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## TRANSCRIPT OF PROCEEDINGS

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TRANSCRIPT IN CONFIDENCE

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O/N H-1289509

### INDEPENDENT PLANNING COMMISSION

### PUBLIC MEETING

### RE: REDEVELOPMENT OF GREENWICH HOSPITAL

### PROJECT #: SSD 8699

**PANEL:**                      **PETER DUNCAN (CHAIR)**  
                                     **ADRIAN PILTON**

**OFFICE OF THE IPC:**    **LINDSEY BLECHER**  
                                     **JAMES INNES**

**LOCATION:**



**DATE:**                      **10.01 AM, THURSDAY, 15 OCTOBER 2020**

## THIS PROCEEDING WAS CONDUCTED BY VIDEO CONFERENCE

MR P. DUNCAN: Good morning, and welcome to the Independent Planning  
5 Commission's electronic public meeting on the state significant development  
application for Greenwich Hospital development on Sydney's North Shore. I'm  
Peter Duncan, the chair of this IPC panel, and alongside me for this public meeting is  
my fellow commissioner, Adrian Pilton. Before we begin, I'd like to acknowledge  
10 the traditional custodians of the land on which we meet and pay my respects to  
elders, past, present and emerging.

The applicant, HammondCare, has lodged a concept plan for new health care and  
allied health facilities, residential aged care and seniors housing on the site of the  
Greenwich Hospital, located within the Lane Cove Local Government Area on  
15 Sydney's Lower North Shore. HammondCare is also the operator of the existing  
hospital. Commissioners make an annual declaration of interest identifying potential  
conflicts with their appointed role. For the record, no conflicts of interest have been  
identified in relation to our determination of this SSD application. You can find  
additional information on the way we manage potential conflicts on the  
20 commission's website.

In line with regulations introduced in response to the ongoing COVID-19 pandemic,  
the commission has moved this public meeting online, with registered speakers  
provided the opportunity to present to the panel by telephone or video conference. In  
25 line with regulations and in the interests of openness and transparency, we're live-  
streaming this public meeting via our website. As always, this public meeting is  
being recorded and we will make a full transcript available on our website.

The Independent Planning Commission was established by the New South Wales  
30 Government on the 1st of March 2018 as an independent statutory body operating  
separately to the Department of Planning, Industry and Environment and other  
agencies. The commission plays an important role in strengthening transparency and  
independence in the decision-making process for major development and land use  
planning in New South Wales. The key functions of the commission include  
35 determining state significant development applications, conducting public hearings  
for development applications and other matters, and providing independent expert  
advice on any other planning and development matter when requested by the  
Minister for Planning or the Planning Secretary.

40 The commission is the consent authority for state significant development  
applications for which there are reportable political donations, objections by the local  
council, or more than 50 public objections. The commission is not involved in the  
department's assessment of a project or the preparation of its assessment report. This  
public meeting forms one part of the commission's process. We have also met with  
45 the department, the applicant, and Lane Cove Council. Transcripts of all meetings  
are published on the commission's website.

After today's meeting, we may convene with relevant stakeholders if clarification or additional information is required on matters arising. Following today's meeting, we will endeavour to determine the development application as soon as possible, noting that there may be a delay if we find that additional information is needed. The  
5 commission invites interested parties, including stakeholders and members of the public, to make any submission they consider appropriate. The commission is particularly assisted, however, by submissions that are responsive to the Department of Planning, Industry and Environment's assessment report and recommended conditions of consent.

10 The commission has available to it all the submissions already made to the department during exhibition of the environmental impact statement, and members of the public are encouraged to avoid duplication of submissions they have already made on the application. The commission also notes that there are factors that, by  
15 law, it is not permitted to take into account in making the determination, and submissions on such topics cannot be taken into consideration. These factors include the reputation of the applicant or any past planning law breaches by the applicant.

Before we proceed, I'd like to outline how today's meeting will run. First up, we  
20 will hear from the applicant on its concept plan. The Department of Planning, Industry and Environment will then present the findings of its whole of government assessment of the application. We will then proceed to hearing from the registered speakers in the order set out in the public schedule. I will introduce each speaker when it's their turn to present to the panel. All speakers were advised of their  
25 speaking time ahead of the meeting. It's important to note that everyone registered to speak receives a fair share of time. As such, I will enforce time-keeping rules, and, as chair, I reserve the right to allow additional time where it is needed to present new material.

30 If you have a copy of your speaker notes or any additional material to support your presentation, it would be appreciated if you would provide that to the commission. Please note, however, any information given to us may be made public. The commission's privacy statement governs our approach to your information. Our privacy statement is also available on our website. Thank you. It's now time to call  
35 our first speaker. HammondCare are presenting today. Welcome, HammondCare.

MR M. COONEY: Can you hear me okay from your end?

40 MR DUNCAN: Yes.

MR COONEY: Thank you, Mr Chair. And we're just having a few technical problems here. We're waiting on one of our other colleagues to attend, but he'll probably jump in at some stage through this. But, yes, look, thank you for the opportunity for HammondCare to present at today's IPC meeting. Can we also thank  
45 our community for your interests, you know, the feedback we've received and your support over the last two years as our concept design has evolved over that time.

I want to introduce the representatives from HammondCare that are in attendance today and will be speaking on our project. Ron Thompson, who hopefully will be joining shortly – just having a few technical issues – is HammondCare’s General Manager of Health. Ron oversees HammondCare’s health services and our  
5 homecare services, and he’ll be responsible for delivering the proposed services on the Greenwich site. I’ve also got Katie Formston with us today. Katie is HammondCare’s Head of Design. Katie’s been heavily involved in the development of the concept design as well as HammondCare’s submission. And my name’s Michael Cooney. I’m HammondCare’s General Manager of Property and Capital  
10 Works. I think there’s a presentation that is going up as well. I believe that’s going up from the IPC end.

MR DUNCAN: We can see the presentation, Michael.

15 MR COONEY: Okay. You can see it from your end. Okay. So if you just flick to slide 2, please, about HammondCare. So I just wanted to just touch on HammondCare. As many of you will be aware, HammondCare has been part of the Greenwich community for more than 12 years, but the organisation was actually founded back during the Great Depression of the 1930s by Anglican Archdeacon  
20 Bob Hammond. Archdeacon Hammond had identified at the time a need to provide accommodation to support families who were living in the inner city who were being evicted. And at the time, and throughout the last 85 years, HammondCare has continued to focus on helping those that need our support.

25 That support moved from housing through to aged care, to supporting people living with dementia. And, as many of you will know, in 2008, HammondCare strengthened its expertise and capacity in the sub-acute disciplines, in palliative care, rehabilitation and older persons’ mental health when we acquired Hope Healthcare, which was a network of hospitals and related health services. One of those hospitals  
30 included the Greenwich Hospital site. That acquisition was made with a commitment for longer-term capital investment to ensure the viability of services to support the local community.

But, importantly, over the last 85 years, HammondCare has not always waited for  
35 others to address the care issues that many weren’t willing to address. And over this time, HammondCare has found innovative ways to deliver care and to support people in need. So whilst HammondCare’s submission has been developed over the past few years, it has actually taken HammondCare more than 12 years to develop a sustainable operational model that will firm up the future of Greenwich Hospital.  
40 Okay. I’ll pause there.

MR DUNCAN: We’ve got a pause at the moment. We’re letting the third HammondCare presenter into the meeting. Just bear with us for a moment. My  
45 apologies for the delay. We’ve got a technical issue with one of the presenters at the moment, coming into the system. Please bear with us for a moment longer. Look, I think it’s best we take a short break now, but we’ll come back shortly. Thank you.

**ADJOURNED**

**[10.14 am]**

**RESUMED**

**[10.16 am]**

5

MR DUNCAN: Thank you, everybody, for that short break. Our apologies for the technical issues, but I believe we have now all three from HammondCare. Michael, do you wish to proceed?

10

MR COONEY: Mr Chair, can you hear us now?

MR DUNCAN: We can hear you, Michael.

15

MR COONEY: Yes.

MR DUNCAN: Yes. Please proceed.

20

MR COONEY: Okay. Apologies for that. I'll just pick up from where I left off. This is Michael Cooney again, just to finish off, I guess, a bit about HammondCare and just touching on the fact that HammondCare's submission has been developed over the last few years. It's actually taken HammondCare more than 12 years to develop a sustainable operational model that will firm up the future of Greenwich Hospital. So I wanted to kind of touch on that, just before we broke out just then, because it actually represents HammondCare's approach to this project. And as Ron Thompson, our General Manager for HammondCare Health, will talk about shortly, these are the services that will meet a growing need in the area and will actually form part of how health care is delivered in the future. So can I now hand over to our General Manager for HammondCare Health, Ron Thompson.

30

MR R. THOMPSON: Thanks, Michael. What does HammondCare do? We deliver, at Greenwich and across Australia, sub-acute hospital care, residential care, community services and Dementia Support Australia. That's a consulting service throughout the country. Amongst other things, HammondCare is an affiliated health organisation. That means it's a non-government organisation that delivers public health services under section 13(3) of the Health Services Act. It is treated as part of the public health system to control hospital and health institutions, and we significantly contribute to the public health system of the country.

40

Over the last year, HammondCare's social dividend has totalled \$26 million. HammondCare is a charitable organisation with a Christian background. It's committed to supporting people of low or no financial means. It's part of our mission and why we exist. 45 per cent of our people in residential care don't pay anything to come in. 50 per cent of our inpatients and outpatients in our hospitals are public patients, and, across all our retirement living services, 15 per cent of people who come into retirement living come in at low or no cost. Again, it's part of our mission.

45

What's HammondCare's vision for Greenwich? It's to transform a place where we do deliver great service and care but in an outdated 1960s facility. It's to transform that facility into an integrated contemporary healthcare campus providing specialised services. These services include palliative care, older persons' mental health, 5 rehabilitation, residential aged care, serviced seniors living, GP services, as well as outpatient clinics, including physiotherapy and other rehab services, and to have care available 24/7 on site. There's no comparable integrated health campus in the LHD, and the inclusion of serviced seniors living with care into the home is integral to address the demand in this area as well as to help our capital fund proposal. There's 10 a suite of care services being provided. They are predominantly but not exclusively required by seniors.

HammondCare has a history of serving the local community, and, to date, a significant provider of public health services within Greenwich Hospital and the 15 Northern Sydney area. People who come to our hospital, 80 per cent of inpatients come from within the LHD, within the Northern Sydney area, and 90 per cent of our patients live on the Lower North Shore. We are a major provider of health services locally, and there have been over 50,000 occasions of care per annum and there's a growing demand based on the demographics. As I said previously, we've got 20 specialist services, such as aged care psychiatry, palliative care, inpatients and outpatients, and also the Dementia Centre. Greenwich actually does an important role. It does good work for the local community and is integral to the public health system.

25 Today we've got a 1960s building at Greenwich, but over the last 60 years, the needs and demands and the way that we live and the way that we care has changed. People are living longer. People have more complex needs, with more comorbidities, and the need for aged care health in the home and in care is increasing. The provision of health care has also changed. There's a natural preference and also a government 30 policy preference for shorter hospital stays. There is an increasing level of treatment in the home or hospital in the home. There's opportunities to age in place or live in communities with access to specialised health services, and that's what Greenwich is about.

35 Greenwich Hospital needs to adapt to respond to the changing way people receive health care and the way people want to live their lives with chronic disease. We are going to comment on the Royal Commission's preliminary findings regarding seniors' access to health services, and this project could, with changes in delivery, lead to a tripling or quadrupling of care. That's possible because we are increasing 40 the number of beds, and increasing the ability to provide greater outpatient services but with shorter lengths of stay, the ability to treat more people and help them back to their home or where they've lived means that we can treat more people with the same number of hospital beds. Overall at Greenwich, we're trying to set the place up to continue to deliver great service, to deliver service in new and innovative ways 45 and to be able to continue to be economically viable for the next 20 and 40 years.

What care is proposed? Inpatient hospital services, continuing the work of our specialist mental health for aged people, palliative care and rehab – that’s the inpatient services; outpatient care and clinics, including GP services but also specialist services as well as allied health services – physiotherapy, occupational  
5 therapy, speech therapy, dietetics; HammondCare At Home – we have in-home care for seniors already in Northern Sydney and we’re looking at basing that here at Greenwich; continuing our research and education; continuing our Dementia Centre focus here at Greenwich; and additional services will include residential aged care as well as specialised support services for people living with dementia, and also  
10 serviced seniors living. This is not just retirement living. It has 24/7 onsite support, including rehabilitation, assistance with life-limiting illnesses and assistance for people living with dementia.

We can reduce preventable hospital admissions if we have a full wrap-around suite  
15 of services. That’s part of what our service at Greenwich is about. By having people being able to live on site, we can provide care to people in their seventies, their eighties, and their nineties, into their own homes rather than having that traumatic trip to hospital and separating loved ones. It’s an integrated model that’s aligned with a preliminary report from the Royal Commission into Aged Care, looking at  
20 trying to look after people in the home and to address some of the failings of providing seniors with access to health services. No need to travel; we can come to you. That’s part of what our specialised seniors living – our serviced seniors living is about. Now, what is seniors living? Do I hand back to you, Michael?

25 MR COONEY: Yes. Thanks, Ron. As Ron mentioned, in HammondCare’s submission, the seniors living has been incorporated into the suite of services on site, but what HammondCare will offer is not the traditional retirement living village with community-based home care that is in the area offering. Our serviced seniors living will provide accommodation with 24/7 access to specialist healthcare support.  
30 That’s presently not available in the Lane Cove LGA. The serviced seniors living is actually an integral part of the HammondCare development. It’s a contemporary approach to the way we’ll provide care to people with complex health care needs in the future, and within that service, seniors living, residents are generally likely to be 75 years of age or older.

35 They’ll include singles and couples where one or both have chronic healthcare needs. Stays are flexible. They may be short or long-term. Couples can stay together on the site, in the event of one having escalating care needs, and that’s important. And the serviced seniors living accommodation will be offered on a licence basis, and it’s  
40 important to note that the title and ownership is always retained by HammondCare. The innovative services will provide that continuing care that will support residents as their care needs change. And, uniquely, their accommodation doesn’t necessarily have to change. That is unique. We do note that the colocation of services, as Ron touched on, is very much aligned with the Aged Care Royal Commission preliminary  
45 report which calls for seniors to have improved access to a range of healthcare services. Might just flip the slide onto slide 9, please.

