



New South Wales Government
Independent Planning Commission

TRANSCRIPT OF PROCEEDINGS

RE: PRESIDENT PRIVATE HOSPITAL (SSD-10320)

COMMUNITY STAKEHOLDER MEETING

COMMISSION PANEL: MS DIANNE LEESON (Panel Chair)
PROFESSOR RICHARD MACKAY
PROFESSOR HELEN LOCHHEAD

OFFICE OF THE IPC: PHOEBE JARVIS
GEOFF KWOK
NIMA SALEK
MELLISSA FELIPE

COMMUNITY
STAKEHOLDERS: PAULINE CURBY
JAMIE MACLACHLAN
JULIE ROCHE

LOCATION: VIA VIDEO CONFERENCE

DATE: 10.00AM, MONDAY, 28 NOVEMBER 2022

TRANSCRIBED AND RECORDED BY APT TRANSCRIPTIONS

MS LEESON: Good morning and welcome to the Independent Planning Commission's community stakeholder meeting into the State Significant Development application for the President Avenue Private Hospital. Before we begin, I would like to acknowledge that I'm speaking to you from Eora land and I acknowledge the traditional owners of all of the country from which we virtually meet today and pay my respects to their Elders past and present. I am Dianne Leeson and I'm the Chair of this Independent Planning Commission Panel. Joining me are my fellow Commissioners, Professor Richard Mackay and Professor Helen Lochhead. We are also joined by Phoebe Jarvis, Geoff Kwok, Nima Salek and Mellissa Felipe from the Office of the Independent Planning Commission.

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In the interests of openness and transparency and to ensure the full capture of information, today's meeting is being recorded and a complete transcript will be produced and made available on the Commission's website. I know that you have been allocated five minutes for this morning's presentation and just before we commence, Pauline, I'd like to thank you for attending the site visit on Friday and I hope it was of some help and interest to you in the way we conducted it.

MS CURBY: Yes, thank you, Dianne.

20

MS LEESON: But I'll hand across to you now. You've asked for five minutes to speak. We do have a little flexibility so take your time and - take your time. We do have a little extra time up our sleeve but we're interested to hear your commentary and at the end we might have some questions for you, if that's okay. And you appear to have frozen. Pauline, can you hear us?

MS CURBY: It was just a bit dodgy there for a minute but I can now. I'm not sure if it was my connection or what but anyway. So my name's Pauline Curby and I'm speaking on behalf of the more than hundred members of Southern Shire Historical Society. I'll only refer to the history heritage issues concerning the proposed demolition of Hotham House as this is the only aspect of the redevelopment that I'm authorised to speak about.

30

It should be noted that should the place be demolished, which Southern Shire Historical Society opposes, we - sorry. We have not - should it be demolished we have not been approached concerning the photographing and recording of the building as was mentioned during last Friday's site inspection, I'll just mention that. So Southern Shire Historical Society has had nothing to do with this accepted - our opposition to the demolition of Hotham House.

40

So a lot of this you know, of course, but I will say it again. Hotham House is a representative example of a Federation-style residence, the only such building surviving this suburb; therefore, this house is unique to the suburb of Gymea. As you know, it's a link with the time when poultry farming was the main primary industry in Sutherland Shire. It was an important social centre for local people to gather in an isolated area with few facilities. There were no school of arts in Gymea as there was Miranda, Cronulla and Sutherland.

10 Need to understand this Sutherland Shire history to appreciate the significance of Hotham House. We know it's locally listed and that's what I want to focus on, the local. Sutherland Shire is similar to other outer suburban areas in that the first phase of limited suburban development in the midst of a rural landscape was in the 1910s and 1920s. Back in the 19th century the particular features that were a barrier to settlement in Sutherland Shire in what would become Sutherland Shire was that the district lacked port facilities, extensive areas of good farming, payable quantities of coal. It was surrounded by waterways making accessibility with Sydney problematic.

