



Greenwich Community Association Inc

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23 October 2020

Panel Members
Independent Planning Commission
Level 3, 201 Elizabeth Street
SYDNEY NSW 2000

Dear Panel Members

State Significant Development SSD 8699 Redevelopment of Greenwich Hospital (Concept)

The Greenwich Community Association (GCA) has outlined its main concerns in respect of the above proposed development in its submissions dated 1 April 2019 and 17 December 2019.

We are aware that the Panel has access to these submissions.

This submission will address only the findings outlined in the Department's Assessment of September 2020.

The GCA acknowledges that the Assessment and the Recommended Instrument of Consent address many of the concerns expressed by the GCA, Lane Cove Council, other community groups and community members.

We have the following specific comments:-

1. The GCA requests stronger controls to minimise the impact of the bulk and scale of both the hospital building and the seniors housing elements.

This development is on an elevated site in a bushland setting and it adjoins, on three frontages, low scale residential dwellings.

We request the Panel to amend the Instrument of Consent to ensure that the visual impact of this development in this setting is minimised by a further reduction of the height of **both** the hospital building and the residential buildings, noting that the Assessment has focussed only on a reduction of height for the residential element.

2. The Assessment's finding that the seniors housing element of the proposal is deemed to be related to the hospital model and can, therefore, be assessed in this SSD has failed to address the concerns outlined below.

The Assessment has concluded that the seniors housing element of the proposal may be considered as part of the SSD on the basis that *"The Department is satisfied that the Seniors housing component is sufficiently related given the shared basement facilities for the two components and the broader integrated delivery model across the development."*

We submit that the fact that hospital and seniors housing elements have a common basement should not be a consideration for determining that the elements are related.

The key consideration should be whether the delivery model for the seniors housing component can be viewed as truly integrated into operational mode of the hospital.

The proponent has offered no specific information as to the business model that will apply to the management of the services (if any) that it will offer to **all** residents in the seniors housing portion of the development.

It has offered no information as to the selection criteria that will apply to prospective residents in the seniors housing portion to ensure that only those who have a demonstrable need for hospital/assisted living services will be offered accommodation.

There are many occupants of seniors housing developments that head off to work daily, drive cars, and generally enjoy a lifestyle where the need to access hospital/assisted living services are perhaps decades away.

It has offered no information as to how the residents will be assured of security of tenure, especially in the event that they are assessed as being unable to continue to live in seniors housing but wish to do so.

The proposed Instrument of Consent should be amended to address the concerns raised above by including conditions to ensure that the operational model of the seniors housing element is truly integrated into the hospital operation.

We submit that, in the event that this is not addressed robustly, the seniors housing portion should be assessed in isolation under all, not just some, of the requirements of the State Environmental Planning Policy (Housing for Seniors or People with a Disability) 2004.

Yours faithfully

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