

# The Northwood Action Group Inc

## Building Our Community Spirit

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### RE : Submission to IPC – including reference to DPIE’s assessment report and Applicant’s Response to submissions and suggested “continuum of care” model

To: Independent Planning Commission

**Proposal Name:** *Greenwich Hospital (SSD No. 8699) at 97-115 River Road, Greenwich*

The Northwood Action Group Inc, (aka NAG) has a membership of over 100 households from Northwood. NAG continues to hold serious objections to this proposal proceeding as shown in the latest drawing set, despite the DPIE conditions and the Response to Submissions by proponent. NAG maintains its objections as set out in its submissions to DPIE for the original and for amended concept proposals. Overall, little has improved in the outcomes for Northwood.

This submission takes into account the DPIE assessment report and the proponent’s response.

#### A. NAG requests:

1. A reversal of the Secretary’s reasons for using discretion to permit seniors living apartments to form part of this SSD.
2. No seniors living on the site. Both towers, but the southern tower in particular, should be deleted.
3. The use of the site for its intended purpose of Health facilities now and into future, not for senior’s residential apartments which in reality have a tenuous, artificial relationship to Health facilities as they are not significantly different in design to any other apartment dwelling which can purchase home-care services .
4. **In the alternative**, if Seniors Living component is allowed to remain by the IPC, then:-
  - a) Reduce the maximum envelope RL of the Southern Seniors living to RL48.75. This is equivalent to the u/s gutter RL of existing 2 storey building beside current loading dock attached to the existing 5 storey main hospital building.
  - b) Amend to a 2-3 storey seniors living building as originally stated by HammondCare at the 2018 drop-in community session, with a basement carpark. Viewed from many parts of Northwood, an RL48.75 max. envelope building reduces the adverse visual impact of the development by reducing bulk and scale, returns Pallister House to its rightful prominence and permits softening for Northwood outlooks by retaining and improving views of existing tree canopies along River Road and the western site driveway;
  - c) Re-orientate the Southern Seniors living as suggested in DPIE diagram in report – such a re-orientation clearly reduces the adverse visual impact on Northwood, despite the proponents’ efforts to mislead on this in its visual images by colour, shading and wide-angle distortions.
  - d) Reduce the total floor area of the Seniors living apartments buildings to **5,500** sq.m. maximum, ie. **Halve** the 10,990 sq.m. floor area suggested by the DPIE. DPIE’s minor floor area reduction which NAG considers insufficient to ameliorate the adverse ecological, environmental and amenity impacts (visual, noise, light spillage, fumes, traffic) of these oversized apartments on the surrounding localities.
  - e) Staging to be altered – build the Respite (incorporated into hospital building) before the Seniors Living, and the North seniors before the south seniors. The North seniors, when reduce in size,

would have a similar impact to that from the existing buildings, whereas the southern building has a much worse impact.

5. Lower the raised ring road. As proposed it will increase noise and light adverse impacts on the local R2 area, and on the Reserve and bushland. Noise and light waves travel without interruption across the valley, the higher the road, the more intense the adverse impacts.
6. Correction/revision of ALL the documents and reports to incorporate information from contour and detail survey of western portion of site (which has already been undertaken), and also for downslope bushland reserve areas.
7. Provision of honest upslope gradients on the survey in keeping with the gradients calculated for immediately contiguous land at 24 Gore St, Greenwich.
8. Reconsideration of bushfire risks by RMS following provision of the full survey details for western upslope and eco

#### **B. NAG Opposes:**

1. The inclusion of proposed seniors living apartments (BCA class 2 – sole occupancy units) in this development;
2. The height of the proposed hospital (BCA class 9a);
3. The height of the proposed seniors living (BCA class 2 – sole occupancy units), even if they remain included within the SSD
4. The positioning of the hospital on the highest part of the site, and on the main untouched portion;
5. The positioning of the proposed seniors living apartments (BCA class 2 – sole occupancy units; especially the South Tower on the edge of the escarpment, causing such adverse visual and amenity impacts on Northwood and elsewhere.
6. Increase in number of seniors living units which have increased to 89 (were 70 at first concept and even less at first public information Eve);
7. The construction of the South Tower of Seniors Living
8. Locating Respite centre on the Heritage curtilage of Lot 4 ( Pallister surrounds).
9. The mistreatment of the Riparian Corridor recognized by Lane Cove Council [see p48, Keystone Ecological, Jan. 2019] by constructing a building on it – also this is contrary to Seniors SEPP 2004.