20 An unusual factor was the Holt-Sutherland Leasehold system which meant relatively little freehold land was available for purchase. The company's landholdings covered most of what is now Sutherland Shire. In the early 20th century the beginning of the first intermittent growth of suburbanisation south of the Georges River, access had improved by this time, freehold land become available in a limited way. That land was cheaper, being closer to Sydney. The environment was considered healthier than the inner-city slum areas. Surfing had been discovered and the national park and the waterways had become prized recreational locations.

30 So the Sutherland district did not attract Sydneysiders in any great numbers for a century after white settlement. This slowly changed in the early 20th century and now there are a number of surviving structures from this period which are integral to the pattern of Shire history. For example, residences near where I live, 26 Castlewood Avenue, and 79 Woolooware Road South, both in Woolooware, are described as examples of Californian bungalow style. Hotham House is also an integral part of the pattern of 20th century development in Sutherland Shire as a site of agricultural and commercial enterprise, social interaction in that first phase of suburban development and in the post-war era of massive suburban development it was a residence.

40 The significance of Hotham House should be considered in the context of Sutherland Shire history as was the case when Sutherland Shire Council with the endorsement of the New South Wales Government included Hotham House on its local heritage schedule. You can see streets full of houses from this period in some parts of Sydney but not in Sutherland Shire and definitely not in Gymea. The few scarce remainders of

Shire history and heritage should be retained for future generations. Hurstville Private Hospital successfully incorporated historical Aladdin House into its site. Surely with adaptive reuse this can be done in Gymea. After all, over the years Hotham House has had a number of uses and still remains in sound condition.

10 In recent years the hospital has effectively repurposed the ballroom, billiard room for rehabilitation purposes. President Private Hospital is to be commended for keeping the building in good repair while maintaining its essential character. Hotham House is a landmark to many local residents. Sutherland Shire Historical Society wants this intact example of a pre-World War I residence unique in Gymea retained and not demolished but, rather, creatively incorporated into the planned redevelopment of President Private Hospital. Thank you.

MS LEESON: Thank you, Pauline. That was quite productive. We had a couple of little - - -

MS CURBY: Do you have any questions?

20 MS LEESON: - - - issues with the technology. We may have questions. Richard.

PROF. MACKAY: Hi Pauline, it's Richard Mackay speaking.

MS CURBY: Hi, Richard.

30 PROF. MACKAY: Can I just ask, obviously this local heritage item exists within the hospital campus so am I right in understanding the society is comfortable that if it were to be retained it would require significant adaptation? I don't know, refit, alterations and additions at the rear, maybe some compromise to its garden setting. Is that what the society sees as happening, the building would be altered to fulfil a functional use as part of the hospital?

MS CURBY: Yes. I mean, I haven't really gone into detail with a lot of these issues with my members but essentially we would. We know adaptive reuse is the best use of the heritage building. Letting it sit there as it is now is demolition by neglect. It needs to be used and, of course, the heritage legislation allows internal changes, as we know, and sympathetic additions at back, wherever. So basically the streetscape aspect is still maintained but we would not be that - you know, that happy with just a façade left as has happened elsewhere but adaptive reuse we see as a solution.

40 I know the hospital has investigated all this and don't feel that they can manage this but, look, we are not qualified to go into all the issues to do with the height of build

and the drainage and the mental health facilities, that's not our brief, of course, as you know. We can only speak about the history and heritage and we really feel that this is it for Gymea, in particular. This is the only thing left from this period. I haven't gone into all the details, I don't have time, of course, but, you know, you've read all the history of it.

MS LEESON: We have. I think Professor Lochhead has a question for you.

10 PROF. LOCHHEAD: So you've quite rightly acknowledged, you know, the potential to adaptively reuse the building and maybe add some additions to make it more functional - - -

MS CURBY: Yes.

PROF. LOCHHEAD: - - - such that it would be hospital use and not necessarily accessible to the public, would that be something - - -

MS CURBY: And that would be for the hospital - sorry.