So why is seniors living required on this site? Again, as Ron has noted, there is an escalating need for specialised care within the region. Point 2, there is no public capital funding for this project. Third, there is a need for an expansion of service for Greenwich Hospital to remain sustainable. Fourth, there is a critical mass required  
5 for the site to cross-subsidise the hospital infrastructure upgrades. Fifth, as we have touched on, the colocation of these services is critical for operational integration. And, lastly, our final submission incorporates a number of concessions and changes that have responded to community feedback, welcome feedback, though reducing the seniors living on the campus would actually limit the healthcare options available to  
10 the local community and remove options to access these specialised healthcare services in the future. Just onto the next slide, please, slide 10.

So what about the financial importance of the seniors living? As I mentioned, with no public capital funding provided for the existing health services, the introduction of  
15 new services is required, as I said, to cross-subsidise the infrastructure upgrades of existing health services. This in turn ensures Greenwich Hospital can continue to operate and grow, to address the emerging care needs of the local community. The inclusion of supported seniors living is fundamental to the financial feasibility of the proposal. So seniors living essentially makes the campus sustainable and ensures the  
20 long-term viability of health services on site in the future. Might now hand over to Katie Formston to talk about community consultation.

MS K. FORMSTON: Thanks, Michael. So Katie Formston, Head of Design at HammondCare. If I could go to slide 11, please. So I just wanted to touch briefly on  
25 community consultation, and, as we discussed at our presentation, you know, our focus is always to do one-on-one consultation where we can, but in addition to that one-on-one consultation and engagement, we have run several drop-in events at Pallister House. We've had meetings with Lane Cove Council. We distributed newsletters to over 1800 local residents and we continue to issue media releases  
30 which have had ongoing coverage in the local media. We've also been maintaining an "ask Greenwich" website, which is a direct page where people can contact us via an email.

So moving on from that slide to slide 12, please, the community feedback was fairly  
35 clear on four main concerns, being bulk and scale, trees and landscape, traffic, and the seniors living. And I think, evidenced by our response to the submissions and our revised concept, we have listened and taken on board that feedback. The amended proposal substantially, you know, looked at reduction of the bulk and scale, increasing and making a commitment to improve the tree canopy, reinstatement of  
40 that heritage landscape around Pallister House and, in particular, its heritage, increasing the landscaped open space and making sure we're improving the pedestrian access and the linkages through the site, and, finally, prioritisation of health services in the construction phasing.

45 So if we could move on to slide 13, what that meant in terms of the scheme and summarised on this graphic, firstly, we relooked at the building footprint and amended it so that we could retain significantly more trees. So over 45 additional



trees were retained with the amended proposal. We deleted the seniors living along St Vincents Road and added a respite cottage. We did note that there is some flexibility around that cottage in terms of its location and impact on significant trees. We looked at reconfiguring the basement to the podium so that it moved further  
5 away from Pallister House and, as a result, ensured there was no potential impact on the heritage fabric.

We also looked at the way in which the main buildings were configured on top of the podium so that we could further open up the view to Pallister from River Road. And,  
10 finally, we looked at, in particular, the seniors living component on the western side of the site, and, looking at the bulk and scale, how we could reduce that so that the ends of the buildings were more compatible and analogous to the scale of the buildings next to them, so obviously the interface between the seniors living and Pallister but also the interface between those two buildings and our immediate  
15 neighbours to the west. The other significant change to the concept was committing to retain the access road from the signalised intersection rather than replacing it, and this firstly ensured a lot more trees would be retained but also mitigated a lot of works that could have potentially impacted on our immediate neighbours to the west.

If we could move to slide 14, please. So I think this probably captures the outcome of that modulation of the building envelope to reduce the bulk and scale, and, overall, the revised concept has a reduction of 10 per cent of the seniors living component. The yellow space in that reduced envelope indicates the area that's been removed from the envelope as part of the amended proposal. If we could move on to the next  
20 slide, please.  
25

So the key benefits of the proposed concept, as Ron's mentioned, obviously there's the public health benefit and upgrading schedule 3 public holiday – hospitals, I should say. This is happening at no cost to the public or to the taxpayer. It will, in  
30 time, reduce the burden on the existing public acute sector by, you know, providing that quality preventative and restorative care that Ron's mentioned. Secondly, it's going to bring additional specialised care to this site, and, you know, it ultimately creates a sustainable campus and continuum of care by the addition of these integrated services. It makes the campus sustainable long-term, and, as Michael  
35 mentioned, that's been a key priority from acquisition, but we have to look at how do we make this site sustainable and enable it to grow to meet the demand.

Fourthly, we have to grow to meet the demand. I think one of the slides earlier talked about a 200 per cent increase in seniors in this area, in a very short timeframe.  
40 So all of those four benefits come with growth, and any reduction in envelopes or BFA ultimately limits our capacity to deliver that care. The fifth benefit is the physical and operational integration of services. We are the only ones who will be delivering sub-acute care into seniors living. It's not, as Ron said, a retirement village. This is about people with acute care needs.  
45

Importantly, the way in which the concept has been developed is at, you know, a very careful site analysis, and the benefit of that site analysis is that we're going to be

able to deliver or return to the site a high-quality landscape setting, both for the benefit of residents, patients and their visitors, and ultimately we're going to return that landscape to people and move the cars underground. Finally, employment: so there will be significant increase in full-time employment by the ..... as well as up to 4000 jobs during the construction phases. So I'll hand back to Michael Cooney.

MR COONEY: Thanks, Katie. This is the final slide, if you could please just move to slide 16. So, look, just wrapping up, I'm hoping we've been able to highlight the need for these integrated services, which we believe will be a blueprint for others within the sector. The services will meet local demand for health services and enable Greenwich Hospital to adapt to changes in the way health services are delivered in the future. HammondCare is in the business of care, and that's been our focus for 85 years. It's been our focus in developing these plans for the redevelopment of Greenwich Hospital. It's been an identified need with these emerging healthcare challenges, and our proposal provides an innovative way of meeting that need. Should I continue?

MR DUNCAN: Yes, please continue, Michael.

MR COONEY: Okay. Just wrapping up, so, look, can I thank the IPC for your time today, the opportunity for HammondCare to outline our vision for future healthcare services on the Greenwich Hospital site. Can I also thank our local community for your interest, your feedback and your support. Your feedback has actually helped shape our final submission, and your support has actually motivated us to ensure we're able to continue to provide services at Greenwich Hospital for decades to come. Thank you to the IPC, Mr Chair. HammondCare's presentation is wrapped up.

MR DUNCAN: Thank you, Michael, Katie and Ron, for your presentation on behalf of HammondCare. Thank you also for dealing with the technology. We'll now move to the next presenter. The next presentation's going to be on behalf of the Department of Planning, Industry and Environment, and they're going to present on the assessment report. Just bear with us. We're just queuing the presentation at the moment. You can hear us, from the department?

MS K. HARRAGON: Yes.

MR DUNCAN: Thank you. And I'll ask you to introduce yourselves when you start the presentation, please. Good morning.

MS HARRAGON: Okay. Good morning. I am Karen Harragon, Director Social Infrastructure at the Department of Planning, Industry and Environment. I'm here with my colleague today, Megan Fu, and we're representing the secretary's delegate in relation to the department's assessment, conclusions and recommendations in respect of this application. The department's assessment report covers a large number of key issues that speak to a range of matters that we've raised during the assessment of the project. The department considers these issues have been either

satisfactorily resolved during the assessment or addressed by the applicant or will be satisfactorily managed, mitigated by the future development application as recommended by the conditions of the department.

- 5 It is important to note that this application is for a concept proposal and the level of detail of the assessment reflects this in relation to the relevant matters of consideration, and this requires a number of issues to be further interrogated with the subsequent development application for the detailed design, construction and operation of the development. The key issues that we're going to focus on today are those items that the department considers are the key ones requiring resolution at this concept stage to establish the envelopes and scale of the development, and these include how the development meets the criteria for SSD, the second one being site suitability, the third built form, the fourth residential amenity, the fifth heritage, and sixth parking and traffic. So if I can get our slide pack, if we could go to slide 2.
- 10
- 15 And if I could just get the IPC to confirm when that's visible.

MR DUNCAN: We can see the slide. Thank you.

- MS HARRAGON: Okay, sir. Thank you. Okay. So the department will now discuss the first issue, being how the proposal is state significant development. So section 4.36 of the Environmental Planning and Assessment Act says that:
- 20

*A State environmental planning policy may declare any development, or any class or description of development, to be State significant development.*

- 25 Clause 8 of the State and Regional Development SEPP, otherwise known as the SRD SEPP, is the relevant SEPP or relevant provision here in relation to the declaration of development, being state significant development, or SSD as I will refer to it. I draw your attention to the top part of this slide, the blue text. If development satisfies the terms of part (1) of clause 8 of the SRD SEPP, then it is declared to be SSD. Under the SRD SEPP, development is declared to be state significant if it requires development consent under part 4 of the Environmental Planning and Assessment Act. It is specified in the SRD schedules.
- 30
- 35 The site is identified as being located with the SP2 health services facility zone under the council's LEP. Hospitals are permissible with consent in the SP2 zone. Whilst seniors housing is prohibited in the zone in the LEP, the Seniors Housing SEPP permits seniors housing on land zoned primarily for urban purposes, where hospitals are permissible. All uses are therefore permissible by environmental planning instruments, in this case either the LEP or the senior SEPP. Part (a) of part (1) of clause 8 of the SRD SEPP is therefore considered to be satisfied. In relation to part (b) of subclause (1) of clause 8, clause 14 of schedule 1 of the SRD SEPP specifies hospitals with a CIV greater than 30 million to be SSD. The proposal states that the CIV for the proposed health-related uses are in excess of 70 million. It therefore follows that the health components of the proposed development can be declared to be SSD.
- 40
- 45

I'm now going to take you to the second part of this extract. However, where there is only one part of a development that satisfies clause 1 – sorry – part (1) of clause 8, paragraph (2) of the clause is applicable. Part (2) of the clause 8 states that:

5       *If a single proposed development the subject of one development application comprises development that is only partly SSD declared under subclause (1), then the remainder of the development is also declared to be State significant development.*

10       Therefore, because the health uses of the proposed development are SSD, the remainder of the development is also SSD. There is, however, one relevant exception to this, and that's contained in part (a) of subclause (2), still within this red text here, and I'll speak to that further. So part (a) of subclause (2) of clause 8 has the effect that the remaining components of the development that are not declared  
15       SSD by the schedule – if the secretary makes a determination – were not SSD if the secretary determines they are not sufficiently related. So I'll just reinforce, I guess, those last two words, "sufficiently related".

20       The default position under subclause (2) of clause 8 of the SRD SEPP is that the secretary is to start from the position that the non-SSD components of a proposed application to be declared SSD only carve out those components if the secretary determines that those non-SSD components are not sufficiently related to the development as a whole. In this instance, the department is satisfied that the seniors living component can be considered as part of the SSD application as part (2) of  
25       clause 8 of the SRD SEPP clarifies that if the development application comprises development that is only part SSD, being the hospital component in this instance, then the remainder of the development is also SSD, except where the development is declared by the secretary to not be sufficiently related.

30       The department has considered whether a physical and functional relationship between the two users and whether the seniors living component could be separated and practically assessed separately. The seniors living and hospital components are physically integrated as they share a common basement structure and common facilities on site. The functional relationship exists as the applicant has advised that  
35       care will be provided in the home and seniors living will be serviced seniors housing. Furthermore, given the heritage constraints of the site and physical connections proposed, the department does not consider that the two uses can be practically assessed separately; nor would it be appropriate to do so.

40       The applicant has argued that the seniors living is not seniors living in the traditional sense and does not fall categorically into the defined seniors housing types and falls between housing and health care. The department agrees that the seniors living component is complementary to the hospital development. Accordingly, the secretary's delegate, in this instance the department, considers the seniors living  
45       sufficiently related and has assessed the development as one SSD application. I'm now going to hand over to my colleague, Megan, to talk about site suitability.

- MS M. FU: Good morning. I'm going to be talking about site suitability and then I'll move on to built form and residential amenity. If you could please turn to the next slide, page 3. The site is zoned SP2 health service facilities under council's LEP. The development of a hospital component is consistent with objectives of the zone. The delivery of expanded hospital facilities is consistent with the strategic policies to increase hospital beds and support the ageing population; therefore, the site is suitable for the hospital component. Concerns regarding the scale of the hospital building will be discussed when I get to built form.
- 10 The key issue raised regarding site suitability by council and the public submissions was the use of the site for seniors living and potentially restricting any future development of the site by health facilities. The seniors housing component forms part of the applicant's proposal to deliver an innovative and integrated model of healthcare. It aims to reduce occupation of hospital beds by providing more access to care at home. The seniors housing component is not permitted in the zone, but the Seniors Housing SEPP allows for seniors housing on land zoned primarily for urban purposes. This includes SP2 zones where hospitals are permitted.
- 20 In relation to the site suitability for the seniors housing, the department has considered the requirements of the Seniors Housing SEPP which aims to encourage the provision of additional and diverse housing for seniors. Seniors housing is not required to be consistent with the underlying objectives of the zone. The Seniors Housing SEPP, however, does require development meet certain site and design requirements. The key concern raised by council and community submissions for the seniors housing development is not compatible with the low density residential character of the area. The department is satisfied that the site-related requirements have been met except the site compatibility requirements of clause 29 regarding the impact that the bulk, scale, built form and character of the proposed development is likely to have on existing, approved and future uses of land in the vicinity.
- 30 Design principles encourage built form that responds to the characteristics of the site and the neighbourhood. In considering whether it is compatible, the department has considered whether it fits. Through this, we noted the objective of the surrounding R2 zone was to maintain low density residential character and ensure the development is not highly visible from Lane Cove River. The objective of the E2 is to protect environments as sensitive land. Next slide, page 4. It was also noted that the surrounding land within the 400-metre local neighbourhood context is generally restricted to a 9.5-metre height control except for a few areas where the control is 12 metres. Council has also recently amended its LEP so that the multi-flooring housing is prohibited in the surrounding R2 zone, reinforcing the desired low density residential character.
- 45 Also of relevance is that the site has no height or floor space controls. The site is significantly larger than that of the surrounding land which allows for amenity impacts to be mitigated through the provision of adequate separations and setbacks. Existing buildings on the site also significantly exceed the surrounding height control. Notwithstanding, the department considers the proposed seven storeys for

the seniors housing does not fit in the local neighbourhood scale. The local neighbourhood ranges from one to three storeys with the occasional higher built form normally located on a main road. The impact from the seven storey development is not what would be reasonably be expected for a development within the surrounding R2 zone.