#### **C. NAG disagrees with the s4.36 reasoning behind using the discretion re SSD component**

The logic or reasoning followed by the Secretary to use a discretionary power in s4.36 to satisfy itself and declare the seniors living component sufficiently related to the SSD component is given as

*“the shared basement facilities for the two components and the broader integrated delivery model across the development.”* [DPIE 4.1.2 Assessment Report]

Both these reasons are not convincing.

Moreover, to avoid the perception of bias or leniency, the Secretary could have examined the proposal and exercised its discretion at the appropriate time, which was at time of lodgment of the original concept proposal. It would have found at the time, if considering both the above aspects, that Seniors Living did not satisfy s4.36. Instead, it can be seen that since that time, coaching of the Applicant by the public submissions has allowed it to reverse-engineer its proposal to its benefit.

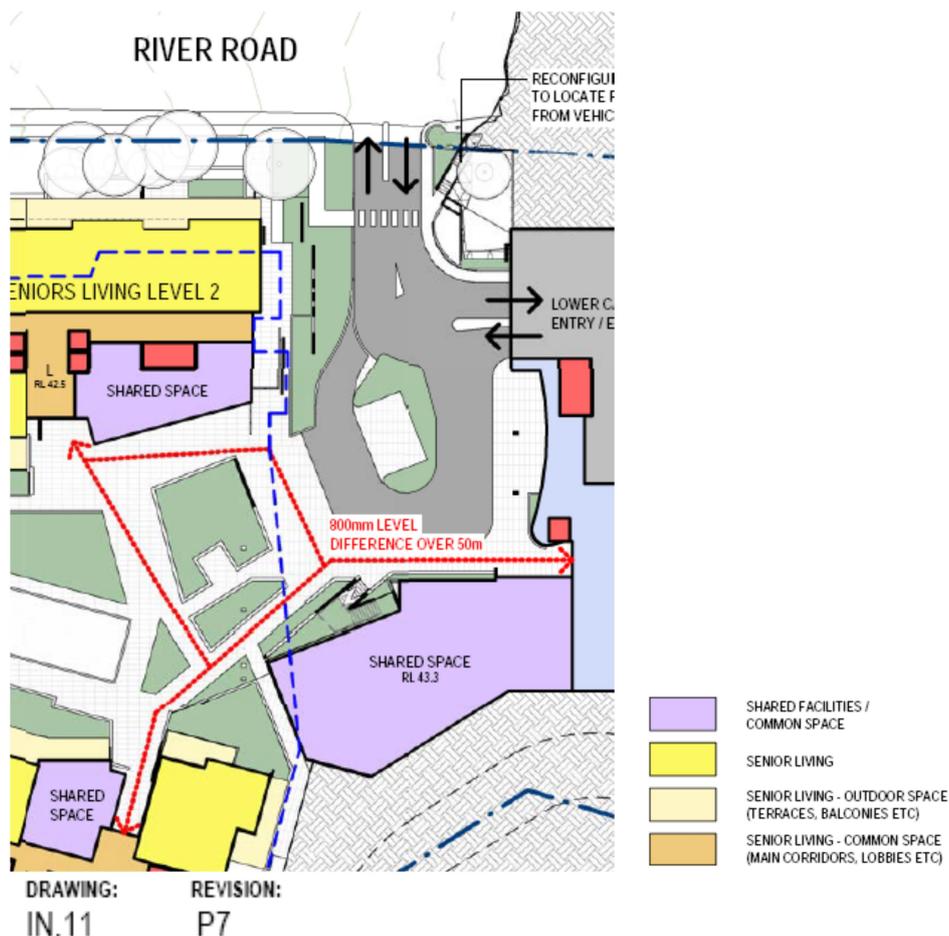
Car parking beneath Hospital and Seniors Living towers was not linked in the original concept plans. The Applicant has simply honed its concept and increased its excavation into bedrock to join the two carparks together, conveniently enabling the Secretary to give “ shared basement facilities” as a

reason for its exercise of discretion. In original scheme, Dwgs SH.01/A and SH/02/A, is shown a Hospital carpark which does not link to the Seniors Living carpark in Dwg SL.01/A [dated June 2018].