20 PROF. LOCHHEAD: More of a setting and the way it relates to the local area and as viewed from the street is your main - - -

MS CURBY: Yes, absolutely. Yes, of course, if the hospital's using it it may not be, you know - you know, the public wouldn't be able to access it but that's been the case for a long time, you know, they've used that room for rehabilitation. I've been through it but I think it was after - I think when this issue first came up, yeah, I think they were not using it for rehabilitation at the time so, of course, people just can't march around. I mean, obviously like some heritage properties every so often, once or twice a year or at heritage festival time the public is allowed to go in, you know, that
30 may be a condition, I don't know but, you know, it's a hospital after all and you can't have people traipsing around through it. That's my - you know, my belief.

PROF. LOCHHEAD: Okay. Thank you.

MS LEESON: Thank you, Pauline. I mean, I think that's been very informative for the Commission so we thank you for your time this morning and we'll close your meeting now. Thank you.

40 MS CURBY: It's a pleasure, yeah. As I said, I'm sure you know all the things I've said but I just want to emphasise it and a lot of people feel very strongly. It's disappointing you didn't get more people volunteering to speak but I think from what

was in The Leader, I think, our local paper, I think they sort of felt it was a done deal and it wouldn't make any difference but the Historical Society feels we have to, you know, do our best so - - -

MS LEESON: Well, we appreciate you having taken the time. So thank you very much.

MS CURBY: No problem. Thank you very much.

10 MS LEESON: Thank you. Bye.

MS CURBY: Bye.

SHORT ADJOURNMENT [10.12am]

RESUMED [10.14am]

MS LEESON: Good morning and welcome to the Independent Planning
Commission's community stakeholder meeting into the State Significant Development
20 application for the President Private Hospital. Before we begin, I would like to
acknowledge that I'm speaking to you from Eora land and I acknowledge the
traditional owners of all of the country from which we virtually meet today and pay
my respects to their Elders past and present. I am Dianne Leeson and I am the Chair
of this Independent Planning Commission panel. Joining me are my fellow
Commissioners Professor Richard Mackay and Professor Helen Lochhead. We are
also joined by Phoebe Jarvis, Geoff Kwok, Nima Salek and Mellissa Felipe from the
Office of the Independent Planning Commission.

30 In the interests of openness and transparency and to ensure the full capture of
information, today's meeting is being recorded and a complete transcript will be
produced and made available on the Commission's website. Now, I note you have 10
minutes allocated to you. We have a couple of minutes for questions as well but I'd
like to hand across to you. So we'd like you to begin but can I ask first your interest in
the site? I note from the documents we have you live some distance from the hospital?

MR MACLACHLAN: No, I don't have any link but just became alarmed by the
proposal back in 2018, I think, to demolish the Hotham House for a car park and now
it's been changed to a hospital but nevertheless it concerns me. Then also got
concerned about the precedent was set for the whole of the Shire. It was such a large
40 facility, four times the size of the present one to be built.

MS LEESON: Okay. No, thank you, that explains it nicely. So - - -

MR MACLACHLAN: I covered some of my submissions.

MS LEESON: We'll hand across to you to actually give your submission to us and then, as I say, we might have some questions for you at the end.

10 MR MACLACHLAN: Okay. Well, thank you for inviting me to speak. I object to your proposal on the grounds a development of this scale is inappropriate amidst a residential area bounded on three sides by R2 zoning and R3 on the third and to demolition of Hotham House. This is not an upgrade in the true sense of the word but principally a brand new hospital - sorry, four times the size of the present one. The proponent perhaps exploiting the retention of the operating theatre and hydrotherapy pool as a basis for calling it an upgrade.

20 As I explained, as I'm not living near the site I'm concerned about precedent and the problem expanding President Avenue Hospital into a residential zoning has been disguised as a 4.6, clause 6 variation request regarding numerical standards instead of properly submitting a planning proposal for a rezoning. Approval will set a very dangerous precedent that any development application for a brand new use that is contrary to zoning will no longer require the gateway process for a rezoning and with using this case as a precedent for approval with any future DA anywhere in the Shire.

30 However, if the hospital were to be approved there is much evidence to support retention of Hotham House. Additionally to its inclusion in the Shire LEP as a local heritage item, many submissions by the public gave evidence of its heritage significance. The GB heritage report states the assessment of heritage is not static, significance may increase as more is learnt about the past and as items become rare or illustrate aspects that achieve a new recognition of importance. Despite this cautionary note they nevertheless propose demolition when a later finding of innocence or insignificance will be too late to save it.