Next slide, page 5. The department therefore recommends that the building envelopes be modified to ensure that it fits with the local neighbourhood scale. The department considers that the height of the northern seniors living building envelope should be reduced to no higher than the existing main hospital on site and the southern seniors living building envelope should be reduced to the height of the adjacent Pallister. The reduced heights would be more consistent with the existing built form on the site with similar amenity impacts and provides a greater gradual transition in height to the hospital building. The modified envelopes would provide a better fit with the neighbourhood. It is comparable to the form on the opposing school site and other tall forms along key roads. It would also reflect its secondary role as part of the development. Subject to the reduction in the size of the envelopes, the department considers that the site is suitable for a development of seniors housing under the SEPP.

I'm now going to move on to built form. If you could go to the next slide, page 6. The concept proposal includes provision of four building envelopes including a 10-storey hospital building envelope including basement and plant, a three-storey respite facility building envelope and two seven-storey seniors housing building envelopes. As previously mentioned, the site is not subject to height or floor space controls. Objections were raised in public submissions about the height, scale and heritage and amenity impact of the building envelopes. I will discuss heritage – Karen will discuss heritage, and I will discuss amenity impacts later.

Next page – next slide, page 7. In response to the initial concerns raised, the applicant deleted the seniors living on roads within the heritage curtilage and replaced it with the respite centre. As can be seen on the current slide, the design envelope at the interface with Pallister – sorry – the design of the envelope at the interface with Pallister and with residents to the west were also stepped to improve the built form relationship and mitigate the amenity impacts. The department carefully considered the concerns raised in public submissions and the information provided by the applicant, and concluded the height of the hospital building envelopes acceptable as there is no height limit for the hospital development on the side and the bulk of the building has been located to minimise impacts including overshadowing of adjoining residents and the bushland.

The scale is consistent with the size of modern hospital buildings in urban settings and supports operational efficiencies. Vertical expansion supports the retention of Pallister within the landscape setting. The urban envelope provides appropriate transitions in height from River Road. The respite building is also an appropriate scale for its location. Design principles have also been prepared by the applicant to guide the detailed design of the building, particularly ensuring an adequate

relationship with Pallister including reinstating its garden landscaping and minimising impacts on the streetscape.

5 Next slide, page 8. In relation to the building envelopes of the seniors housing, the Seniors Housing SEPP sets out design principles. Of relevance is clause 33: neighbourhood amenity and streetscape. The remaining principles relating to visual and acoustic privacy, solar access and design for climate, stormwater, crime prevention, accessibility and waste management would need to be addressed in the detailed design, but conceptually it is able to comply. Whilst development centres  
10 that cannot be used as grounds to refuse consent are identified in the SEPP, they are not material to our findings as we are not recommending refusal. As noted earlier, the existing and desired character of the area and desirable elements include the low-scale residential character and bushland setting.

15 Next slide, page 9. The department carefully considered the concerns raised in public submissions and the information provided by the applicant. The department considers that given the scale of building, even with the reduced size and stepped form shown in the slide, an increased setback to line with the front building of the joining dwelling would be appropriate to mitigate the impacts on the streetscape.  
20 This would be approximately an additional three metres. We concluded that subject to the conditions requirement reduction in height and the increased setback, the height and scale of the seniors living would be acceptable as they have been located outside of the remnant vegetation on the site and are largely contained to previously disturbed areas.

25 The heights as amended by the conditions would ensure that the buildings sit within the bushland setting instead of protruding significantly above it. Views to Pallister from River Road are achieved with the positioning on the envelopes, and the landscape setting Pallister is retained. The smaller building envelopes for the seniors  
30 living buildings are also appropriate to direct the secondary nature of their use. The department has also recommended a condition capping the GFA for seniors living building envelopes to 10,990 square metres to reflect the reduced size of the seniors living building envelopes. This would also ensure that the zone of future buildings still provide articulation and modulation within the envelope instead of filling out the  
35 envelope and reducing design features that are required to respond to the surrounding context.

Next slide, page 10. I'm now going to talk about amenity impacts. Given the bulk and scale of the development, the proposal would result in public and private view  
40 impacts, overshadowing, privacy impacts and noise impacts. These were all raised as issues in the community submissions. In relation to view impacts from public open space areas and the public domain, the proposal would have moderate impacts to these areas. Most significant views that the AAP aims to protect are those for Lane Cove River. The applicant's view impact assessment demonstrates that the  
45 impact on Bob Campbell Oval is moderate as it is screened by a landscape setting. This is representative of the view from the river as it adjoins the river. Furthermore, the department has recommended reductions in the size of the seniors living

envelopes to a similar scale as current development and therefore would have minor view impacts from that direction.

5 Next slide. In relation to impacts along River Road, the increased setback and height  
reduction of the northern envelope shown within the yellow line will also minimise  
the visual prominence of the seniors living and ensure that the hospital appears as the  
primary use on the site. In relation to the hospital, the department considers visual  
impacts reasonable as the scale of the development is consistent with what would be  
10 expected for development of an SP2 zone. The main hospital building has also been  
stepped at River Road with a three to four-storey podium to address the street  
frontage along River Road, and the tower is set back 30 metres.

15 Next slide. In relation to the view impacts on residential properties, residents to the  
north would experience intrusion into its outlook with the new hospital tower, and  
properties to the south and west would be impacted by both components of the  
development. The departments considered the views currently enjoyed by  
neighbouring properties and the applicant's analysis in relation to view loss impacts.  
As previously noted, the department considers the view impacts from the hospital  
20 building acceptable, and whilst the tower form is taller than development in the area,  
it would minimise the footprint at the lower levels. The view impacts to property of  
the south would also be likely mitigated by the retained landscaping around Pallister.

25 Next slide. Apart from residents to the north, the most visually noticeable impacts  
would be to residents to the west in Northwood. The top angle is from the south-  
west, and the bottom angle would be more directly west. Next slide. As you can see  
from this slide, the department considered the reorientation of the southern building  
..... to reduce these view impacts. Reorientating the southern envelope would reduce  
..... footprint from this viewpoint. But given the distance and existing intrusions into  
this view from the existing hospital buildings, the department concluded that the  
30 benefits are marginal compared to the loss of amenity for the development. A  
bushland outlook around the development would still remain.

35 Next slide. Concern was raised in public submissions about the potential  
overshadow of adjoining bushland and private properties. The department considers  
the overshadowing impacts acceptable as a development that results in  
overshadowing of private properties before 10 am to the west and south-west and  
after 2 pm to the east and south-east in mid-winter. These properties would still  
maintain three hours of solar access to private living and open space areas during  
mid-winter. The impacts on the bushland would also be comparable to impacts from  
40 the existing buildings on the site and existing shadows resulting from the steep  
terrain in this location.

45 Next slide. Concern was raised in public submissions about the potential  
overlooking of adjoining properties. The department considers that adequate  
setbacks have been incorporated in the design to ensure overlooking is minimised  
including a 20-metre setback to the west and 34-metre setback to the south which  
exceeds the 12 metres required by the department design guide – apartment design



guide. Further mitigation of privacy impacts associated with the development can be addressed in the future DA. The department has recommended a condition in this regard. In particular, privacy measures such as facing non-habitable areas to adjacent residential areas, the use of devices like fixed louvers, high and/or deep window sills and planter boxes for balconies.

Next slide. Concern was raised in public submissions about the potential acoustic impacts of the development. The department considers that acoustic impacts would be a matter to be addressed in the next DA, but notes that the carpark facing the west under the seniors living could have adverse impacts. The department has recommended a condition requiring the relocation of the carpark entry unless it can be demonstrated the noise impacts from the operation of the carpark entry meets the relevant criteria. I'm now going to hand over to Karen to talk about heritage.

MS HARRAGON: Thank you, Megan. Pallister is a state and locally listed heritage item. The images shown here on page 18 – if you can just make sure you've got that – depict visual images of Pallister as taken from inside the site and also aerial photographs from 1943 and also 2020. The yellow representative in the 1943 image is the lot on which Pallister was located, and the current image shows the current situation in terms of development around the site. No works are proposed for Pallister under this application except for conservation works to facilitate ongoing adaptive reuse. It is a rare example of a late Victorian gentleman's residence and remnant garden setting. The house, tear-drop shaped carriage loop, mature fig tree and bridle path from the corner of River Road and St Vincent's Road are all significant elements that contribute to the listing.

The proposal originally included seniors housing villas, as discussed previously, within the heritage curtilage, and significant tree removal across the site. In response to concerns raised by Heritage NSW, council and the public submissions, these villas were removed and the proposed tree removal was also further reduced. The villas were replaced by a three-storey respite centre that is situated further away from St Vincent's access road and screened by the landscape setting. If you can now go to page 19. The hospital building envelope was modified in the revised design to provide a more sympathetic interface with Pallister. This includes improving view lines from River Road. The southern seniors living envelope has also been stepped at the interface with Pallister to improve the relationship. The size of the basement was also reduced so that it no longer falls within the heritage curtilage.

In response to these amendments, council and the community have continued to raise concerns regarding the impacts on Pallister given the bulk and scale and perceived dominance of the development. Heritage NSW were generally satisfied with the revised envelopes and the greater tree retention as well as the additional planting in the revised design. The landscape setting and the connection between Pallister and St Vincent's Road would be maintained under the revised proposal. Heritage NSW did have a request that the design be refined further to increase setbacks to Pallister where that was possible to be achieved.

Please go to slide 20. The department's recommended conditions requiring the reduction in the height of the seniors living – as discussed by Megan earlier – would also result in improved heritage outcomes. .... in the backdrop of Pallister thereby reducing impacts on the visual curtilage. The yellow outlines on this slide shows the height reduction that we are targeting. The department notes that reorienting the southern seniors living building envelope by pushing it in the direction of the red arrow as shown from this diagram would remove it from the backdrop from more view points of Pallister. A condition requiring further consideration of the reorientation in the future DA has been recommended to the IPC.

The department considers that the proposed development as modified by recommended conditions would result in satisfactory heritage impacts in respect to the elements considered in the concept. The proposal would provide facilities to support ongoing health and compatible uses. Use of Pallister would be reintroduced that are currently not there. Larger envelopes are separated from the heritage curtilage, and respite centre located within the heritage setting is lower and screened from Pallister. Furthermore, the redevelopment would ensure the ongoing conservation and use of Pallister for social benefit as an ..... adaptive reuse – or ongoing adaptive reuse of the site. To manage the heritage impact, the department has also recommended conditions requiring future applications include a schedule – a detailed schedule of conservation works, interpretation plan and an archaeological program.

If you can now move to page 21. I'm now going to talk about traffic. One of the key issues raised in the public submissions with respect to additional traffic, the subsequent impacts on pedestrian safety, particularly children attending Greenwich Public School. The currency ..... traffic assessment was also raised an issue given cumulative development that has occurred impacts traffic movements in the area. The applicant's traffic and parking impacts assessment concluded that the additional traffic resulting from the proposal would not adversely impact the road network and upgrades. The upgrades would not be required as the level of service at the impacted intersections would remain the same.

The department notes that council and transport for New South Wales did not raise any concerns regarding additional traffic related to the development, however, the department's own observations from consideration of documents notes that the traffic assessment uses survey data from 2017 and that the traffic distribution assumptions did not reflect travel behaviour and that the traffic assessment is based on building envelopes and not actual units that form and that assist the application. Although ..... did not raise significant concern with the department in relation to the consideration of the concept application, the future detailed DA when approval is sought to carry out that work will need to include a further updated and upgraded traffic impacts assessment. Also, as the detailed design of the access arrangements are required to be addressed in the future DA and given the increased traffic, the department has also included a recommended condition for IPC requiring that a road safety analysis be undertaken as part of the future DA to ensure pedestrian safety is

optimised by the development within the site and at its interfaces, particularly for students and seniors.

5 I'm now going to talk to you about carparking. The concept proposal includes 329  
carparking spaces: an increase of 179 onsite parking spaces from 150. This will be  
primarily located in the basement carparks. Concerns were raised in the public  
submissions about the adequacy provisions of the additional carparking spaces on the  
site and the subsequent potential for on-street parking impacts. The department is  
10 satisfied that the additional carparking would meet demand generated by the new  
development as conceptualised in the current application. However, this would also  
be subject to detailed assessment in the future DA as the capacity of the current  
envelopes is conceptual only and as such is only indicative.

15 I'm now going to talk more generally about transport. While the proposal meets the  
requirements of clause 26 of the senior SEPP regarding location and access to  
facilities, the department notes its traffic and parking impact assessment  
acknowledges that limited public transport options exist in the locality. The  
department recommends that the applicant provide a frequent shuttle bus service for  
20 the residences of the site to local retail centres and public transport nodes. This  
would also support sustainable transport to and from the site and reduce associated  
traffic.

Now I'm just going to conclude in relation to our assessment summary and  
conclusions. Overall, the department concludes that the impacts of the concept  
25 proposal, or concept development, correctly, are acceptable subject to the  
department's recommended modifications to the building envelopes. Additionally,  
environment impacts can be appropriately managed or mitigated through the  
implementation of the recommended conditions of consent. In summary, the  
department considers that the proposal is in the public interest as it would provide for  
30 contemporary, modern health infrastructure in an area of care and regional area that  
is facing increased demand for the aging population.

The proposal would increase diversity in seniors housing with integrated care  
through its current location with the specialised healthcare services. The  
35 redeveloped campus will support 174 operational jobs when completed. The  
department has concluded that the proposed concept built form and scale of seniors  
living and the development should be modified to be a better fit with the surrounding  
local context and to address site constraints and should be subject to design  
refinements in the future development application. Subject to the modifications to  
40 the concept seniors living development, the site is suitable for the integrated uses and  
redevelopment of the site.