Similarly, the original (unamended) concept showed no drawn evidence of an any integrated delivery model other than a shared land title, although there was plenty of self-serving words written about the unique idea of an “integrated campus” and the like. In an attempt to overcome the avalanche of community Objections, the Applicant has carefully kneaded their drawings to place mauve-coloured shared/common spaces onto the plans for each component, to claim integration with little or no information on purpose and how policy would produce irrefutable evidence of itegration. This is not an innovative concept of care; it is simply bringing on site those people who would otherwise stay in their own homes in their own community setting.

It gives HammondCare a monopoly on the delivery of care services into the homes of seniors all at a convenient location for the provider. There is severe funding shortfall and long waiting lists for such ‘ageing in place’ care to those in their own-homes in the community, which is where most seniors say they want to stay. HammondCare’s model would self-servingly redirect such funding away from ageing in one’s home in one’s own community, and place those funds at HammondCare’s beck and call.

Below is an example of proposal’s reverse-engineering, wherein the Applicant has incorporated so-called “shared space” to bolster the hype of the integration of the seniors apartments. To what extent – other than for financing it – does the Hospital rely on the Seniors apartments spaces?



**Above: example of how the Applicant has reverse-engineered their proposal since inception**

## D NAG disagrees with some DPIE interpretations in Assessment and Applicant's Response to Submissions

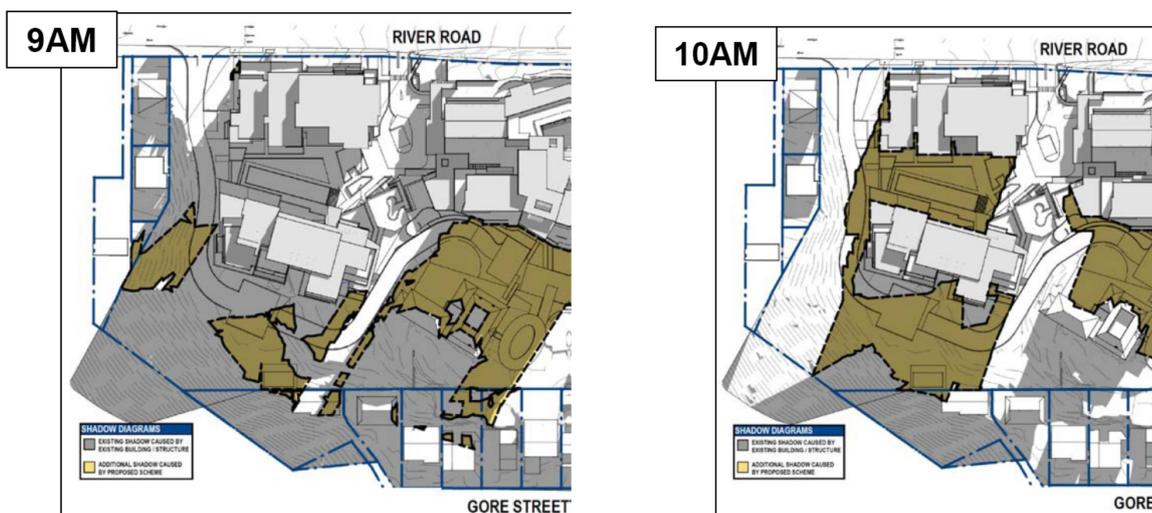
NAG has reasons to form an opinion that the DPIE has failed to correctly interpret aspects of the proposal in its assessment. This has resulted in unreasonable disregarding of some of objectors' concerns. Conversely, the assessment report in some cases has too readily accepted at face value, or with minimal investigation, the accuracy of written responses, visual images and verbal and written justifications from Applicant.

In particular, there is no concrete evidence to support the words by the Applicant that the area below the western carpark has not been surveyed. But there is much evidence to show that it has. NAG's Public Meeting presentation included some of the evidence that it has been surveyed and the information withheld. There appears to be a purposeful removal of some contours and site detail from an already-surveyed portion of the site. The actual un-surveyed area was a narrow portion only, below the "over-hanging cliff", yet the words "area not surveyed" were allowed to float over the whole downslope, without the surveyed detail which gave locational context to the words. And, the words "over-hanging cliff", and the contours to show cliffs, were removed and replaced with wrong contours when all the time the correct information was available and had been obtained.