40 Two review reports support retention of Hotham House. The Government Architect's report states the design team's stated objective of approved eligibility and wayfinding is not manifest in the current proposal. Retention and modification of Hotham House will help promote a sense of main entrance and addressed for the hospital to Hotham Road and is supported by current planning which uses a north/south street access to connect to the northern mental health wing and the southern wing of the hospital and that they support the retention of reuse of Hotham House.

The Mott MacDonald heritage review states, “It is noted that GBA only gives weight to the aesthetics (not transcribable) heritage assessment impact.” Like Mott MacDonald presented with photos, seven recent examples where a retained heritage building has been adaptively reused within a large development in New South Wales, one for Maitland Hospital. I quote, “The conclusions arising from this review include that the identification of Hotham House as a local heritage item is soundly based and that retention adaption of the building are possible. Notwithstanding these conclusions, Macquarie Health clearly go for a preferred development scheme for the hospital that does not include retention and reuse of Hotham House.”

10

The department has twisted the Mott MacDonald review by stating, “The department considered an independent assessment of the heritage values of Hotham House which confirm that Hotham House is of local significance only. It is not rare within Sutherland Shire itself and it does not hold value at the state or national level.” As a reason to justify demolition whereas Mott MacDonald states bluntly that it is Macquarie Health’s preference.

20

The limited options analyst referred to in page 55 of the Department of Planning is one that very simply seeks rerouting the access behind Hotham House for which they lament the reduction of floor space and the compressed ground floor reception area and the first floor lounge and dining area. They make no attempt to analyse moving these areas or finding extra space on the site elsewhere (not transcribable) area. There’s some reservations about queueing but no worse than the DA proposed patient drop-off arrangement. Another suggestion would be to accommodate a full U-shaped entry and exit immediately south of Hotham House, move the patient drop-off of section 4 into the used wing of the hospital, the south initial westbound leg of the driveway into Hotham Road widened to accommodate patient drop-off and pick-up.

30

The rest of the loop should loop back to Hotham Road with another short circuiting loop to the underground car park and could actually incorporate drive-through disability parking north of Hotham House. Hotham House could then be joined to the hospital as a usable mezzanine level ancillary area, perhaps the café or the lounge or dining area in lieu of the DA proposal level 1, connected at the interface by short escalators to both ground level and level 1 and a lift that also serves other levels.

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Regard to making up lost floor space I adapt the Mott MacDonald report suggestion but make even more extensive use of some of the south-west area by extending from the intermediate split level wellness centre with a void underneath for overland flow to give more floor space to the hospital, and it could go further with flood control and deviate the council stormwater easement and accommodate two levels and a bit of space for car parking but not linked to Hotham Road, and the council has a draft

policy to this. Says, these requests are usually at the request of the landowner to facilitate the highest and best development on the property.

I quote unresolved issues around traffic and parking. “If the parking demand survey indicates under provision of parking, a parking management plan shall be prepared to identify measures to control and manage demand on - parking demand on site. Parking management plan shall include measures to mitigate a potentially adverse implications of hospital parking demand to nearby on-street locations.” I quote
10 unresolved issues around flooding quoting from extracts. “Two outstanding issues that were not resolved are flood depths that exceed the building floor level near the operating theatre. The proponent suggests implementation of flood barriers to stop inundation of the operating theatres. Flood barriers have potential to fail, may not fully resolve this risk.”

The proposed south-west corner of the development concentrates previously diffuse sheet flow and then abruptly terminates discharging high velocity flow in the President Avenue at the southern car park entrance. Not a good design outcome and may increase risk to vehicles on President Avenue and entering the southern car park. Some improvement may be made through conditioning of the sign outcome; however,
20 it is likely that flood impacts at this location will persist during site operation. With the exception of these unresolved issues the proposed development is considered to generally result in reduced flood risk relative conditions which is in line with the principles of the New South Wales Flood Plain Development Manual.