The concept proposal would have acceptable amenity impacts in terms of loss of  
views, overshadowing, overlooking and noise impacts subject to design refinements  
45 in the future DA. Heritage impacts have been mitigated and can be further mitigated  
in the detailed design with sympathetic finishes and refinement of the design in the  
subsequent DA. The concept development would have acceptable traffic impacts

and has capacity on site to provide sufficient carparking to address demand that will be subject to further detailed assessment in the future DA. The department has recommended conditions to ensure that relevant matters are considered in the future DA when an application is made to carry out work. That completes the department's presentation. Thank you for this opportunity to appear at the public meeting.

MR DUNCAN: Karen and Megan, thank you for your presentation on the assessment report on behalf of the Department of Planning, Industry and Environment. We will now proceed to the next speaker, Chrissie Cox. Chrissie is calling in via telephone. Can you hear us, Chrissie?

MS C. COX: Yes, I can. Thank you.

MR DUNCAN: Please proceed.

MS COX: Thank you. Good morning. My name is Chrissie Cox. I have been a volunteer at Greenwich for 12 years. In my time at Greenwich there have been many changes that have been carefully thought out with the welfare of the patients, staff and community in mind. I have looked at the proposed redevelopment plan for this site. I have every confidence that this redevelopment caters for all in the community and the surrounding areas. At long last new services are hopefully going to ..... to cover residential aged care with specialist support. Serviced seniors living with 24/7 support to provide hospital in the home and residential aged care with specialised support services available for people living with dementia and their carers. We're all going to get older, and to have such facilities in the community will be an asset for us all.

Palliative care is very close to my heart, and this is the area I volunteer in. By having an expansion of this existing service and all other services available will be well worth their weight in gold. The reason I have volunteered for so long at Greenwich, and hopefully brought some joy and laughter to those less fortunate than myself, is Greenwich have such good values. All they're going to achieve with this redevelopment is the wellbeing of patients and the community at large. To be able to have specialist mental care health, this is essential. The world has changed from what we are used to, and I believe there will be a lot of people suffering from stress and mental illness and this service will benefit all. To make a difference in someone's life, you don't have to be brilliant, rich, beautiful or perfect, you just have to care; Greenwich does, and always will.

I doubt the volume of cars will cause residents any inconvenience as most people will not be going to the hospital in peak times. But there will be underground parking for approximately 329 which will allow plenty of room for planting trees and shrubs. I do agree it could be a little annoying with lorries coming and going during the construction, but that's a small price to pay to be able to have something so good with all the facilities that Greenwich wishes to provide to all in the community. Don't have doubts about this redevelopment. I can assure you it will benefit all in the community. Take it from somebody that has given their time willingly for so

many years and seen how dedicated, committed and caring Greenwich are. When the redevelopment has been completed and you or somebody you care about is using the service provided, you will be so grateful that Greenwich is there for you. That's all I've got to say, and I just want to say thank you for giving me the opportunity to  
5 air my views and my opinion.

MR DUNCAN: Chrissie – thank you very much for your presentation, Chrissie.

10 MS COX: Thank you.

MR DUNCAN: We will now move to Carol Eaton, our next presenter. Carol is also on telephone.

15 MS C. EATON: Hello. I agree with the redevelopment, and it's long overdue, and the existing hospital is an eyesore. However, the scale of the proposed new development is still way too big and not in keeping with the area. It will destroy precious habitat and also the destruction over many mature trees, and the replanting will take years before they grow back to what they are. Hammond Care has not  
20 addressed additionally lighting or signage. We don't want the signage and the lights interfering with the local streets, and the lighting actually will interfere with some of the houses. Hammond Care has also not addressed the additional traffic which it will bring to St Vincent's Road and also River Road.

It may have more parking, but it will also bring more visitors, it will bring more staff,  
25 and where are the staff going to park? When they have meetings now they go out onto Gore Street, St Vincent's Road, and then we find it impossible to get out of our driveways. The people that come down the private driveway half the time don't stop, and you come out of your driveway almost crashing into someone. So we find that no real care has been looked at for that. Also the bus service in the area is  
30 woeful, to say the least. There are no bus services on Sundays or public holidays. And, yes, it would be wonderful for them to provide the seniors living with a bus service to the highway or the local shops, but will they actually do that? Because they'll probably rely on community transport to provide that service which obviously  
35 doesn't work on Saturdays and Sundays.

And if people are going for a walk around here, I hope they're very healthy because they have to walk uphill in either direction. Also with the builders a lot of them now park on the streets around the hospital and cause lots of problems for the residents trying to get in and out of their driveways. School children and adults cross the  
40 driveways and there isn't enough duty of care to maintain this safety. So if you've got seniors wondering around the hospital and it's used as a cut through for the school, good luck with not having any accidents.

We just believe that it should be done as a hospital, but not seniors living. It was  
45 always intended to be a hospital, not seniors living. And there's plenty of seniors living coming around the area anyway, so why seniors living is required here, I'm not quite sure. But overall we feel that Hammond Care have not listened to anything

that we've had to say, and their idea of community consultation and how they feel about the locals is actually a joke. I think when we've attended the things, we've just been ignored when we've said things. They don't really care, and it's all lip service on how they behave and they feel. So that's all I have to say on the matter, and  
5 hopefully they will take notice and not take our precious trees and habitat away.  
Thank you.

MR DUNCAN: Thank you, Carol, for your presentation today. I'll now ask our  
10 next speaker, Raymond Karslake, to present, please.

MR R. KARSLAKE: Good morning. My name is Raymond Karslake and I speak to the commission today as a resident and owner of 117 River Road, Greenwich, which I've been living in this house for over 15 years, and my property is the property immediately adjacent to the hospital on the west. My property along with  
15 the neighbours at 117A and 117B River Road and all the properties west are the most impacted by this proposed development, and in particular with the seniors living buildings and the bulk and scale. I would like to say at the outset that the hospital CEO and the hospital have been generous with their time to meet with me and my neighbours to discuss my concerns with them and have taken on board a number of  
20 matters which they've included in the application however I think that there is still a bit of work to be done.

I've studied the hospital submissions and I understand the drivers for the redevelopment. The hospital complex needs redevelopment in order for  
25 HammondCare to achieve their vision and to enhance their future integrated care services. I understand that the introduction of the seniors living apartments offer aging in place which is an important service for the aging population and also to mitigate utilisation of the public health sector but more importantly that it funds the redevelopment of the hospital. I will contend that it's not reasonable that the burden  
30 of funding the development through property value and amenity erosion is borne by the Greenwich residents and more so by the neighbouring properties. However, in the interests of being pragmatic, there are a number of considerations that can be adopted which would mitigate this and make life a lot easier for the neighbours with less reduction in value.

35 I remain concerned about a number of aspects of the redevelopment that will have a direct and adverse impact on my property and family and the property and families of my neighbours. I seek support from the Commission to amend the conditions to consent to include elements that will mitigate the significant loss of amenity, privacy  
40 and quiet enjoyment currently enjoyed by the properties next to the hospital so that the hospital and the neighbours can continue to co-exist in harmony.

With respect to the bulk and scale of the seniors living buildings, I thank the  
45 Department of Planning, Industry and Environment for their recommendations for adjustments for the height envelopes and the GFA reduction in condition 4 with the north building wing being reduced from the max height of RL62.6 to 56.36 and the south building max height reduced from RL63.2 to 60.65. However consent does not

confirm that the maximum height of the building forms along the western side will remain at 55.7 or lower for the north building and RL52.4 or lower for the south buildings and that the conditions required of buildings to step up to the max height back towards the east. Those heights that I – the RLs I just gave you are consistent  
5 with the hospital plans submitted and so I think that maximum height is one thing but we would like that set down closer to the western boundary.

Currently the overlooking of my property from the northern building is mitigated by mature trees along the western boundary and adjacent to the existing buildings. The  
10 landscaping plan notes these trees be retained. However “accidents during construction happen and often these can die due to lack of care or incentive to keep the trees alive”. The condition only identifies one tree to be retained which is for heritage as opposed to landscaping. The proposed building footprint and basement are too close to the root balls of these mature trees. I would like to see the condition,  
15 I recognise it’s only a concept plan condition but this is – the landscape is critical and overlooking is critical and I would like to see these conditions are, in some way, incentivise “the hospital to take good care of these mature trees, potentially shifting the basement further back from the root balls of those mature trees.

20 Condition B3 ..... residents to north but I would like that condition to also recognise residents to the west. I thank the department for their recommendation for the relocation of the carpark entry in B4H however it’s unclear as to how the impacts will be assessed and who will assess them. And we’ve got bedrooms going along that side ..... lights and noise coming through from that carpark entry is not  
25 favourable. We’re concerned about light spill and although condition B7 doesn’t give enough confidence that a night bedrooms to the west won’t be inundated with unnecessary lighting. We would recommend no elevated lighting along the entrance driveway or no elevated lighting – as there’s no elevated lighting currently. And the western façade of the seniors building should not have façade lighting.

30 Of particular concern is the proposed lighting for the landscape podium between the north and south building which directly overlooks the properties to the west. The conditions don’t identify the sensitivity of this for the neighbouring areas. I accept that there are SEPP 10 requirements however they – light spill should be .....  
35 considered for that open area. With respect to - - -

MR DUNCAN: Raymond, are you getting close to finishing? We’ve just run out of time so - - -

40 MR KARSLAKE: I’ve got literally one paragraph to go. Is that okay?

MR DUNCAN: Thank you .....

45 MR KARSLAKE: No worries. So with respect to traffic, currently the hospital has trucks delivering goods and removing waste 24 hours a day and it’s not uncommon to have a rubbish truck pick up at 3 am in the morning. With a bigger facility these truck movements are likely to be more prolific and there’s no condition restricting

heavy vehicle access to and from the site after hours so we would recommend that. I would just like to thank the Commission for the opportunity to present today and I look forward to the support of the Commission to help significantly reduce the impact to the residents and also working with the hospital as they go through this process. Thank you.

MR DUNCAN: Thank you for presenting today, Raymond. Our next presenter is Carolyn Bourke-Moir from the Palliative Aged Care Network. Carolyn, please proceed. Carolyn is on the telephone.

MS BOURKE-MOIR: Good morning everyone. Thank you for this opportunity to support the work undertaken by HammondCare at Greenwich Hospital. I'm a palliative care clinical nurse consultant with over 20 years experience. I am currently employed by a large not for profit aged care community provider that has three residential homes with over 270 beds and home care services and a retirement village which are located in the LHD and are supported by and access the services by HammondCare at Greenwich.

My role as ..... oversight of pal care and clinical governance. And today I'm representing the special interest group, the Palliative Aged Care Network or PACN. I also speak for the interests of the not for profit homes which I have just spoken about and other services from the specialist community palliative care team based at Greenwich and also the rehabilitation and the psychogeriatric services that are supported by Greenwich. I also am a resident of the north shore and I have aging parents that live in the community. And just to give you a little bit of background about PACN, we are a group of advanced practice nurses and health professionals and academics. We have a strong commitment to the principles of palliative care and we work principally in the area of aged care.

We formed in 2002 and we're focused on advocacy and development and raising the profile for palliative care in aged care. We have contributed variously to Pal Care New South Wales in Australia, the Palliative Care Nurses Association, the Commonwealth Department of Health and Aging New South Wales, Aged Care Round Table, End of Life Directions in Aged Care and addressing the New South Wales parliament ..... the Standing Committee Inquiry into Registered Nurses and also a national project developing ..... for Aged Care Staffing Skill Mix. Also our chair presented at the Royal Commission into Aged Care.

As such we were approached by a member of our group to review and comment on the HammondCare development and its merits. And we can see that this would definitely enhance the population and support older Australians. So having said that ..... PACN ..... that the ongoing development of contemporary palliative care and ..... health services in the community, including the enhanced vision for Greenwich Hospital would be a good thing. And the Greenwich Hospital services, they are unique and highly regarded within ..... for excellent care and service for inpatient and home care and outreach into the local health area aged care facilities.



- If I have a look at what services we've availed ourselves of here at Macquarie Park site, in 2020 we had over 33 referrals to the community specialist, palliative care services for assessment and support plus inpatient support for our older population. So it's quite significant. And also in my role as a CNC, I work collaboratively on a
- 5 number of significant projects with HammondCare that are based at Greenwich, including ..... project and the Palliative Aged Care Collaborative Initiative. We also have an opportunity to place our registered nurses at Greenwich to do onsite learning.
- 10 So in conclusion, this development opportunity to really upgrade the facility to a contemporary hospital and in general improve the site to expand further is really exciting and unique and must progress if we are serious about valuing our aging population and future-proofing for the next generation. Thank you for your time and any questions?
- 15 MR DUNCAN: That's fine, Carolyn. Thank you for your presentation on behalf of the Palliative Aged Care Network.
- MS BOURKE-MOIR: Great.
- 20 MR DUNCAN: Our next presenter is on video conference and that's Catherine Wells.
- MS WELLS: Hello. Thank you very much for the opportunity. I'm here in support
- 25 of the development for HammondCare. And based on the fact that I did a research study on the actual site itself and the demand for a residential aged care and seniors living on the site, in particular structured to ..... living on site. So I am just going to share my screen. So ..... you know, it is important to say that, okay, who would actually be using the site. And the study that I undertook was based around the older
- 30 Australian's care needs for serviced seniors living and residential aged care. So looking at who would actually be using the serviced seniors living, you know, it was determined it would be people at least 75 years of age. They would have low to moderate support needs ..... - - -
- 35 MR DUNCAN: Catherine, sorry to interrupt, can you maximise your screen just to make it easier. That's it. Thank you.
- MS WELLS: Yes. Has that helped?
- 40 MR DUNCAN: Yes, that's great. Thank you.
- MS WELLS: ..... and seeking a complete accommodation care solution ..... it would be people who would be seeking security for their future, a choice of how/where they want to age, maintaining independence, they could have rehabilitation ..... and
- 45 seeking an alternative to traditional residential aged care. And most importantly, seeking a home for life where they can get access to quality and safe care for the rest of their life or it could be people with residential aged care needs which would be 80

plus years of age and close to 85 years. They would ..... elderly and they could be living with dementia or complex health conditions that require 24/7 support and seek to access support in a ..... care environment.