Ramifications from the applicant's disingenuous response that there was not a contour and detail survey of the whole downslope land - below the western carpark - are huge. There are flow-on inaccuracies in bushfire risk analysis, landscape planning, ecological statements, wrongly-labelled "protected vegetation" and "rainforest" (which is mainly weed trees and weed shrubs), no plan for genuine restoration of the highly-degraded-by-hospital downslope, minimization of bedrock excavation risk, compromised storm water design and dispersal proposals, misleading shadow diagrams, almost every single architectural drawing repeats the same false contours, visual impact statement which refers to, and "montage-creates", future 'screening' by tree canopies cannot be taken seriously because the land is not the even slope shown, but composed of steep and rocky escarpments, where trees die or roll downwards and fall over after droughts, floods and high winds.

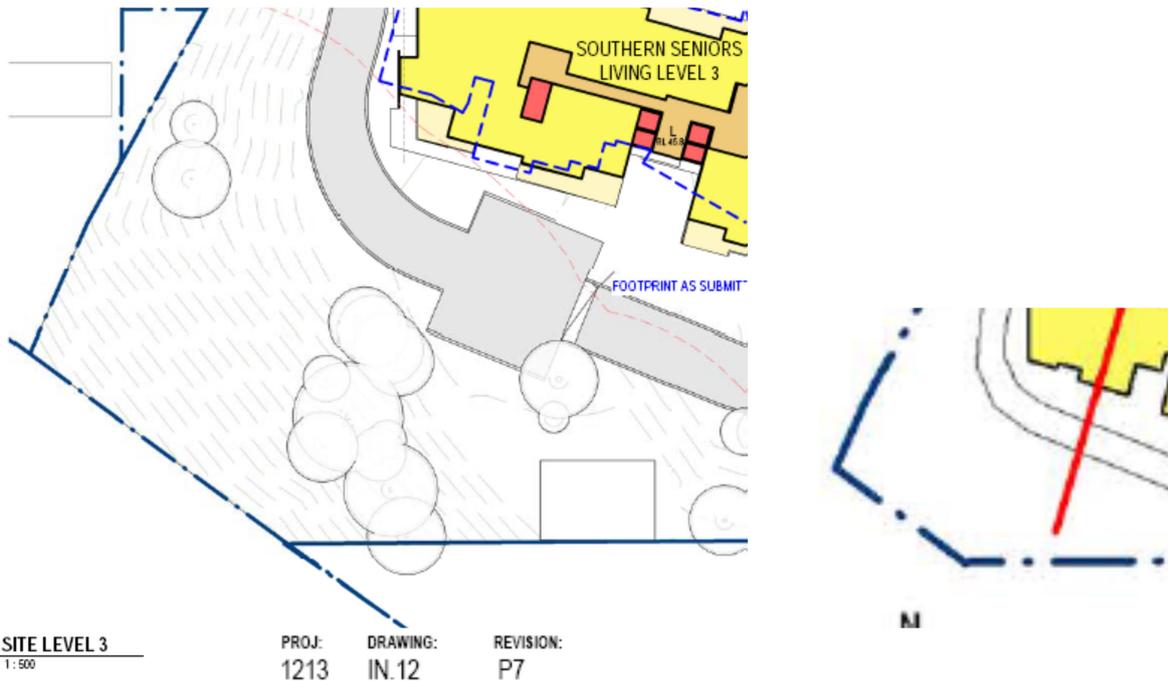
In the light of this failure to disclose contour and site information by the applicant, the conclusions of DPIE in 6.2.13 of its assessment must be removed and the whole proposal's drawings and reports revised to incorporate the full disclosure of information already known.

