Unacceptable visual impact from Gore Creek Reserve and Oval

The Visual impact report now shows a photomontage of the seniors living, from the oval, in about the same location as that where a member of the public prepared a montage, necessary to shame the applicant into doing a better job of visual impact assessment. Taking photographs from some other positions in oval, it is clear that even the hospital is likely to be highly visible above the oval/reserve trees. The trees are more transparent than their visual report photo shows, and there is a distinct canopy layer which is comprised of trees starting from much lower level of the reserve - these trees are highly prone to dying off/falling forward (then over) with ground creep. There is then a wide stretch of land, before the Seniors Living, where there are very few trees able to grow/remain, because of the road and of course APZ and after all they want the views. The authors of the photomontage have wrongly left some of the trees which will go, in the photo montage. Given the wide stretch of land with no trees, the buildings will stand out more. The seniors living wall (facing near oval) is much closer than current apricot brick of hospital. Yet their montage has used the apricot portion of existing hospital wall, as the 'start position' because the apricot is still visible in the same place. Their montage has used very dull, low contrast colours, but the reality is there will be glazed balustrades and many windows, all these things are shiny/reflective and do not 'disappear' as they have tried to imply.

**Seniors Living will be visible at left**

**Hospital will be visible at right in this photo:-**



Focal length in 35mm film = 53 mm, sim to human eye.



The above photo is taken with viewpoint moved several metres further to the east, along the wire fence, compared with the report View 2 position. Just by moving in this way, it can be seen there are wide areas of open tree canopy and areas where the trees are dead.

The attached scan of sixmaps has a to scale plan of Amended Hammondcare site plan, inserted in position. It demonstrates (use sight lines or a piece of string near the screen) that looking at skyline above the 2 houses on the right, one will instead see the new hospital. Pallister House is behind the white trunk of the blue gum, to the right of the white wall of house.

Seniors Living will be seen very clearly on the left, between and above the trees.

xv) Unacceptable Visual impact from Northwood is downplayed with misleading montages

Visual impact from Northwood is was completely ignored in the first concept submission process. The applicant has been shamed into producing a better visual assessment but it has still grossly understated the adverse visual impact.

Many viewpoints are available form Northwood as shown in the attached Appendix 1 Aerial view diagram of view locations.

The applicant has chosen to select only two locations, a low-down “easy” view from 46a Upper Cliff Rd at about RL 40 or lower, and one from Northwood House at RL 48 approx.

The view selected from the photos taken at 46a is one which chose the ‘best case tree canopy corridor’ upon which to prepare a photomontage. It has used pretence of a canopy of trees planted in impossibly rocky locations on the lower area of subject site’s steep APZ land, or shown tree canopy growing on adjoining reserve and on 24 Gore St, over which both these latter HammondCare can have no control. To even reach the heights shown will take 30 – 50 years of growth of ‘maybe-never’ trees. The massive visual intrusion of the towers of Seniors Living and Hospital will dominate and damage forever this priceless bushland valley.

Regarding the Northwood House view, it appears incorrect – it shows almost no perspective at all, but looks rather like an elevation drawing fitted into the landscape. If it was viewed from RL48 as stated, all the parts of the built form which are above this level would appear to be higher with the correct perspective. Thus as RL 63 the Seniors Living blocks would show up as being higher than the viewer position, instead of being on the same level as the viewer, which they do in the illustration reproduced.

Northwood's highest RL is around RL 52, and many houses sit below that, at around RL 40, and lower. Viewed from certain public and private areas of Northwood, at RL40, with the aid of tangent calculations, and using ‘distance tool’ on Sixmaps, it can be confirmed that the roof (RL164.60) of a significant high landmark in the skyline 1320 m away – the new Tower at 1 Marshal Ave St Leonards – will be completely obscured by the new Seniors Living envelope’s RL heights, only 250m away [see Appendix 4: pdf of Sixmaps with 1320+6+249m relevant distances measured ]. Residents and owners in Fleming Street, Private Road, Upper Cliff Road, & Cliff Road, Northwood are particularly impacted. The development will be higher up in their skyline, and extend along a much wider area of sky, than ‘the Bee’- Tower at 1 Marshall Ave, and the cranes building St Leonards’ towers which are a much greater distance away. These Seniors Independent Living blocks, and the new higher hospital, will dominate the skyline of Northwood, Gore Ck Bushland Reserve and Bob Campbell Oval.

xiv) The development doesn’t meet the threshold for State Significant Development

It is considered that the development fails to meet the legal threshold eligibility criteria applicable to State Significant Development. The development has used back-door methods and anomalies in the planning rules to achieve an outcome for which neither the site zoning nor the SEPP S/L intended.

- xvi) Character of Multi-dwellings is inconsistent with LEP and desired character and feel of all surrounding residential zones (which are all R2).

At 18 February 2019 meeting of Lane Cove Council, it was resolved unanimously to amend the Lane Cove LEP 2009 to Prohibit 'multi-dwelling housing' in the R2 Low Density Residential Zone. This was as a result of a recent LCC survey for R2 amendments to LEP which rejected multi-dwelling (terrace) type of building form in the R2 residential zone.