5 So it's important to say well, who are they so we know what catchment area we're actually looking at because typically we're looking at people who are at least 75 years of age and creeping in closer to 80 years of age and 85 years of age. We're really looking at people who want access in their local communities because once we ..... people from their local communities it has a very poor impact on their networks and their wellbeing. Now, we will often see their wellbeing in rapid decline when  
10 we need to move them away from their local areas because they can't access the care and support and accommodation choices that they would like in that area.

So looking at the catchment, the catchment was determined to be around about a five  
15 to seven kilometre drive from the site, at most. It was the same area as Chatswood, Lane Cove and North Sydney, Mosman SA3 so we can see that outlined in blue. And then an inner catchment, outlined in green, which was the Lane Cove, Greenwich SA2 and so about St Leonards, Naremburn, Crows Nest, Waverton and North Sydney, Lavender Bay SA2 so very – much smaller area.

20 So looking at the aging population in that catchment area ..... 65 plus population, on my chart here you can see I've broken the aging population up into retirees, which are those aged 65 to 74 years. Then seniors, which are those aged 75 to 84 years, the main users of independent living and structured supported seniors living. And  
25 elderly, which is those 85 years and over which are the primary users of ..... funded residential aged care. So around a 65 plus population of 35,000-odd people at the moment and we are projecting that that will increase by 28 per cent just over the next 10 years which is a large increase in our 65 plus population. But more importantly, the 75 plus population, which would primarily be the target for this site, we have  
30 15,865 people at the current time. And we're projecting that that would increase by 45 per cent over the next 10 years. So that's another 7127 people to 2020.

Just looking at those individual groups, you can see in the middle here the seniors, which is the target for seniors supported living, actually has the largest growth over  
35 the next five years and in total over the next years. So that would indicate that we're going to see a large increase in that particular ..... which is the target we say. Then we looked and said, okay, well, what sort of residential aged care is available at the moment in this area and there's actually a shortfall of residential aged care. So statistically speaking there's a shortfall of residential aged care. There is also a  
40 shortfall in the desired product for people accessing residential aged care. So the shortfall at the moment in the Greenwich catchment area, there's an undersupply of 403 places. The increase into an undersupply of 497 by 2025 or 825 by 2030.

Now, that also takes into account the two sites that actually hold ..... licences from  
45 the Commonwealth department to be able to develop aged care. There are 216 of those licences of which HammondCare is holding 75 of those licences. So that's a really important point because whilst we have an undersupply we can't only have

two providers that can actually start to address that undersupply, one of those being HammondCare. In the inner catchment area it's actually higher. We have an undersupply of 326 places decreasing to 221 by 2025 based on those 216 being developed. We then projected to change to an undersupply of 331 places by 2030.

5 So it's higher based on the geographical size of that area.

In addition, we have no existing access to structured supported living. So increasingly we're seeing – and I will talk about this in a couple of slides in more detail but we are seeing that people seek to choose ..... or home care in their home  
10 than accessing residential aged care. Nobody desires to enter residential aged care. It's usually at a crisis point. So increasingly we're seeing people want structured supported living in modern housing choices. That is modern housing choices are designed around being efficient to age in place and efficient to actually deliver services by providers. So at the moment we don't have any existing structured  
15 supported seniors living as a full alternative to residential aged care in this catchment area. So not in the wider catchment area or the inner catchment area. There is one proposal by Retire Australia for 64 care apartments as an alternative to residential aged care however it is uncertain if that will still proceed.

20 The other thing about residential aged care is dementia and there's a keen need in the area with, you know, more than 50 per cent of all admissions into residential aged care being for dementia. When we look at the actual products, and this is the important thing, so even when we have – whilst we have an undersupply the product is also very important because whilst we have 22 residential aged care sites in this  
25 area offering us some 1500-odd beds, 44 per cent of those beds are in older more traditional sites built prior to the year 2000. And they're both – they're more institutional in both their built form and appearance. And they are not desirable to the current older Australian and their families.

30 You know, we're talking about having things like nine square metre rooms up to 15 square metre rooms, low levels of light, a lack of access to external areas or greenery etcetera. You know, we have ..... but non-traditional wards. We still have two and four shared rooms in some of those residential aged care facilities. Then we have 37 per cent of beds across eight sites that are in ..... sites, mostly built prior to 2000, that  
35 have, you know, more refurbishment and some small extensions undertaken to them. However they still remain institutional in both built form and appearance. And then we only have 19 per cent of those total beds across three sites in more modern and less institutional forms of care.

40 However importantly none of those sites – modern sites offer a small household form of accommodation which is a less institutional form of accommodation and quite desired by ..... residential aged care ..... there is no modern standout ..... in the Greenwich catchment area and whilst there is an older site offering small household, it only represents about 3 per cent of the beds.

45

In the seniors living accommodation there is, you know, 1300-odd dwellings in operation at the moment advertised as retirement dwellings independent living. And

these are largely attracting people over the age of 75. And a proposed increase of 575 dwellings with an unknown timeframe for those dwellings or if they will proceed. That also includes the HammondCare Greenwich site. So that represents a penetration of around 4.9 per cent of the 65 plus population and potentially  
5 increasing to about 5.3 per cent by 2030. That's actually a very low percentage, you know, across northern Sydney – other parts of northern Sydney we actually have penetrations of up to 12 per cent and, you know, with high occupancy levels. And that still is including older stock.

10 And as we've noticed there is no structured supported living. In the inner catchment it's actually less. So there's a penetration of 3 per cent proposed increase to 4.2 per cent by 2030 and still no structured supported living. And importantly only two of the sites, representing 13 per cent of the total dwellings, are in modern retirement living which is Watermark Castle Cove and ..... of which both sites offer more  
15 premium lifestyle type accommodation attracting a more independent senior. So that would suggest that HammondCare ..... living offer would be the only structured supported senior living offering a full alternative to residential aged care enabling people to age how they want and where they want. And, you know, one of only three modern seniors living developments within the catchment area. However  
20 there's only five sites that are co-located with funded residential aged care enabling that full continuum for people who have dementia or actually do seek to move that care continuum into residential aged care.

So I think, in summary, this suggests there's a significant increase in shortfall of both  
25 independent living and funded residential aged care in the catchment. There's very limited access to modern independent living and residential aged care including modern household options and specialised dementia go to centres. There is no structured supported living options as an alternative to residential aged care and only one possible site identified excluding HammondCare Greenwich. I think, in short,  
30 the catchment does not – and has limited future capacity to offer, based on the existing built forms that are available and what is proposed, to offer that modern housing choice and care choices sought by current and future older Australians and their families.

35 In particular, in line with the changing aging policy, the Royal Commission and, most importantly, community expectations, you know, I think, you know, into the future, and even now, the community expects to have those choices in housing. This area I think probably falls very short for the seniors in this catchment area because it doesn't offer the future of aging. And the future of aging coming out of aging  
40 policy, Royal Commission and what we see with consumers is that, you know, we're moving toward a ..... aged care system where people are able to access what they need, where they need it and where they choose to access it and that's really important.

45 So having structured seniors living with structured support services inside that seniors living will enable an enormous number of people to live a better life in their older years when they need care and support. The other thing we're moving towards

is, you know, a focus on choice, rehabilitation and restorative care. So I would say that the site – the Greenwich hospital site, what it's proposing is unique in both the catchment area, New South Wales and Australia ..... right across Australia I have not seen anything as unique as this either in existence or proposed. And I think it's  
5 probably, you know, a standout for the modern Australian who seeks to age in their own individual way and not in institutional options of the past which is primarily what existed in this catchment area at the current time. Thank you very much for listening to me. I think the development is wonderful for our older Australians. Thank you.

10 MR DUNCAN: Catherine, thank you for your presentation and I presume that presentation is made available to the Commission.

MS WELLS: .....

15 MR DUNCAN: Thank you. We have no further questions for you. I would like to thank you and all the presenters so far this morning. We're going to take a short break now and we plan to be back at 11.50 for the next presenter. Thank you.

20 **ADJOURNED**

**[11.39 am]**

25 **RESUMED**

**[11.55 am]**

MR DUNCAN: Welcome back to the Greenwich Hospital Redevelopment public hearing today. Our next presenter is Margaret Curley. Margaret is coming in on video. Margaret, can you hear us?

30 MS CURLEY: Yes. Yes, I can. Can you hear me okay?

MR DUNCAN: Yes, we can. Please proceed.

35 MS CURLEY: Okay. Thank you. Thank you for allowing me to speak this morning. It's quite an honour. My name is Margaret Curley and I am speaking today – and I live in Northwood – on behalf of myself and my husband Stephen. We live at 28 Upper Cliff Road in Northwood and we are in direct line of sight of the proposed development at Greenwich hospital. Whilst we don't lose our bushland  
40 view across Gore Reserve, the two seven storey residential towers proposed will certainly dominate it. I would like to say we are not opposed to rebuilding of Greenwich Hospital at all. And I can see the need that it needs to be rebuilt to modernise. It sits very beautifully at the moment in its nice bushland setting in a neighbourhood area.

45 But we are completely opposed to the building of the two residential towers as they are proposed at the moment. We have great concerns as to the size and scope of the

overall development. There have been very large community objections to the development from community. This shows the sentiment in the area.

HammondCare have only immaterially adjusted their plans for the size and scope of the development notwithstanding the amount of objections from residents in the neighbourhood and the request of the DPAE which states that the proposed hospital continues to be inconsistent with the generally low density residential character of the area and significant visual impact from across the valley to the west which was also stated by a previous speaker.

- Also of ..... concern is the use of the site so for health purposes to include these two high rise residential towers comprising about 80 apartments. These high rise buildings impact Gore Creek Reserve should not be allowed in any hospital redevelopment proposal. The inclusion of the high rise residential development proposal is way outside the scope of the existing zoning of the site which we have already heard about. We understand that the hospital is SEPP 2 health service facility and that this zone should be only used to provide medical or other services relating to the maintenance and improvement of health, restoration of health etcetera.

- The seven storey high residential apartment blocks however are not a health service facility and cannot be regarded as incidental to health facility. It's an apartment development on hospital land under the guise of a health service. We are not convinced about the integrated care model. I would like to know who they could actually be sold to? Is it deemed over 55 living? Would it be – have a different title to it? That is not clear.

- We are also very, very concerned about the impact of the buildings – the high rise residential buildings on the bushland corridor comprising Gore Reserve which links to the conservation area of Lane Cove Bushland Park. We have been involved for at least the last 10 years of helping regenerate our bushland habitat in Gore Reserve by planting species that have come from indigenous plants of the past. And it's looking absolutely wonderful. It's highly regarded in this area. The large construction will lead to reduction in vegetation due to shadowing, overhang and the removal of trees. The Gore Reserve is immense value to the Lane Cove area to help maintain the existent species for the future.

- The Gore Creek Reserve also has an immense value providing a buffer zone so the buffer is linking residential areas either side of the valley and having that buffer zone there helps create that border so that plants and species can be maintained and especially the birdlife. Any development such as proposed along there would have to treat very, very softly on the landscape, greatly, an almost impossible task. All I can think of is that if the development goes ahead I would hope that there would be some funding from HammondCare to help work with the local bush care people. I think that may be spoken about in another meeting – in another speaker shortly.

- Just one more consideration that I wouldn't mind speaking about. Has anyone at all looked at the cumulative effect of the other proposals up and down – within one kilometre of Greenwich Hospital, other aged care facilities that have been proposed.

I'm just wondering. So my last – one last comment, we hope that the Commission – and thank you to be allowed to speak to the Commission today. We hope the Commission consider the extent of seniors living on the site and follow the department's recommendation, either not allow it or reduce the residential  
5 component to be reduced to comply more with the existing scale of the surrounding area. The development footprint, as it stands at the moment, is double the existing footprint that already exists and that does make a huge impact on the surrounding neighbourhood area. So I think I'm just saying the sentiment of what many, many people in the area feel. So thank you for allowing me to speak today.

10 MR DUNCAN: Thank you, Margaret. Thank you for your presentation. I would now like to ask our next speaker, Susan Ingham to present. Susan is presenting on behalf of the Lane Cove Bushland and Conservation Society Incorporated. Susan, please proceed. Susan, you can proceed.

15 MS INGHAM: Yes. Yes. I'm sorry, I've got a secondary sound coming in the background. My name is Susan Ingham. I am speaking as a representative of the Lane Cove Bushland and Conservation Society which has been advocating for the environment for nearly 50 years. We work to preserve - - -

20 MR DUNCAN: Stream going as well. Do you have something else running at the same time?

MS INGHAM: Yes. I seem to have a double sound.

25 MR DUNCAN: Yes.

MS INGHAM: Will I start again?

30 MR DUNCAN: Keep going but if you can turn your live stream off and just do the direct video.

MS INGHAM: Okay.

35 MR DUNCAN: You've got both going. If there's anything going as well it might help from your side. That's all.

MS INGHAM: Excuse me.

40 MR DUNCAN: I think we have a technical issue. Just bear with us for a moment.

MS INGHAM: We work to preserve the natural bush and wetlands in the Lane Cove LGA and across the State. And to advance ecologically sustainable development in relation to development proposals being made. We are a respected  
45 community group - - -

MR DUNCAN: Susan, do you want to wait for a moment and we will go with the next speaker and then come back to you? Would you prefer to do that?

5 MS INGHAM: We are a respected community group with representatives and council, advisory committees including the Bushland Management Advisory Committee. Goodness me. I'm so sorry.

10 MR DUNCAN: Susan, why don't we – Susan, if you can hear me, we will go to the next speaker and come back to you while you get set up. Thanks.

MS INGHAM: We appreciate that the changes and improvements made to the proposed development of the Greenwich Hospital - - -

15 MR DUNCAN: Look, I think while Susan gets the technical side of that resolved, we will ask Jennifer Schneller to present on behalf of the Northwood Action Group. We will come back to Susan. Jennifer, can you hear me?

MS SCHNELLER: Yes, I can.

20 MR DUNCAN: Thank you for that and thank you for filling in. So over to you.

MS SCHNELLER: Okay. Let's start please. Could we have slide one please. I represent Northwood Action Group, otherwise known as NAG. Should I be able to see slide one on my screen?

