IPC – Greenwich Hospital Public Meeting 15 October 2020

I understand that the Panel is concentrating on the assessment and recommendations of the Department.

My original submission is available to the Panel. My concerns and objection remain relevant.

I disagree with the Department's conclusions, but I will concentrate here on 3 points arising from the Department's assessment and recommendations.

These relate to:

The Hospital Tower

The height of the Southern Seniors building, and

Criteria for Seniors Living

Hospital Tower

There appears to me to be an open and unquestioned acceptance of the hospital design, particularly, its height.

This is an exceptional site in a beautiful area. There appears to be little design appreciation of the relationship between the built elements, the environment and the neighbourhood.

There is little discussion or assessment on why the tower should be so high, whether that is legitimate, or whether there are alternative design approaches available.

It seems to go with just a mention that because there are no expressed height controls on the site (due it its historic zoning) then there is no need to query or fully assess the hospital height or design.

A merit assessment is essential.

The applicant cites a hospital in Singapore as a design precedent. I would suggest that design considerations in Singapore are vastly different to Greenwich.

There is mention of design to limit walking distances for staff. Is that legitimate? Putting additional nursing stations per floor, to reduce walking distances, could lower the height of the building.

If I was doing a crit at planning school, it would be asked – "Why did you put the tallest building at the highest part of the site?" "What about the neighbours?" "What about lights burning all night?". I am afraid this design would probably fail Planning 101.

Unfortunately the community is asked to forever shoulder the burden of this unquestioned and largely unassessed hospital design.

I ask the panel to examine the inadequacy of the assessment of the hospital design, and particularly to address itself to height, layout, siting, design alternatives and compatibility.

Southern Seniors Living Building

The Department's conclusion is that the Seniors Living towers are too high.

It seeks, through condition A4 to reduce the heights of the Seniors Living building envelopes (and to reduce overall floorspace).

While I agree with this approach, I contend the envelope for the Southern Seniors building is still too high.

The Department's reduction of the Southern tower to RL 60.65, would reduce its proposed height by 2.6 metres. The rationale of this reduction relates to the height of the Pallister building – however, the Pallister building sits at the top of a hill, its height, extended westwards would mean the tower would still be 4.3 metres higher than the existing hospital building.

Although the Department (6.3.20) states the proposed height reductions "would ensure that the buildings sit within the bushland setting instead of protruding significantly above it", I am afraid this would not be true for the Southern tower.

For the Department's objective to be achieved, the Southern tower should be no higher than the existing hospital building.

I invite the Panel to address itself to this height control.

I recommend the height of the Southern tower (like the Northern tower) be reduced to RL 56.3, the height of the current hospital building, sitting within the current tree line and reducing the local and regional visual impact.

The Department appears to assume that its proposed reduction in building heights will ensure 'compatibility' with the neighbourhood. I would contend it does not. It would improve some elements of detrimental impact.

Seniors Living Criteria

The application and assessment of this proposal are vague and non-specific as to what constitutes occupancy criteria for Seniors living.

There are generalities relating to 'ageing in place', 'integration', 'continuum of care', 'serviced self-care housing' and people '75+ with chronic health conditions'.

Nothing specific qualifies the operation of the Seniors living apartments. Nothing distinguishes these apartments from any other residential apartments, or residences for over 55s.

What exactly is the model?

The applicant has stated that these residences are so critical that, in their absence, the hospital would not be viable. How so?

There are no specifics which would qualify residency – eg minimum age, infirmity, financial circumstances, number of occupants per residence, status of other residents (carers, relations etc), limits of tenure etc etc.

The Guidelines to SEPP (Seniors Living) 2004 state that the nature of occupancy should be specified. Also that consent authorities need to impose conditions of consent to restrict occupancy.

I urge the Panel to address this inadequacy in the application and its assessment.

Clear criteria for occupancy must be specified in order to ensure the legitimacy and enforceability of this element of the proposed development.

In summary, I urge the panel to –

- Properly assess the rationale, design and siting of the hospital to ensure its compatibility with its surrounding environment and neighbourhood
- Reduce the height of the Southern Seniors tower
- Establish clear and enforceable criteria for residential occupancy

The proposal's objectives are laudable, its proposed execution is unsympathetic and poor.

Ideally, the Panel should recommend substantial modification of the proposal due to the severity of detrimental impacts.

Peter Staveley