**For example,1.** see the below shadow diagrams – they are both wrong, but accepted ed by DPIE.

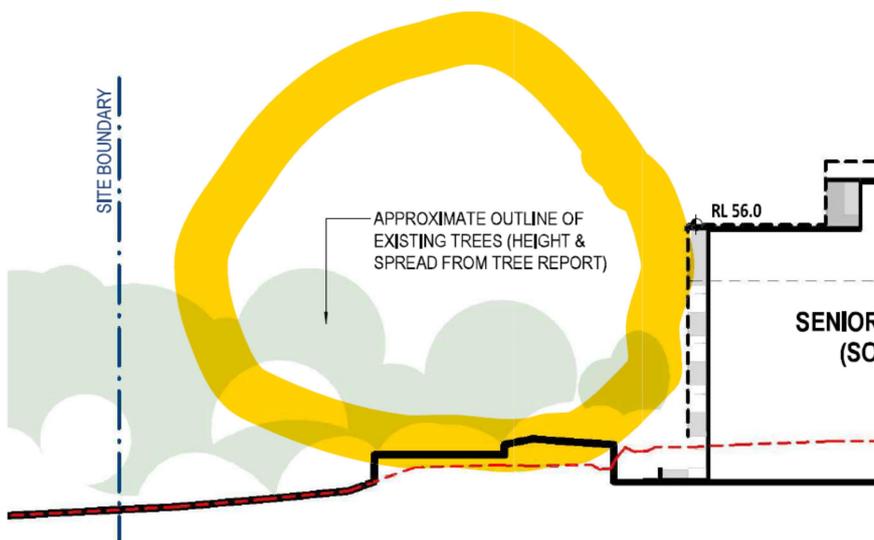


**Both the above shadow diagrams appear in the DPIE presentation. They are both WRONG. They cannot be right, because the contours are wrong.**

**For example,2.** see the below incorrect contour diagram with “trees” sited on wrong contours. When Cross-Section C is cut - along the red line in below right diagram – the trees in view become incorrectly depicted in the sectional elevation view, even though the text states that “height and spread from tree report”, they were not.



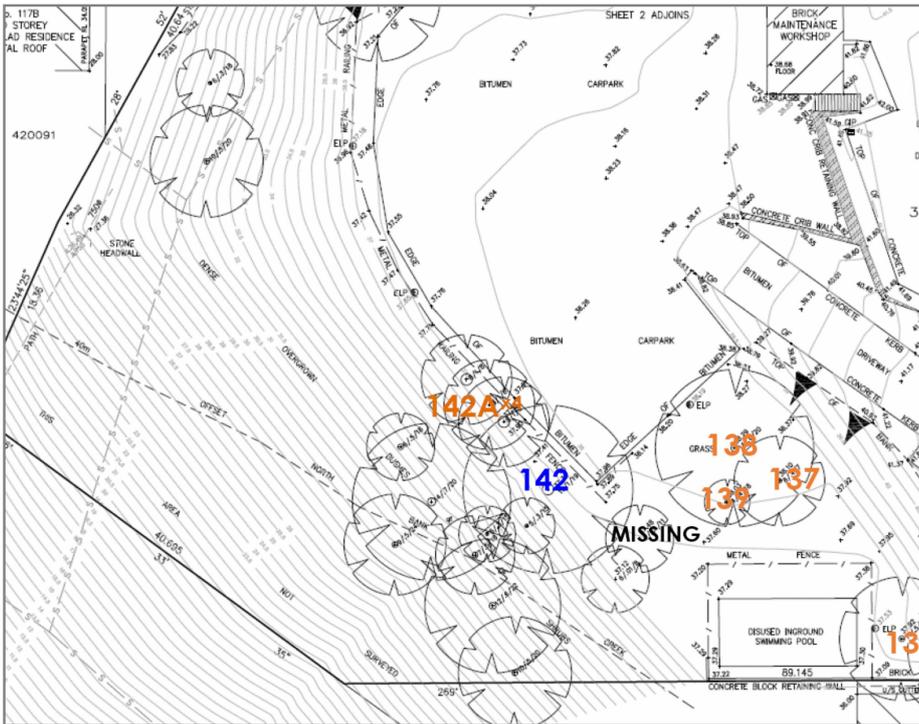
**Above L:** example of the incorrect contours shown by withholding survey info. **R:** red line cuts for X Sect C