25 MR DUNCAN: We can see it, thank you.

30 MS SCHNELLER: Okay. Good. Northwood Action Group objects to this redevelopment as proposed and has objected to it from the start regarding minimal improvements being made over the several years we've been looking at it. Slide one will show you a letter to me from HammondCare in two thousand and – I think it was – I've forgotten – early '19 I think. After they had a November drop in session in the Palliative Care Centre and they said it was going to be not – the architect wouldn't talk to us. We were directed to go to the seniors living people and they said

35 that the seniors living would be two to three storeys and arranged in a family environment.

Later on I looked at the ..... and that will come up in slide three, but slide one, I saw that the seers seven storey building for seniors proposed so I asked HammondCare about it. And the response I got was there will be 70 seniors living units and it would

40 not be higher than the existing hospital buildings on the site. Skip slide two, go to slide three please. This shows the seers and highlighted ..... requested a visual impact study to – and also other assessment, acoustics and so on. And these did not come back very satisfactorily at all. Can you hear me?

45 MR DUNCAN: Yes, we can. Please continue.



MS SCHNELLER: Slide three is showing the things that the seers requested and have not been satisfactorily answered even to this day. Slide four please. It was almost impossible, as a community group, to see where the impact of this proposed building related to the existing building because nothing was prepared. Nothing was  
5 – it's so simple these days in ..... to lay one building over another. We had to look in the archaeological impact study N1 from the first report in February, I think it was, 2019 and there we could see how it was. Then we looked at the surrounding view locations.

10 Slide five please. All the yellow arrows – I hope they show up – indicate the areas from around Northbridge – sorry, Northwood where you can see this Greenwich proposed expansion especially the hospital and seniors living, the tower of the hospital at nine storeys high. Even standing on the ground, these things are going to get higher and even if you can't see them now, you will in the future.

15 Slide six please. Based on the first scheme ..... prepared a mock up to show the size and scale impact on our locality. Second slide six please in which the text. And you can see there the buildings compared to the existing hospital. This has been quite carefully prepared using six maps and distances and ..... and so on. Slide six, about  
20 trees chopping please. When HammondCare took over the site it was pretty obvious. First of all signage went up all around the place and trees started to be chopped down especially against the – in front of the western carpark.

25 So the noise that we had been hearing from that carpark – open air carpark and the garbage trucks in the middle of the night – and I'm not the only one who heard it, many residents along Upper Creek Road hear this noise and complain of it, got worse. Slide six please, chopping it's called, shows trees – it's too small to see, I know, but there are trees being chopped down in that slide by HammondCare people. And to the right of the image you can see dying trees. Now, these trees are in the  
30 reserve. They are not HammondCare. They are in the reserve. They are around 24 Gore Street, a property just to the south and somewhat west of HammondCare's site  
.....

35 Skip slide eight and go to slide nine please. That's a close up of the Jeffrey and Katauskas/ Geotech study done in 2010. This has been completely ignored by HammondCare and the consultants in any future work .....

MR DUNCAN: Susan – sorry, Jennifer, could I just confirm, we're looking at a carpark slide now. Have you got the right slide?

40 MS SCHNELLER: You should be looking at slide nine, it should be a hand-drawn sketch.

MR DUNCAN: A hand-drawn sketch. Could we just get that queued up please.

45 MS SCHNELLER: It goes from - - -

MR DUNCAN: Just wait for a moment, Jennifer. We're just queuing that. Just - - -

MS SCHNELLER: .....

5 MR DUNCAN: Jennifer, just hold the line for a moment. We will take a short adjournment and make sure we've got the right slide for you. Can you hold for a moment?

10 MS SCHNELLER: Yes.

**ADJOURNED** [12.11 pm]

15 **RESUMED** [12.15 pm]

MR DUNCAN: Thank you. Welcome back. We're going to have some discussions with Jennifer offline to make sure that we're seeing the same slides. In the  
20 meantime, we return to our previous speaker, Susan Ingham, from the Lane Cove Bushland and Conservation Society. Welcome back, Susan. I hope you can hear us without any background noise now.

25 MS S. INGHAM: Right. ....

MR DUNCAN: Could you please proceed. You can start from scratch.

30 MS INGHAM: My name is Susan Ingham. I'm speaking as a representative of the Lane Cove Bushland and Conservation Society and I do apologise for that, but I'm not quite sure what happened there. But I haven't held you up too much.

MR DUNCAN: That's fine. Please continue.

35 MS INGHAM: The Bushland Society has been advocating for the environment for nearly 50 years. We work to preserve the natural bush and wetlands in the Lane Cove LGA and across the state and to advance ecologically sustainable development in relation to development proposals being made. We are a respected community group with representatives on council advisory committees, including the Bushland Management Advisory Committee.

40 We appreciate the changes and improvements made to the proposed development of the Greenwich Hospital, but we retain reservations. In our opinion, eco urban's response on behalf of HammondCare to the concerns previously expressed in submissions are intentions when they should rather be conditions for approval. To  
45 begin with, we share the objections that have been raised by other organisations. I'm sharing the screen. Is that all right?

MR DUNCAN: Yes. We can see it. We can see your name.

MS INGHAM: All right. Can you see that?

5 MR DUNCAN: We're still seeing the first slide, Susan Ingham.

MS INGHAM: Maybe I have to give up this.

MR DUNCAN: Perhaps you can - - -

10

MS INGHAM: Yes. Yes. I'll have to ..... sharing.

MR DUNCAN: Okay.

15 MS INGHAM: The height and size of the development. Significant high-rise development of medical facilities is rarely found in an area of single suburban dwellings, such as Greenwich and we share the concern of residents about the visual and physical impact. Despite HammondCare's maintaining that their senior living accommodation will be different, it is now the fourth facility of a similar nature  
20 being proposed for development along a short distance of River Road. There are development applications for aged care facilities at 266 Longueville Road, 4 Northwood Road and 33 Greenwich Road. These are individual addresses for what is collectively known as River Road.

25 The approval of HammondCare's application should be subject to the condition that the senior living's units would not be strata subdivided for individual sale in the future if their leasing operation is not viable. Rezoning for such a subdivision would prevent the land being used for the expansion of the hospital.

30 But our particular concerns are for the environmental impact and the landscaping. Our first point is that, although HammondCare states that no adverse environmental impacts are envisaged for the Gore Creek Reserve as a result of the proposed development – that's a quote from their statement – a valuation of this should be a condition of approval. The biodiversity development report which presently is just  
35 for the site should be extended to provide a separate ecological impact assessment that will include native vegetation on the western side of the site, as well as the reserve. The down-slope bushland at Greenwich Hospital is similar to that of 266 Longueville Road where an ecological impact assessment was required.

40 The Gore Creek Reserve is part of a continuous vegetation of the Lane Cove Bushland Park and, like it, it is zoned E2. Clause 9 of the State Environment for Planning Policy Number 19 applies to land which adjoins zoned bushland and, therefore, development cannot be undertaken until detailed measures such as the protection of offsite vegetation and the prevention of soil erosion, the suppression of  
45 streams and the disruption of wildlife corridor is eliminated. Now, our next point concerns the construction - - -

MR DUNCAN: Susan, we're running out of - - -

MS INGHAM: It is a - - -

5 MR DUNCAN: We're running out of time, Susan. Are you about to wrap up?

MS INGHAM: No. I'm afraid not. I'm only halfway through. I'm sorry. Because of all of the – of the messing around.

10 MR DUNCAN: Okay. Well - - -

MS INGHAM: May I continue?

15 MR DUNCAN: Yes, you can, but, if you could go through quickly and I suggest, after the meeting, you might share the slides with us and we'll make those public for you on our website.

MS INGHAM: Okay. Thank you. It is – it is likely that the impact of construction on the bush, both onsite and in the Gore Creek Reserve, will be considerable. The  
20 demolition of existing structures and the subsequent building, of a raised road and podium for the senior living units is above the reserve. This has not been sufficiently surveyed according to the diagrams provided. Those were the things I was going to illustrate. Inaccuracies in the contour ..... and the bushland and trees in the south-west corner have been overlooked.

25 In order to minimise the impact of the hospital tower also it is essential that the setback from River Road is sufficient for deep-soil planting for trees and the maintenance of existing mature trees. A setback of 7.5 metres is in line with adjacent residential setbacks and in accordance with the requirements of the Lane Cove DCP,  
30 but 10 metres would be more appropriate for such a high tower and especially for the protection of those existing trees.

The approved design needs to demonstrate that basement and subsoil structures will not impact the root zones and endanger existing trees, particularly the heritage trees  
35 near Pallister House. This requires that the basement construction proposed near the heritage building should be at least two times the radius from the drip line or bore for large trees. The design should also demonstrate that parking, both above and below ground, will not have a detrimental effect on subsoil water movement now sustaining trees and vegetation. Disruption to the percolation of water downhill into the bush  
40 could produce drought conditions for the vegetation.

There is a landscape package. I know that this is just a concept, but there is a landscape package which outlines the major landscape zones and their key design principles, but it is really broad brush in nature. It does not describe, recommend or  
45 mandate indigenous planting nor make any reference to Lane Cove Council's DCP part J for landscaping. Of the significant local trees to be removed in the new proposal, the loss of Blackbutt and Blue Gum are the most regrettable as these

species have been damaged by urban development generally. It is important that landscaping requirements, except for Pallister House heritage garden, are for advanced Lane Cove indigenous tree specimens with adequate care regimes in place from an early stage.

5

There is an opportunity here to make a distinctive feature of the landscape design by replacing the degraded or exotic species with Lane Cove indigenous plants that create a habitat and a wildlife corridor from St Vincents Road corner – from the St Vincents Road corner to the Gore Creek site. If I could end on a plea, it would be not to decorate the site with standard landscaping, but make indigenous species a feature and return to an environment of plants and trees making a habitat for native birds and animals. I close by repeating that, although some of these issues have been mentioned in responses from HammondCare as their best intentions, they should be mandatory for the final approval. Thank you for your time and my apologies for any mess up on my end here.

15

MR DUNCAN: Susan, thank you and thanks for persevere ring with it. Thanks for the presentation. I would now like to call on Jeff Morris, who's presenting – as the next presenter. Jeff, can you hear us?

20

MR J. MORRIS: Hello. I would like to speak in support of the proposal, basically, in two capacities. One is that I served as a former councillor and deputy mayor of North Sydney Council and I am very familiar with this sort of issue and the tensions that arise in terms of providing necessary infrastructure, particularly in densely populated inner-suburban areas. While I was on the council, I was an advocate for dedicating the old Anzac Club to be the Anzac Park Memorial School and there was resistance from neighbours to that, but the reality is, in areas like this, there just aren't very many of these sites available. They don't come up very often and, when they do, in order to provide the necessary infrastructure, it's really necessary to try and achieve as much as possible with that site as you can.

30

Now, today, we have an absolutely vital inner-city public school as the result of that development. The point is you need facilities where people live and they are not easy to provide. I live in Waverton. This was brought home to me very forcefully in relation to the existing HammondCare facility when my wife was diagnosed with pancreatic cancer in 2017. We had six months of her in palliative care at Greenwich Hospital. It's an appalling ordeal that nobody should have to go through, but one thing that helped me and our two children was the fact that it wasn't that far away from where we live here in North Sydney. So we were able to visit there every day and that's because it was a local facility.

40

We're very conscious of the fact that the current facility isn't big enough even to meet demand today. There's not always a bed available when people need it. My wife actually received first-class care at that facility. I couldn't speak highly enough of it and I think, as the population of this area increases, we simply need more of those sort of facilities. The existing hospital is a tremendous underutilisation of that site. It's very sparsely developed by local standards. It's the logical place where

45

there should be expansion of the facility and, in 20 or 30 years time, we're going to need – we're going to absolutely need something like this. There would be a lot of families that need it and so that's the basis that I make this submission. We need these facilities and we need them in every area. We don't need – people in North  
5 Sydney can't travel out to Parramatta because there's more land available out there for this sort of facility. That's all I wanted to say. Thank you.

MR DUNCAN: Jeff, thank you for your presentation today. I would like to now call on our next speaker, Bryan Beudeker. Bryan, can you hear us?  
10

MR B. BEUDEKER: Yes. I can hear you. Can you hear me?

MR DUNCAN: Yes. Please proceed.

15 MR BEUDEKER: Look, thank you very much, look, for the opportunity to speak. First, just about my background very quickly. I'm a neighbour. I live in Northwood on River Road, approximately 400 metres from the proposed development. There is Gore Creek Reserve between myself, my back fence and the development itself. So that puts me in fairly close proximity as – as a neighbour.

20 First, let me say I think the – I think an expansion of the hospital in – in accordance with, I guess, the – the appropriate zoning of that area which is SP2 health service facilities, I have no objection to. I think that's a – we need to see Greenwich Hospital. Many speakers before me I've listened to and it is a ..... old hospital and –  
25 and probably not suited to the purpose. But I think what's being proposed here causes many neighbours concern from – as a – as a form of residential development which is completely out of scale and context with the surrounding neighbourhood.

I – I guess – and forgive the pun here – because the real grey area is whether this will  
30 become ultimately a retire living or service, you know, palliative care facility 24 health care. If it's the latter, I think I can see the merit in that, but I would then still object to the size and scale of two seven-storey dwellings immediately adjacent to R2 low residential which has height restrictions of 9.5 metres and I think, myself, I'm – I'm, you know – I – I am one of those grey people at the moment, I would say. I like  
35 to call myself “mature blonde”.

But it's a case of I – I see the – you know, the need for these type of facilities. I think the previous speaker I think made a very good point in terms of being close to your loved ones, especially in their last years and I think, therefore, a true palliative  
40 care facility, aged care facility, in that sense, would be – ..... not object to. What causes me concern – and it's in one of the documents from HammondCare in the latest response to submissions. And this is what gives me the – you know, I guess, it doesn't give me confidence is when they say, you know, “Whereas retirement living developments may cater to those aged 55 plus who are largely independent, the  
45 proposed seniors living is expected to attract older residents 75 plus years of age.”