While a Site Compatibility Certificate (SCC) has not been applied for, perhaps due to the finding of loopholes in legislation, the Homepage of the NSW Government's SCC webpage states that:

*"The Seniors Housing SEPP aims to facilitate development of housing for seniors and people with a disability in a way that balances the growing demand for accommodation with maintaining the character and feel of local neighbourhoods. Subject to certain criteria, an SCC allows a development application for seniors housing to be considered on land if the proposed development is compatible with the surrounding land uses "*

This proposal is not compatible with the surrounding land uses.

- xvii) This proposal circumvents the surrounding community's expressed recent LCC R2 survey's desire against multi-dwelling housing (terraces), by attaching the multi-dwelling housing to the hospital redevelopment and piggy-back riding on a 'legitimate'?? over \$30 million SSD proposal.

Under Schedule 1 of the State and Regional Development SEPP clause 14 brings in Hospitals, medical centres and health research facilities, if such development has a capital investment value of more than \$30 million for any of the following purposes:

- (a) hospitals,
- (b) medical centres,
- (c) health, medical or related research facilities (which may also be associated with the facilities or research activities of a NSW local health district board, a University or an independent medical research institute).

Seniors Living is not part of the Regional and State Development SEPP. Despite this, this proposal for The applicant has chosen to slip Seniors Living in under the State and Regional Development SEPP, where it should not be.

- xviii) Objections to Adverse Impacts on Amenity

Privacy loss, vehicle headlights, artificial light spill and noise impacts

The new internal road, the podium and the 5- 7 stories of apartments in two blocks will increase noise and lighting impacts, and present massive walls of windows and balconies (mostly full width of each apartment) – facing, and close to, parts of Northwood.

Privacy loss. Residents have raised privacy concerns about this privacy intrusion by many eyes, and by lights. It is observed that current floodlighting at the western side of the 5 storey main building intrudes into homes during the dark of night. Many lights and external lights will add to light spill, as will vehicle headlights and necessary outdoor and safety lighting.

Cycling. It is suggested that this transport mode could be used by staff. The reality is, the so-called cycle route along River Road is narrow, steep, slippery, and quite dangerous. Even skilled cyclists hesitate to use it.

The acoustic report has not considered Northwood at all in its assumption of noise-affected properties. Noise travels across the valley easily, impact noise is especially noticeable at quieter times, or when the wind assists travel of sound waves. Residents with direct line of sight have complained of loud noises from hospital operations at times, and in particular being woken in the wee hours by garbage truck skip collection processes. The acoustic report completely fails to mention this noisy operation, or in the alternative, dismisses it with the EPA quote that one or two incidents per night are "unlikely to affect health and wellbeing". The places where the noise monitors have been placed are low down in troughs in the ground terrain and behind trees, so are not regarded as appropriate monitors of typical noise because of the screening effect on sound

waves. High walls, of hard surfaces, are noise reflective surfaces, will increase noise generation and reverberation.

Heat sink. Large mass of building = big absorber and re-radiator of heat into the atmosphere and into the bushland. ie urban heat sink, plus all the hot air expelled by air conditioners on all those glass units .

Negative impact of Loss of Trees on & off the site, compounding effect of Reserve tree death

Unintended tree loss will accompany construction as, with the best will in the world of the arborist's detail for tree protection zones around retained trees, some trees for retention will not make it: mistakes, carelessness, neglect, ignorance and willful negligence all happen, despite few cases making it to the Land and Environment Court due to the high probative bar.

Currently none of the existing trees come near the top of the new proposal, nor are they likely to grow to such heights. Nor will any planted trees ever come near these heights, in our lifetime.

Off-site tree death: In addition, recently more and more mature trees of residents' and Reserve's trees are dying due to climatic conditions outside our control – drought periods, disturbance, excess runoff, lack of fire, changed water patterns, upset in nutrient supply, artificial lighting, and the like. Residents who now have trees (both their own, the Hospital site trees, and the Reserve trees) screening some of the hospital could, after redevelopment, or even before, find those trees gradually die, or suddenly fall after a climate event, or are vandalized. Even now, those trees may not be high enough to screen the future redevelopment.



***High-viz vest worker cuts hospital trees at bottom of hospital's grass clearing area, while dying trees can be seen above roof of 24 Gore St, to the lower right side of above photo.***

Environmental damage to E2 zoned Bushland Reserve, habitats and waterways, and community assets including Gore Creek Oval and Playground

This proposal perches 7 storeys of private apartments, and a road, at the top edge of a beautiful bushland valley, above highly sensitive E2 zoned bushland reserves, the subject site's own bushland, a community recreation area, water catchment areas, Gore Creek and the Lane Cove River. The resultant short and long-term damage to these areas will remove the legacy of this valley and its bushland for future generations. Community assets of Bob Campbell Oval, Gore Creek and Bushland Reserve and walking tracks will be severely impacted, visually, environmentally, noise, bulk and scale, excessive or altered stormwater runoff and more.