The development also generally addresses the SEARs; however, does not fully mitigate the risk described above. These unresolved issues are at odds with the New South Wales Guide to Writing Conditions of Consent. Through consultation we’ve identified four conditions are those that including lack specific criteria relate to issues that should be resolved before determination of DA. The strategic justification states
30 that the justification for mental health facilities is that currently the overnight - the only overnight health - mental health facility in the Sutherland Shire is the mental health unit at Sutherland Hospital. Here it is fully utilised and there is ongoing pressure to minimise length of stay to accommodate new admissions.

Notably, there are no private overnight mental health facilities in the Sutherland Shire and there is a clear need for more rehabilitation services as evidenced by the fact that PPH is currently operating at full capacity. This is a narrow focus on private patients with no stated provision to accept any overflow of uninsured public patients at Sutherland Hospital. Whilst a privately-insured patient can immediately upgrade from
40 that mental health cover an insured person has to endure the standard two-month waiting period. To emphasise the narrow focus one of the reports says, “Importantly,

there will be significant increase in the number of private rooms thereby increasing the range of care that patient receives.”

A search of the Macquarie Health website didn't indicate any present mental health units in Sydney for the hospitals but only (not transcribable) private hospital and a specialist drug and alcohol rehabilitation facility at Malvern in Melbourne. They would be starting from scratch in Sydney and would undoubtedly have to poach staff from other private hospitals or worse from the already-overstretched public health system. As a possible alternative there's a vacant site 41 to 51 Waratah Street,

10 Kirrawee, New South Wales that states, “Outstanding location situated on the north-western corner of Bath Road and Waratah Street. The property is less than 300 metres from Princes Highway and one kilometre from Kirrawee train station. The regular shape industrial land parcel offering the market the opportunity to express interest in leasing, industrial showroom tenancies or to purchase industrial land lots featuring outstanding space at the Waratah Street plus Bath Road. This proposed development occupies high exposure plus fast and easy access to the Princes Highway.” Although there is a government priority to retain for industrial use a hospital would offer more employment to the showgrounds. Bankstown Private Hospital is approved in an industrial zoning but the Sutherland LEP would have to be amended to allow it.

20 Thank you for hearing me. Any questions?

MS LEESON: Thank you very much for that. That's been quite detailed from your investigations of, or your reading of the proposal. Can I just take you back. You mentioned conditions and unresolved issues, could you just take me through that again, I'm not sure I've caught all of that.

MR MACLACHLAN: Well, I've culled out all the details but it's just that they put it's so uncertain the outcome, what can arise. They say that there's still risks of - well, there's a risk for parking and meeting - parking in the adjoining streets because the traffic review identified problems with the parking survey at the hospital or didn't do a survey. They - it was recommended they do an actual assessment of say Kareena Hospital but they didn't do one. It's just sort of textbook, I don't know where they got their numbers from but they had some concern that there's not enough provision for on-site parking.

MS LEESON: So your concern is that unresolved issues are being left to be resolved via conditions in the future?

MR MACLACHLAN: Yes. Well, that's what I said through this Guide to Writing Conditions of Consent says that's one of the things to avoid, having too many of these and these sound quite significant.

MS LEESON: Thank you, I get that now. Thanks very much.

PROF. LOCHHEAD: Well, just to that point. I mean, so you've identified parking as an issue, like can you just sort of summarise the key things that you thought really needed to be resolved rather than conditions because it's a fairly general statement so is it - - -

MR MACLACHLAN: This is with the flooding and traffic?

10

PROF. LOCHHEAD: Flooding, traffic, anything else?

MR MACLACHLAN: Well, the - well, I suppose the condition of Hotham House be preserved, that's the main concern, so that's not unresolved in the Department of Planning's mind but it's still unresolved - those other issues are unresolved. If it has been resolved in the Department of Planning they want to go for demolition of Hotham House.

20

PROF. LOCHHEAD: But those were the conditions that you're particularly concerned about, the flooding and the parking in terms - - -

MR MACLACHLAN: Yeah, it's just - it's an open-ended thing what can actually arise. You lose control unless you sort of open it up to later study. Anything could happen, just overflow parking to the streets, how far does it go up to, you know, across President Avenue to North West Arm Road, I don't know.