So it's "expected to attract". Is it going to? It's expected to. What if it doesn't? I guess, that's where the concern comes that you say, "Oh, well, we didn't get enough over 75s. This is – this model is not commercially working. We going to reapply now for retirement living." I mean, we've seen this happen before. I think also the  
5 earlier speaker said that this type of project, I think it was from palliative aged care, future proofs the next generation. I would contradict that statement by saying you put two ..... residential developments on this property, you haven't future proofed an expansion of further genuine health care facilities.

10 We will need more area. I think the previous speaker said that. There is – that the school is a great school that's just developed, but even it wasn't a six or seven-storey building where arguably you could have said, "Well, that would have given us a lot more classrooms." But, again, it has to be in context with the surrounding  
15 neighbourhood and I think they did a good job with Greenwich School there. So I'll – I could go on – sorry. There was one other point. The traffic study. I looked at the original traffic study. My background was in – and still is – sorry – in environmental management and environmental planning. There was a lot of doubt with regard to the number of – it wasn't expressly – clearly expressed how many people would be living here and the – I think the traffic movements that were used to do the modelling  
20 could have been underestimated and, again, with the 87 apartments – two-bedroom apartments, one sort of becomes a bit suspect that, you know – that their – the impacts could be worse than they have been expressed.

There's my bell. So I'll just wrap up. I guess, the two points that I will wrap up in.  
25 One, I think the hospital does need to be expanded, but it needs to be expanded as – as a genuine health services facility, not as a residential development; and, if it is going to be expanded, it needs to be in context with the surrounding land use, with the surrounding land use zoning. There's 12 houses sitting immediately west of this development. If a seven-storey two residential apartments go up here, the developer  
30 is going to come in, buy those 12 houses and turn them into residential – high-residential development and we ..... and we're seeing that more and more and I think, at some point, there has to be that balance and I think that this development with two seven-storey residential – essentially, what are residential developments needs to be seriously thought about and I think the scale needs to be significantly reduced.  
35 Thank you.

MR DUNCAN: Thank you, Bryan. Thanks for your presentation today. I would now like to ask our next speaker, Peter Staveley, to present. Peter, can you hear us?

40 MR P. STAVELEY: I can. You can hear me?

MR DUNCAN: Yes. Please proceed. Thank you.

45 MR STAVELEY: Okay. Thank you for the opportunity. I understand 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'll concentrate here on

three points arising from the department's assessment and recommendations. These relate to the hospital tower, the height of the ..... seniors building and criteria for seniors living. Firstly, on the hospital tower, there appears to be an ..... 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 was 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 to its historic ....., 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 and I would suggest that design considerations in Singapore are vastly different to Greenwich. There is mention of design to limit walking distances to staff. Is that legitimate? Putting the additional nursing stations per floor to reduce walking distances could lower the height of the building. If I was doing a ..... planning school, it would be asked, "Why did you put the tallest building on the highest part of the site?" or "What about the neighbours or what about the lights beaming all night?"

I'm 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. Now, the southern seniors building. The department's conclusion is that the seniors living towers are too high. It's seeks through condition A4 to reduce the heights of the seniors building envelopes and to reduce overall floor space. 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 the proposed height by 2.6 metres. The rationale of this reduction relates to the height of the Pallister Building. However, the Pallister Building sits on top of a hill and, if you extend a height to the west, would mean the tower would still be 4.3 metres higher than the existing hospital building.

Where the department states that the proposed height reductions would "ensure that buildings sit within the bushland setting instead of protruding significantly above it," I'm afraid this would not be true for the southern tower. From the department's – 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 ..... 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 – such as, from the Lane Cove River – ..... The department appears to assume that this proposed reduction in building heights will ensure compatibility. I would contend it does not. \



I've only got a couple of minutes left. The seniors living criteria – the application and assessment of this proposal are vague and non-specific as to what constitutes occupancy criteria to seniors living. There are generalities relating to aging place, integration, continuum of care, serviced self-care housing and people 75 plus with chronic health conditions. Nothing specifically 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 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 residents, such as minimum age, infirmity, financial circumstances, number of occupants per residence, status of other residents, such as carers or family or limits of tenure. The guidelines for seniors living are – SEPP 2004 state that nature of occupancy should be specified and that consent authorities need to impose conditions of consent to restrict occupancy. I urge the panel to address itself to that. Without that, there will be doubtful legitimacy and enforceability of the proposed development. So, in summary, I urge the panel to properly assess the rationale and design of the hospital tower, reduce the height of the southern seniors tower and establish clear and enforceable criteria for residential occupancy. Thank you.

MR DUNCAN: Thank you, Peter. Thank you for your presentation. The next speaker is Hilma Else. Hilma, can you hear us?

MR H. ELSE: Yes. I can. Thank you, Mr Duncan and Mr Pilton or Commissioners for the opportunity to speak to this meeting. My name is actually pronounced Hilma Else, but that's fine.

MR DUNCAN: Sorry. Apologies for that.

MR ELSE: No. That's fine. It's – I get used to all kinds of mispronunciations of both names. I wish say that the Greenwich Hospital, firstly, that the – is an important resource and provides invariable functions in the matter of palliative and dementia care and rehabilitation services for this area and is valued by the local communities and, as such, its redevelopment is a very important consideration for its neighbours and clients.

I refer you to points I wish to cover principally are matters of general public concern as I fear there has not been much addressed in HammondCare's ..... proposal. Firstly, I wish to object to the gross height, ..... and scale of the proposed new hospital ..... building. In the OTS, ..... plan that are over 80, which is 10 storeys in height and, despite the code 1 ..... setback above, this is a gross visual intrusion into its residential areas as previous speakers have just said. What's more, I believe it is entirely unnecessary because the hospital tower could be lowered in height and ..... could be built spreading further out on the site. This would be more harmonious in its residential setting and less of an impact on the heritage Pallister House, on the streetscape and on the adjoining residence R2s ..... one and two-storey houses.

..... point number 2 to highlight one of the other great disappoints of this redevelopment proposal ..... disservice. It is ..... to use the provisions ..... operates under to repurpose a large proportion of the site, ..... almost 50 per cent ..... proposed development ..... Pallister House, ..... The – development ..... of these units ..... I believe .....

MR DUNCAN: Hilma - - -

MR ELSE: Yep.

MR DUNCAN: Can you can hear me? You're cutting in and out a little. We can't hear you very clearly.

MR ELSE: Well, I'm speaking ..... do you want me to ..... on speaker.

MR DUNCAN: It's not a very clear line, Hilma. I wonder whether we may come back to you. Would that be .....

MR ELSE: This is disappointing. .... I'm sorry you can't hear me. By all means.

MR DUNCAN: Could we - - -

MR ELSE: I could move to – I could move to somewhere else in the house.

MR DUNCAN: Are you on a mobile?

MS ELSE: Yes. I'm on the mobile. Yes.

MR DUNCAN: Okay. That's better now. If you would rather change. That's a bit clearer now.

MS ELSE: Yes, yes. Well, I'll have to turn off the lights .....

MR DUNCAN: Okay. I think that would be a good idea if you turn off the light stream.

MS ELSE: I've done – I've done so. All right.

MR DUNCAN: That's much clearer.

MS ELSE: ..... now.

MR DUNCAN: Keep going. Keep going.

MS ELSE: Okay. Fine.

MR DUNCAN: That's clearer. Thank you.

MS ELSE: Fine. Okay. ....

MR DUNCAN: Yes. We are. Yes. We can ....

5 MS ELSE: Yes. Okay.

MR DUNCAN: Yes.

10 MS ELSE: .... services land would ensure that this land would .... further development for the very services it is designed. There's little other suitable land available for hospitals in the lower North shore and .... it is really essential that this kind of service is available and locally and .... and much .... we're expecting to receive them, so. And – but, additionally, such serviced apartments are already in abundance or in planning mode .... and there are not many .... the council is  
15 soliciting this with nine recent applications, four of them within one kilometre of the hospital site.

MR DUNCAN: Thank you.

20 MS ELSE: Thirdly, the proposed two large blocks of senior .... units are of immense bulk and scale are out of context in this residential zone and they grossly overlook residences to the north, west and south of the site. The DPIE recommends that the northern block should be no higher than the existing hospital building of five stories, and the southern one no higher than Pallister House, equalling six stories.  
25 But as the previous speaker just said, that is on a hill, and, nevertheless, HammondCare has ignored the strictures on them and submits a revised proposal. At the original residents' information meeting in 2016, we were all told categorically that these would be limited to three stories, and I believe that that should be their limit if, indeed, they are approved.

30 The visual impact by the LCDIA assesses that the proposal would have moderate to high impact on private properties around Gore Street and in Northwood, and this affects me personally, as there would be significant winter overshadowing during mornings over my house and most of its surrounds, which would be quite intolerable and unacceptable and should be presented by insisting on a reduced height and bulk  
35 profiles of the senior apartments. Fourthly, the .... elevated road running around the back of the site could cause huge noise, dust and visual impact at all hours of the day and night forever more for the residents in Gore Street behind and across to Northwood. There is no good reason for this road to be elevated, and I believe it  
40 should be kept at ground level.

My last point concerns the extant large trees. The .... report stated:

45 *The submitted area of excavation was proposed for the hospital's seniors apartment and a car park. But the .... and depth of this will adversely affect the longevity and viability of large trees on the site, especially, those on the southern border and between the existing heritage wildlife corridor –*

as ..... mentioned earlier.

5        *This excavation would disrupt the groundwater supply which seeps downhill from the pipes on the north side of River Road through the site and down to Gore Creek and while ..... supplies essential deep-level water to those trees. If this is diverted or hindered, these trees will most likely at some time fail.*

10       There are two very large trees adjacent to my boundary which is just below Pallister House, and when these fail, I suspect they will fall on my house and kill anybody living here. Nevertheless, losing such valuable trees which are very rare in urban habitats, I think this should be looked at and the excavation and groundwater flow examined. So I oppose these five aspects of the redevelopment on their – both grounds. And, Commissioners, I thank you very much for your attention.

15       MR DUNCAN: Thank you, Hilma. Thank you for your presentation. I would now like to call on our next speaker, Councillor Pam Palmer, the Mayor of Lane Cove Council. Councillor Palmer, can you hear me?

20       MS PALMER: Yes, I can. Thank you very much. I can at last. Lots of internet problems this morning, unfortunately. So I'm hoping that what I prepared earlier but haven't had a chance to read it meets your requirements.

MR DUNCAN: Thank you.

25       MS PALMER: But moving on, yes, as you said, I am a resident of Greenwich and also a Lane Cove councillor and Mayor of Lane Cove. But today, I'm simply speaking as a member of my local community, not for council as such. However, I agree with the concerns expressed in Lane Cove Council's submission regarding the zoning at the site. Thank you for the opportunity to speak today, and I want to  
30       acknowledge all the other residents in my area who have spoken so eloquently about their concerns. They've also, like me, acknowledged the wonderful services provided by HammondCare at Greenwich Hospital. It's a wonderful facility, really valued in our community, and that's, I guess, why we're here today so concerned for its future.

35       We want to stand up for the future needs in such areas where, as many speakers have said, such land will not be available in the future. The land has been zoned for special hospital infrastructure purposes with good reason, and council has done that zoning so that these services are preserved from redevelopment for other purposes.  
40       That said, I acknowledge the DPIEs submission where they've investigated this in detail. So while I oppose the seniors housing component, I do support the redevelopment of the hospital and the associated hospital-like services.

45       But again, getting back to the DPIE, if the matter should proceed, I welcome their suggestions for a reduced scale, and, in fact, I would like to see if the commission can do so – some restriction placed on the future development such that we get a decent balance between the ..... area of the hospital compared to the seniors

development. We don't know that it will always be in the good care of HammondCare. The site could be sold, as it has been in the past. So I think you could respect the council zoning but also respect the financial needs; the community needs for new development. That could be a good way around many people's concerns for now and for in the future.

So my first request is to consider the hospital zoning more strategically and to respect its value and purpose by recommending a conditioning of the gross floor area of the seniors versus the hospital component. My second request in terms of needs of residents in the event that the seniors portion – the seniors housing should proceed, just a few minor things, probably more at the DA stage. But since I've noticed them, I would like to mention them here today. I think there needs to be a better assessment of the three traffic entry points. Not only does it mean unnecessary traffic movements, it's confusing for residents; for visitors to the site.

It would be good if that could be rationalised and, particularly, to keep the traffic away from the side street on St Vincents which is very much a narrow residential street but used by the peninsula for access to the school. So it does get quite busy in those school peak periods. And I have to say that people exiting that hospital site don't always appreciate the road that they're exiting onto and the quite suburban nature of that, and maybe exit a little bit quickly at times. So that would be good rationalise.

Okay. Adequate footpaths through the site; I endorse the DPIEs suggestion of a minibus; a better designated outdoor area for residents and a better dedicated street address or street entry for taxis/visitors to the site – so a better street presence – and maybe a full assessment of the bushfire risk respecting the risk management plan which rates it as quite a high-risk area with dire consequences. So that's my second point, is more to look after the residents of the area should it go ahead. I appreciate your time today. Sorry that I'm not as prepared as I would have been if I had had my internet, but thank you for your time.

MR DUNCAN: Councillor Palmer, thank you very much for your presentation.

MS PALMER: Thanks.

MR DUNCAN: I would now like to call on Tony Wilson to present. Tony, can you hear us?

MR WILSON: Yes, I can hear you. Thank you.

MR DUNCAN: Please go ahead.

MR WILSON: Good afternoon, and thank you for the opportunity. I'm a resident of St Vincents Road for 50 years now. Before that, I was born in Canada and brought up in Athens, Greece. And urban planning in Sydney and to all those – probably different from that in Athens, and for our lives, and Athens looks like it was

designed some anarchist; overdeveloped and dirty. And the reason for that is that the Greeks had their own pandemic like we have today. They opened ..... back in the 50s and the 40s ..... the Germans and Second World War. And what happened after the Second World War, everyone was after creating more jobs, jobs, jobs and  
5 opportunities, so every sense of urban planning was thrown out the window, and everyone was allowed to build whatever they want to build. And that's why that city is suffering today.