This is taking private gain by robbing from the public, in the false guise of a hospital. Lane Cove prides itself on its bushland, and yet its bushland is under constant attack from developments such as these, and other natural and man-made forces, such as construction, and landscaping practices. Currently, there is a sub-contracted team of four, as well as 6 volunteer individuals from Northwood and 11 from Greenwich who work to preserve the Reserve. As mentioned above, tree death is occurring on an increasing scale. In times of intense high rainfall, water runoff is high, and the playground below, and Oval itself, was underwater last November. Council has to spend ratepayers' funds to install gross pollutant traps upstream, repair damage to playground and stone walls of the



creek during flooding, repair the Oval surface, and chainsaw to remove trees which fall over across these public areas. Rubbish and chemicals, too, arrive from surrounding developments. Alternatively, in times of intense drought, the trees become stressed, and this can kill the tree. Many dead trees or trees fallen over have occurred during this current year.

Sunlight loss to Bushland due to solid building shadows will have an adverse impact. The survey for the site is incomplete and so the shading diagrams will be wrong.

### **Conclusion**

In summary, despite the facility of Greenwich Hospital itself having been regarded fondly by the community for 50 years, and some minor changes in the amended concept exhibited, the SSD proposal remains strongly objected to by NAG for reasons as given.

Yours faithfully,

**Executive and Committee,**

**On behalf of Northwood Action Group Inc.**

See also attached appendix 1, copies of emails and letters between NAG and HammondCare about consultations

## **EMAIL exchanges re NAGs request for formal Combined Community Groups' Meeting**

### **Email dated 20 May 2019 from HammonCare Kelvin Bisset to NAG:**

*Hi,*

*I am public affairs manager with HammondCare.*

*The Northwood Action Group Inc. recently lodged a submission with the NSW Department of Planning following exhibition of the Proposed Redevelopment of Greenwich Hospital (Concept Plan).*

*General Manager HammondCare Health Ron Thompson would appreciate the opportunity to discuss the proposal with representatives of NAG and listen to concerns.*

*The vision for Greenwich Hospital will take many years to complete and the concept plan is just one step in a long process.*

*Can I speak to someone direct? My number is 0418 222107.*

*Regards,*

*Kelvin*

**Kelvin Bissett**

*Public Affairs Manager, HammondCare*

### **Response Email 29 May 2019 from NAG to HammondCare**

Dear Mr Bissett,

Thank you for your email, and we are pleased you wish to listen to our concerns.

NAG committee have considered its content, and we believe now is not the appropriate stage for us to meet with HammondCare.

Our concerns with the exhibited EIS have been submitted as required by the process, and HammondCare in turn is preparing responses to the submissions, also as required by the process.

NAG will be pleased to be advised should any general information sessions be organised for the entire Community, and may participate depending upon the appropriateness at that time.

kind regards

NAG President, Secretary, and Committee

### **Email dated 20 June 2019 from HammonCare Kelvin Bisset to NAG:**

*HammondCare Health General Manager Ron Thompson and our Head of Design Katie Formston are keen to informally discuss with representatives of your group your submission lodged with the*

*Department of Planning responding to the Staged Redevelopment of Greenwich Hospital (Concept Proposal).*

*We are preparing a Response to Submissions, as required by the Department, and your meeting with us will inform us as we make modifications to the Concept Plan. The Northwood Action Group's feedback based on its submission would be helpful as part of this process.*

*We want to make contact with individual groups who lodged submissions to discuss each of their specific concerns further. We expect there will be opportunity to have public meetings in future, however, at this stage it is helpful to us to get more specific feedback by meeting with representative of groups who took the time to lodge objections.*

*We have met with other groups and I believe the process has been beneficial to improving on the Concept Proposal.*

*Would you let me know if you wish to respond to our invitation to meet with us? Please give me a call on 0418 222107.*

*Kind regards,*

**Kelvin Bissett**

*Public Affairs Manager, HammondCare*

### **Response Email 3 July 2019 from NAG to HammondCare**

*Dear Mr Bissett,*

*Regarding your further email, requesting to informally meet with Northwood Action Group (NAG) to focus on each of the specific concerns expressed in our own submission, NAG Executive and Committee have given this request their consideration.*

*We are pleased that the Response to Submissions which HammondCare is preparing seeks to improve on the Concept Plan by making modifications which reflect the community concerns already expressed in so many submissions. However, in the interests of both transparency and avoidance of confused or conflicting messaging, NAG is of the view that such a consultation process should occur with group representatives in a combined groups' meeting, where minutes are taken and any presentation documents tabled. Many of the specific concerns expressed in submissions are held in common.*

*As before, please advise NAG of your proposed dates for such a meeting. We remain open to participating in any such genuine, combined community groups' consultation and engagement process.*

*Kind regards,*

*NAG President, Secretary and Committee*