MS LEESON: Thank you.

PROF. LOCHHEAD: Thank you.

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PROF. MACKAY: Thanks, Mr Maclachlan. It's Richard Mackay. Can I just to be sure of the understanding, you are completely comfortable, are you, if Hotham House is retained but then changed and adapted to be used for hospital use as opposed - - -

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MR MACLACHLAN: Yes. I think I'm comfortable with adapting it, yes. I don't want it put - you know, I'm not asking it to be made a museum because it's actually example of - I suppose the full history has this sort of lean-to at the back and it's probably an example of - it's a second best heritage, it's not a perfect example but it's a typical example that may not be evident in these more pristine ones that are about. It's a fuller history, it's a whole history rather than just trying to get the best bits.

MS LEESON: Thank you very much.

MR MACLACHLAN: Okay. Do I need to leave the meeting or can I - - -

MS LEESON: I just was checking with my fellow Commissioners that they had no further questions for you, which we don't, so we'd very much like to thank you for your time this morning and, yes, you may leave the meeting now. So thanks, Mr Maclachlan.

10 MR MACLACHLAN: Thank you.

SHORT ADJOURNMENT [10.32am]

RESUMED [10.34am]

MS LEESON: Good morning and welcome to the Independent Planning Commission's community stakeholder meeting into the state significant development application for the President Private Hospital. Before we begin, I would like acknowledge that I am speaking to you from Eora land and I acknowledge the
20 traditional owners of all the country from which we virtually meet today and pay my respects to their Elders past and present. I'm Dianne Leeson and I'm the Chair of this Independent Planning Commission panel. Joining me are my fellow Commissioners, Professional Richard Mackay and Professor Helen Lochhead. We're also joined by Phoebe Jarvis, Geoff Kwok, Nima Salek and Mellissa Felipe from the Office of the Independent Planning Commission.

In the interests of openness and transparency and to ensure the full capture of information today's meeting is being recorded and a complete transcript will be produced and made available on the Commission's website. I note you've been
30 allocated five minutes and so we would like you to - we'll hand across to you to make your submission to the Commission. Thank you.

MS ROCHE: Thank you. Thank you for giving me an opportunity to speak to the panel this morning. My name's Julie Roche and my parents built their house at [REDACTED]
[REDACTED] the street running directly behind President Private Hospital in 1969 and I grew up in that house, moved overseas for a number of years as an adult and then returned to the same house in 2012 which my parents were still living in as I came home to take care of them. There are still other original residents still living in the street other than my mum who also lives with her, she's 91 now and legally blind.

40

I'd just like to make a couple of points regarding the apparent lack of application to speak at the hearing today. I was personally unaware of this meeting until I happened to come across an article in The Leader. I thought maybe I had missed the notification but when I mentioned it to my neighbour whose house actually backs onto the hospital and they were totally unaware as well so it was already asked of the deadline to apply. I'm not sure how other people were notified but I don't know if I just missed it or if everybody wasn't notified.

10 I also think at this point when the government has already approved the development it's highly unlikely that anything we say will actually change anything. There's a lot of money involved and I don't know how much credence will be given to what we say. When local residents object to a development they are just seen as NIMBYs or people who have an emotional attachment to that area and don't want change. So it's not always the case and in this case I'm not against a redevelopment of the hospital in some form but as a local we have a better insight into the extent of the impact on the surrounding areas.

20 These submissions - I read through the original submission, they're just box-ticking exercises, they're written to cover the government criteria and in this case it was a very slanted version of the truth. My main concern is that the submission didn't paint an accurate picture. As a local reading the submission I didn't agree with the current portrayal of the area, their plans on the traffic and parking being adequate and in general the size of the buildings overlooking people's backyards. The area was portrayed as a commercial area, there is one doctor's office across the road in a one-storey house. The hospital is surrounded by houses in all directions with the nearest commercial buildings being a 10, 15 minute walk away, Gymea and Kirrawee shopping centre. I think they tried to make out that it was more of a commercial area.