C CROSS SECTION - SENIORS LIVING APARTMENTS  
1:250

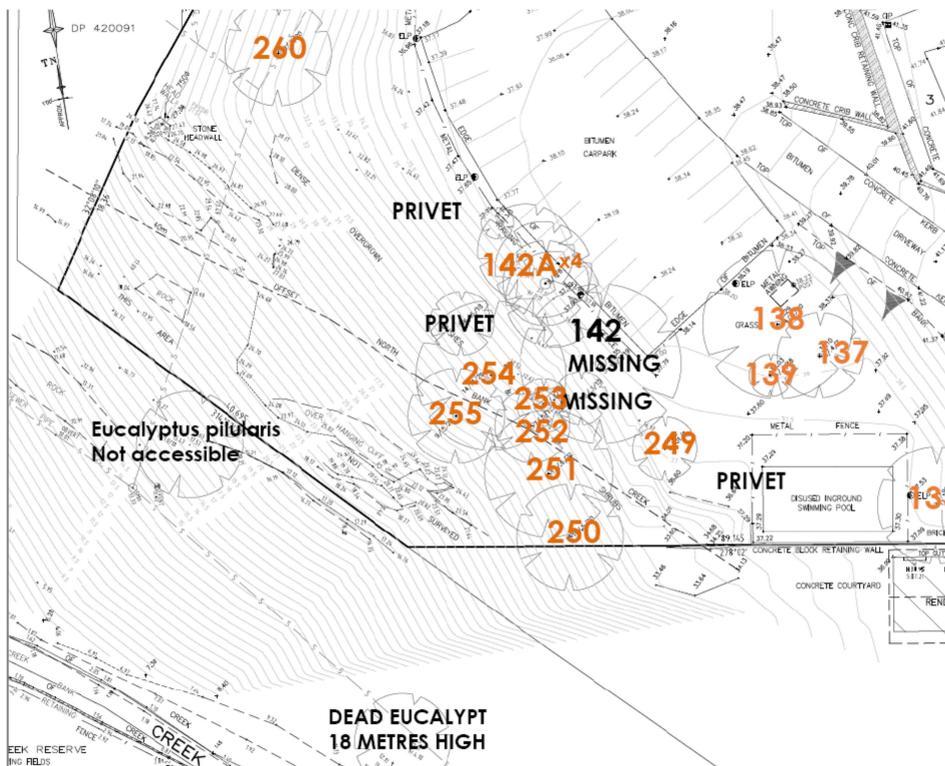
**Above** Tree canopy circled does not exist as shown in X Sect C. It misleads because, initially, the trees were not in the Arborist report, nor were contours correctly depicted from which to calculate their height.

Later, the Redgum arborist report was amended to add tree numbers and selectively show portions of the rock formations but these portions did not gel with the false contours. Compare the extracts below:-



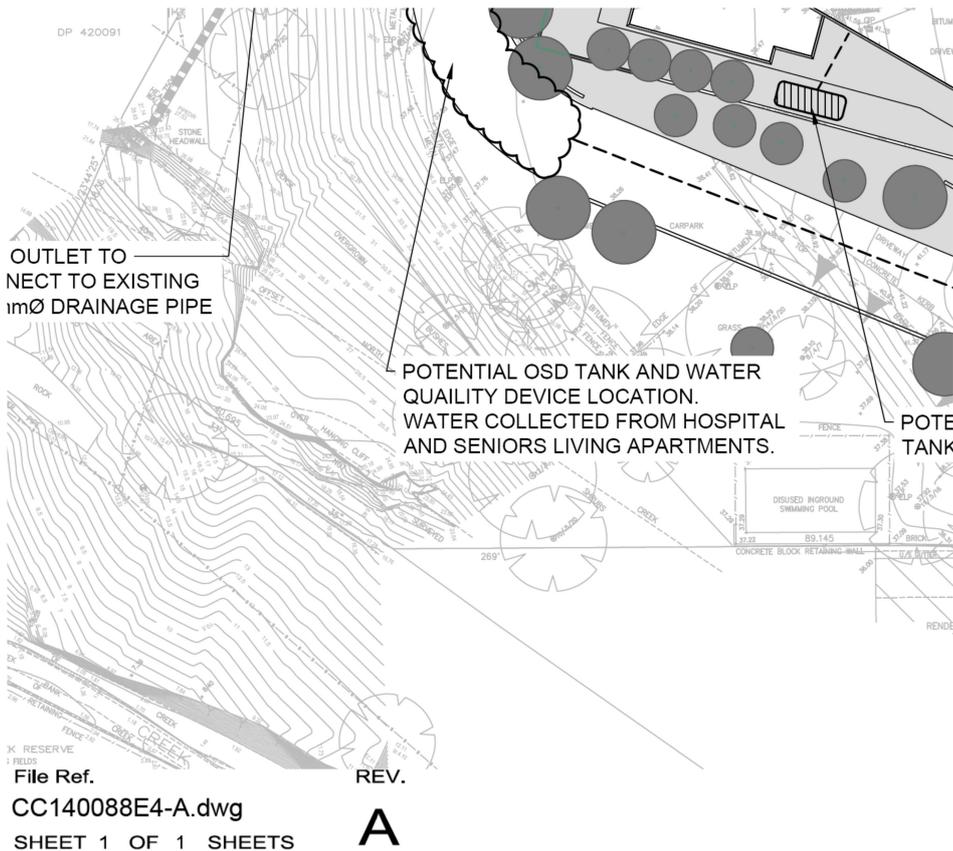
Redgum Horticultural 2017, Reference 3521  
 Arboricultural Impact Assessment: River Road, Greenwich NSW