30 The roads surrounding the hospital are already at gridlock in the morning and afternoon of two nearby schools. In particular, there are multiple comparisons with the nearby Kareena Private Hospital at Caringbah as an example of comparative parking and traffic flow could not be further from the truth. Kareena is located in the very large medical precinct including Sutherland Public Hospital. I actually work at Kareena Private Hospital and have firsthand experience of the parking situation. There is no parking for kilometres, every surrounding street is jammed packed with cars from 7.00am till late. The hospital car park which was recently renovated is still always full.

40 I actually work for the medical imaging department there located in the hospital which also has branches at Sutherland and another Caringbah site. People constantly complain about the parking situation. They don't want their apartment - their

appointment at Kareena as it's too hard to park. We have patients call all the time saying that they've been circling for so long looking for a spot they're either late or giving up and going home and this is in an area with multiple parking areas at the public hospital and it's still not enough. This is not a residential area. There is public car parks across the road that people can park in and there's just not enough for the area and President parking is all surrounded by residential streets, there is no other big parking areas nearby.

10 It's not good enough for people to just say use public transport. When you're dealing with hospitals you are mainly talking about the sick, the infirm and the elderly who are unable to travel on public transport. As President Private is a rehab hospital, many of their patients are post-orthopaedic patients, knee and hip replacement who are in no way can walk the 15 minutes from the train station. The development plan should at least double the amount of parking being planned if it's to go ahead. It should be a free car park. There is nothing saying that they will be charging now or in the future which will further push cars onto the local streets.

20 If the hospital and the government are satisfied with the proposed amount of parking they should be directed to make the surrounding residential streets resident parking only. I was disgusted to read that one of their plans was actually - to address the parking and traffic issue was to hold a walk-to-work day. I mean, at that point reading that it's blatantly obvious their job is to get the development passed and they have no interest in the real solutions or the effect that it will have on the community. In general, the size of the development and the height of the buildings right on people's backyards is a gross invasion of privacy. There should be a maximum two storeys backing onto people's houses. The design could've had the taller buildings along President Avenue, not overlooking the neighbouring homes.

30 The removal of Hotham House for the development is a loss for the community but if it's necessary it should only happen if it's needed for a better design for the hospital which would include these issues of more parking and things like that. It shouldn't just be removed for a bigger design. I know they say there's going to be a mental health unit, which is always a good thing for the community, but in a private hospital it's only going to benefit people who have the right health insurance and it should be in a public hospital, that's where it better belongs.

40 In conclusion I would just like to talk about the first development application from the hospital, not the one before this that was denied, but there was one before that but I don't have an exact date, I think it was in the late '80s. I tried to find the ruling but couldn't. So at this time the population of the Shire was a lot less than what it is now but the development application went to the Land and Environment Court and the

judges physically attended the site one morning. I remember the day it happened. The first application was for an extension to the hospital and they also wanted to run an entrance through Bidurgal Avenue. When the judges attended the site and saw the local area the application was denied straightaway.

They saw what a narrow street Bidurgal was and that a larger hospital in that area was extremely inappropriate. I believe this is why they didn't try to do - attempt to plan access through the street again. They're probably hoping that nobody would remember this occasion because it was a long time ago. My one request of the panel, I don't know if it's happened, and I don't know if it's possible to happen would be for someone to attend the site in person. If they can visit the site and still think that the size of the application and the planning for parking and traffic is appropriate for the area then that's fine. Yeah, I think at least somebody should at least attend the area because plans can be changed at this time but once it's built it can't be so I just wanted to make those points and thank you for your time.

MS LEESON: Thank you very much for that. Just a couple of quick things, if I can, perhaps clarifications, maybe not. We did have the benefit of a site inspection on Friday morning last week and we were accompanied by a number of representatives of the hospital and their consultants and also a community member Pauline Curby on behalf of the Historical Society but a community representative to observe our processes nonetheless and we did have a good chance to look at both the surrounds of the hospital and the hospital itself and get a much better appreciation of the proposal that's in front of us. So to your point about going and visiting I'd just like to clarify that we have done that and it's a standard practice of the Commission.

MS ROCHE: So that's good. Yeah, I think it would've been good for other people to be there as well though, people included.

MS LEESON: Well, we will take that on board. I believe there were others - it was an open invitation but - - -

MS ROCHE: Okay. I never heard a thing about it.

MS LEESON: - - - if you missed that I appreciate it. There will be photographs and site notes - notes of our site inspection put on our website very shortly, if they're not already and so, you know, you really should - I encourage you to have a look at those and also at the various submissions that are being made by the council, the applicant and the department. Our stakeholder meetings with them will also be posted on the website and you'll have the opportunity - - -

MS ROCHE: Can I just ask, do you think we're unreasonable with our observations of this development being too big? When you look at it yourself can you look at that and think it's outside of what should be built in that area.

MS LEESON: We have a lot of issues to weigh in considering this application and certainly the scale of the development will be one of those things that we take on board. You've already identified a few others as have other speakers this morning. They go to the scale of the development, traffic and transport arrangements and the heritage concerns around the proposed demolition of Hotham House, but be assured
10 we will be having a look - a good hard look at all of those matters. I misunderstood early on, if I can move on, a comment you made about the notification process and the application already approved. I'm not sure whether you meant this one but clearly this application has not been determined yet, it's with the Commission for that. It has been assessed by - - -

MS ROCHE: Right. I think I meant the approval by the government. So not necessarily your approval, but the government had actually approved it through them and then it went to your panel. That's what I meant by that approval.

20 MS LEESON: I'll just clarify that, if I can. The Department of Planning undertakes the assessment, they do an assessment report that then comes to us for final determination. So in their assessment they have concluded the project is able to be approved subject to conditions and our role is now to take that assessment, to have community meetings with the likes of yourselves to understand more issues from the applicant themselves, council's concerns and issues and then we take all that on board and we'll make a determination. So the department's done their assessment, we will consider that along with all of the other submission that we receive. So there is no determination. Government has not approved it.

30 MS ROCHE: I appreciate that. But just also in regard to not hearing about it. I did not hear anything about this meeting. I happened to cross it because I was looking up actually a funeral notice online in The Leader. I don't even get The Leader anymore and I talked to my girlfriend across the road after of the fact, I thought she must've known about it, she says she had heard nothing about it. Her backyard backs onto the swimming centre, the pool, she's in 12, and I don't know, I know some of the other residents but I don't know how you notified people and - of the actual meeting.

MS LEESON: Our normal process, and I'll just go to that quickly, but then I'll come to the ability to make submissions. We typically notify - our process is to notify
40 people who made a submission to the original application when it was lodged with the Department of Planning and that's how we get - - -

MS ROCHE: I was overseas then, yeah. That could be it because I was overseas then, yep.

MS LEESON: No, that's okay. And sometimes these things do miss people. I think there's an unfortunate circumstance more recently where local papers aren't as prevalent as they used to be in gaining access or information can be an issue for some. So we're constantly trying to look at ways that we do reach out to people but so far as we're concerned or as we were aware we had tapped into all of those who had made
10 concerns known to the Department of Planning sometime back. Look, what I would like to say is that this process itself actually gives you another opportunity to make a submission. So we've heard from you today.

There will be transcripts, as I said, of all of our meetings that we have through this process and all the documentation will be available on our website and I do encourage you to make a further submission. I think the closing date is - I'm looking here at friends - 11th, the 7th. Closing date for submissions. The 7th of December is the closing date for submissions. So I encourage you to look at all the documentation and to read those transcripts and make a submission to us which we will take into account
20 as well as your notes today.

MS ROCHE: Okay. I appreciate your time. Thank you very much.

MS LEESON: That's all right. We appreciate yours too, thank you.

MS ROCHE: Thank you.

MS LEESON: Bye.

30 MS ROCHE: Bye-bye.

MS LEESON: Bye.

PROF. LOCHHEAD: I think it's okay to end the meeting now.

MEETING CONCLUDED

[10.48am]