**Above: Extract from first Redgum report had incorrect contours; excluded trees not numbered.**



Redgum Horticultural 2019, Reference 3521.4  
 Arboricultural Impact Assessment: River Road, Greenwich NSW

**Above: Extract from amended Redgum report 3521.4; added numbers to trees, some rock details added. Note that of added trees in the report, 3 are labelled dead (T250, 253, 255), 2 are weed trees (T252, 260).**



**Above: Compare contours of this extract of Civil Plan with the false contours of extracts of Redgum’s first report and Seniors Site Lev3 dwg IN.12. See both on previous pages. There is evidence that contour and escarpment information on the western step slope of the site was available but withheld.**

**E. NAG Questions visual representations and reliance ascribed to them given their inherent distortions**

The assessment report has continued to place unquestioning belief in some of the Visual Impact assessments by the Applicant. In some cases, the DPIE has not seen the changes in depth perception when a wide-angled lens is used such as when using the focal length equivalents in 35 mm film of 24, 28 or 35 mm

The DPIE has included a photo on p 61 of the report, using a focal length equivalent which has the misleading effect of placing Northwood homes at a further distance away than they are to the human eye. Similarly, DPIE has reproduced a wide-angle photo taken at 17 Upper Cliff Rd, which tremendously distorts how the view of the Hospital and Seniors would appear to the viewer at that no.17 premises. A model of alternate orientations is inserted in each, to purport to show there’s little benefit in re-orientation:



**Proposed Re-orientation of southern seniors living building envelope**  
**ABOVE left: Pallister House not visible [from DPIE] ABOVE right: Pallister House is visible in re-orientation**  
**NAG requests the re-orientation as shown dotted in the DPIE assessment which includes these images.**



**Above: DPIE reproduced a wide-angle photo 17 Upper Cliff Rd, which enlarges edging trees, and makes distant buildings in the center appear smaller by distortion of depth perception. Reality seen would differ.**

Above is an example of the kind of photo the Applicant used for their Response to Submissions, possibly a 24 or 28mm focal length equivalent in 35mm film. Homes which had more distant, treed view corridors were selected, when closer view corridors could be readily obtained from corner of Private and Upper Cliff Roads.

Below is an example of photo using a focal length equivalent in 35mm film of 58mm, in Upper Cliff Rd.



The RtS view from Gore Creek Reserve, a photomontage reproduced on p 60 of the report, is also not to be believed. There is no evidence given as to the accuracy of this photomontage.

NAG hopes the IPC will bring independence into this process, and take all the above into consideration. NAG requests a re-submission of the Amended concept with much more significant amendments.

Yours faithfully,  
**Executive and Committee,**  
**On behalf of Northwood Action Group Inc.**

**Postscript:**

Below image is from Nearthmaps, Feb 2020.

In the lower centre can be seen skeletal branches fanning out, of two dead trees which are on the Gore Creek Reserve. The more olive trees are the natie trees which stand on the Reserve, not on HammondCare's site. The trees seen from Gore Creek oval, alledged to prevent vision of the Seniors Living and Hospital, are all on the Reserve and not under control of HammondCare. These Reserve trees are likely to be damaged or die in future. The previous removal of vegetation and lack of trees on the edge of the carpark can be seen. No investigation has been provided about how HammondCare would grow the screening trees it shows in its images, where they would grow and how they could get to the 30 – 50 years heights implied.