10 So I just want to – because I know what the situation is happening today, I just want to implore the committee to just try to ..... as much as possible all the different vested interests around. I know that the HammondCare wants to build houses to pay for the hospital. I know that the residents care about their own properties and their values. The Minister of Planning most likely wouldn't ..... so this government wants to create more jobs and jobs and jobs. But I'm sure that you are going to look at the  
15 merits of these things because there are so many details that are wrong with this development that – and I want to point two of them. So I think they should be looked a little more the environment today because that thing is going to stay for a long time.

20 The two things I want to mention is the ..... traffic. That's the one specially ..... that is my interest. I look on the map, and on the map has specific heritage area. It's on the map, it's plotted and says, "This is a heritage area." It's not a plot. It's not ..... the house only; it's the whole area. And HammondCare wants to build a house in that area. And before, if you look at the history of the place, where the hospital  
25 currently stands was a flat area; used to be the stables back then; used to be the servants' quarters and everything. And that's why that was a heritage area ..... hospital. But the rest of the area and the landscape, the whole thing is heritage. And all the submissions are discussing about the views from the Pallister House to the landscape. No one lives at the Pallister House. I mean, if you look at the views of  
30 the Pallister House, you see a huge hospital. There's no views left. The views is for the community and the residents walking up the landscape to the Pallister House, and that whole area would exclude the ..... heritage area, I don't think should be built in that spot.

35 Another thing I want to mention is about traffic. And at some stage, the ..... traffic is considered as a second-rate issue, like there was the one traffic proposal from HammondCare in the beginning and it hasn't changed, and ..... says it's fine as it is. It ignores the hundred new houses and families that are going to be built there and their hundred more beds and everyone else. And suddenly, they say, "But no one is  
40 going to have cars over the age of 55." So I find it absolutely nuts. I mean, if I was supposed to suggest I want to build a hospital in Circular Quay and say, "Let's ignore the traffic; we will talk about it later," no one would actually allowed to go through. If you're going to build an airport at Bondi Beach and say, "Let's build it and we will discuss about traffic afterwards," you're going to find that's a bit  
45 obscene. And this is the same thing. This is a very local area. There's no major road. There's no traffic network. And it's very important to check about the traffic.

And I would just point on thing about bus services: I mean, do you all know how many buses pass through the hospital on Sunday? There's only service, the 261, and there are zero buses on Sunday. In front of the hospital, there's no public transport on Sunday. And the last one is on Saturday, 6 o'clock in the afternoon. So for 36  
5 hours, there's zero buses. And I don't think that bus shuttle that they're going to have moving a couple of people ..... is going to solve the problem of a hundred families. And even if they was to visit on the hospital, because that's a hospital, and people want to visit from outside the area the patients on a Sunday.

10 And the last thing I want to say is about what council mentioned about the uses of that land. That land is meant to be for hospitals. It's not to be for housing. And I know everyone has their reasons and say, "Yes, it's allowed"; "No, it's not allowed." The main thing is I would like to see HammondCare that, in the business of hospitals, to say, "I want to build a huge hospital. I want to be, like, a hundred .....  
15 hospital there because that's what we do." What they say there is, for whatever reason, "We cannot make the money to renovate the hospital and want to go into real estate and build houses to make money with that." And I'm wondering, in 20 years after they build it, if they're going to come to the same demand and say, "We're still cannot make enough money from hospitals; let's build something else there."  
20 That's all. Thank you very much.

MR DUNCAN: Thank you for your presentation, Tony. Thank you. All right. Now, I would like to call our next speaker, John Gelagin. John, have I pronounced your name correctly?

25 MR GELAGIN: No, but that's okay; no one ever does.

MR DUNCAN: Please correct me.

30 MR GELAGIN: It's Gelagin.

MR DUNCAN: Okay.

MR GELAGIN: Russian/Italian.

35 MR DUNCAN: Okay. Pleased to meet you. Could you please proceed with your presentation, John.

MR GELAGIN: Okay. So I'm a local resident in Greenwich, and I wanted to talk  
40 about a couple of key points. So the first one is around the bulk and scale of the development. So my observation is that this is inconsistent with the generally residential character of the surrounding areas. If you look at the neighbours of the hospital on three sides, there's one and two-storey residences. So to have a much larger, bulky construction on the top of the hill there is very inconsistent with the  
45 residential nature of the area. And you only have to look at the Royal North Shore Hospital to see the contrast.

The Royal North Shore was bounded by a train station on one side; there's sporting fields; there's the Pacific Highway; there's other light industrial buildings; there's a TAFE. But this is a very different-type setting, so it's inconsistent for a building of that scale to be in the middle of a generally residential area. So that's my first point.

5 Just to reiterate that, the height of the residential tower is, by my calculation, 20 metres taller than Pallister House. So this will really dwarf Pallister House and dominate that landscape and diminish that heritage construction. So that's the first one.

10 And my second point is that approximately or nearly half of the development is residential in nature. So it doesn't seem to me to make sense for a development which is nearly 50 per cent residential to be getting special treatment. This is a ..... significant development, but it doesn't seem right that a construction or a development which is nearly 50 per cent residential should be entitled to waive or  
15 ignore the rules that would apply to any other residential development in this area. So that seems to be inconsistent. So those are the two points I wanted to make.

MR DUNCAN: So is that your presentation? Are you finished?

20 MR GELAGIN: Yes, that's it.

MR DUNCAN: Thanks very much for your time, John.

MR GELAGIN: All right. Thank you.  
25

MR DUNCAN: The next presenter today is Norman Taylor. Norman, can you hear us? Are you there?

MR TAYLOR: Can you hear me?  
30

MR DUNCAN: Yes, I can now. Thank you.

MR TAYLOR: Good. Thank you. Gentlemen, thank you for the opportunity to express a view on this significant project. I'm a Greenwich resident in my 80s, and  
35 my contribution does not relate to sightlines or tree canopy but to proposed function. I speak for myself rather than any interest group, but I do believe that I'm typical of many elderly people. We are struggling with the challenges of deteriorating health, increasing disability and the inevitability of depending on care from others to maintain life. For the past six years, I nursed my wife, who suffered from  
40 increasingly severe Alzheimer's disease. She passed away two months ago, but I had been able to keep her at home with the remarkable help of caring teams, including HammondCare At Home and the Hammond Community Palliative Care Service.

45 Although I had concluded that Lydia would be happiest and best cared for at home, this was becoming increasingly difficult, and acceptance of inpatient palliative care seemed the only possibility. At our stage of life and in these circumstances, separation would have been heartrending. In the retired community in which I live,



however, it's often unavoidable as one partner's failing health leaves them unable to sustain the other. I was fortunate in being able to stay sufficiently ahead of my own decline to care for my wife. But each acute episode of my own conditions raised the spectre of parting. This anxiety would have been less ..... as a couple in a home  
5 environment where our health would be monitored.

This is precisely the format proposed by Hammond in the present application. Few people of my age wish to face the difficulties of starting a new home. For many, though, the proposed Hammond seniors living would provide a solution infinitely  
10 preferable to a final separation from which there's no going back. Life changes irreversibly for both partners and, regrettably, the residential aged care alternatives are often appalling, unappealing or worse. Gentlemen, getting old is not an enterprise for the faint-hearted. The discomfort and indignity, the physical and mental deterioration, the dependence on helpers, the confusion from changes of  
15 location are all realities. But it cannot be solved by bricks and mortar nor the fitness of carpet alone. As has been amply documented elsewhere, the existing progression of care residential alternatives struggle to give satisfaction in meeting these challenges. In addition, they generally fall far short in managing the medical issues.

It seems clear that a better solution is the Hammond proposal; to bring care and medical support closer to home as a less integrated model. My wife had experience of the three relevant phases of HammondCare: home care, rehabilitation as an inpatient and palliative care in the community. I'm convinced that the proposed co-  
20 location of home and established medical resources, together with Hammond's commitment and expertise in aged care, represents a unique opportunity which should not be let slip. This solution could make life liveable for those many like me facing the inevitability of failing health. It would be an outstanding asset for the local community and a blessing to many individuals and couples. These are local residents, I may say, who are not organised and are largely unaware of this planning  
25 process. When informed, they would, I believe, speak warmly in support. For myself, I hope very much that the Hammond facility will be available when needed for my own care. Thank you for your attention.

MR DUNCAN: Thank you, Norman, for your presentation today. I would now like  
35 to ask Paul Warren to present. Paul, can you hear us?

MR WARREN: Yes. Hello. Can everybody hear me?

MR DUNCAN: Yes.  
40

MR WARREN: Thank you very much, everybody, for being a part of this, and, Commissioners, for this process. It's very valued. Myself and family have lived here for 60 years. In fact, I can remember as a little munchkin the current building being built. So my experience of this area is quite a lot, actually. I know this area  
45 intimately from running through the bush as a kid to living back here now caring for my father. We live directly opposite on River Road from the main entrance, so these proposals will impact this street dramatically. Let's be clear, though. If it's – it's not

so much what goes on inside these buildings; it's the actual scale and repercussions of the whole proposed development.

5 This development, quite frankly, is in the wrong place. We're not debating the needs and care of aged care in these various forms. To put it simply, if you take the word "hospital" away from the front sign on River Road here, all you're left with is high rise. It's quite simple. I'm looking at the drawings and plans provided so far. We're left with remarkable similarities with the developments down in Green Square in Waterloo. Will this be HammondCare's Waterloo? And sadly, the incredibly rare  
10 gem of Pallister House will be cowering forever from this huge building less than 50 metres from its front door. That's just totally, totally unacceptable.

Onto another matter is traffic. I was actually shocked to hear from one of the earlier speakers from the Department of Planning that their data was from 2017. I'm  
15 actually kind of shocked about that. We're in 2020, and we're still debating the same data from 2017. You know, that's not rocket science to know that something has changed, and, as I say, living here, I can vouch for the fact that the traffic has changed already. Not only that, but also there has been the primary school that has gone through the last three years of development, and the increase of pupils and  
20 families and cars and pick-up times and drop-off times will be increased dramatically. That school is about to have, I think, 1000 students, which is what they've proposed, I think, in the next two or three years. They're going to increase that sort of level. So the traffic alone is going to be increased, which – there has been no mention of that from the data of 2017.

25 Most of the other speakers, I absolutely agree with, so I shall not go over, apart from just agreeing entirely with everybody's feeling. This is the wrong scale of development for this site. This is very important. It will completely change this community. I've lived here and been a part of this community for 60 years. I know  
30 it intimately. And I do not want to see that. So, everyone, thank you very much, and thank you for your time. See you later. Ciao.

MR DUNCAN: Thank you, Paul, for your presentation today. I would now like to ask – the next speaker is Anna-Maria Wade from the Aged & Community Services  
35 Australia organisation.

MS WADE: Good afternoon, Commissioners, and thanks for allowing me the time to present this afternoon. My name is Anna-Maria Wade. I'm the New South Wales and ACT manager for Aged & Community Services Australia, which is abbreviated  
40 to ACSA. We're the leading national peak body supporting not-for-profit church, charitable and for-purpose providers, a retirement living community home and residential care for more than 450,000 older Australians. Our membership base is national, and our mission is to advocate for and support our members to continue to provide high-quality services which are valued by older people.

45 HammondCare is a valued member of ACSA and is continually striving to provide innovative, high-quality services in the context of sub-acute health care and aged

care. From HammondCare's beginnings in the 1930s to the present day, they have demonstrated, time and time again, their commitment to improve ..... improving the quality of life of people in need. They do this through continually surveying the needs of older people and their families, carers and communities and building best-practice models which are held in great esteem by their peers in health and aged care in Australia and internationally. The needs of Australia's ageing population are becoming more complex with increasing co-morbidities and strong desire of elderly frail people to be enabled to live in their own homes in their own communities for as long as possible with supports from family and external providers most appropriate to their specific individual needs.

This desire and that for an integrated model of care have been identified by the Royal Commission into Aged Care Quality and Safety and others, and are key to improving the quality of life and living for older people. The proposal put forward by HammondCare to transform Greenwich Hospital is one which seeks to best serve the needs of the ageing population of Greenwich and surrounds in the Lower North Shore region, bearing in mind the needs and concerns of the local community, the environment and the history of the site. HammondCare is seeking to introduce an integrated and accessible model of care co-located on the Greenwich campus. This is a concept which ACSA fully supports, as it will provide much needed access for community members to a range of services, including but not limited to inpatient and outpatient palliative care, older persons' mental health and dementia care.

HammondCare's proposal to introduce service seniors living is a crucial step in the continuing of care which will likely be welcomed by many older people in the community just like Norman Taylor, who we've just heard from. Serviced seniors living recognises there's a gap in the aged care pathway and considers the needs of people who are still somewhat independent, however, require additional and co-located supports and services in a residential setting. These people are not, for a range of reasons, ready to live in a fully supported residential aged care setting. People within the proposed serviced seniors living setting could be individuals or couples, as Norman Taylor and his wife who has passed away, living in the surrounding area or Greater North Shore region for much or all of their lives.

Serviced seniors living at the Greenwich campus will enable them to remain living in their community where they have formed bonds over many decades. They will live in accommodation suitable to their specific needs and have 24/7 support and services, including those for rehabilitation ..... illness and for people living with dementia. This will provide great peace of mind for those receiving services directly and for their families, friends and carers. For those people who are frailer and require 24/7 care in a residential setting, HammondCare is proposing to introduce this service in addition to specialised support services for people living with dementia, those requiring palliative care and terminal and end-of-life care.

ACSA supports the HammondCare proposal to transform the Greenwich Hospital for multiple reasons, including strengthening model of accessible, integrated care; increasing access to a broad range of services to the local community; increasing the

capacity of health and aged care services and support to reach many more people in the area; improving the current site in order to make it more fit for the purpose of supporting the community and its ageing population now and for years to come and will ..... engage more specialist ..... like nursing care and support staff to support the needs of the ageing population.

HammondCare's proposal to transform the Greenwich Hospital site into a contemporary and industry-leading integrated health and aged care campus is fully supported by Aged & Community Services Australia. This campus will serve the community well into the future and enable residents to remain living in their neighbourhoods or close-by. It will be a beacon for best practice, continually considering and meeting the unique needs of the local community. Thank you for your time.

MR DUNCAN: Thank you, Anna-Marie. That concludes the morning session, and we're going to take a half-hour lunch break now. We plan to be back at 1.50. Thank you. Thank you to our speakers this morning.

**ADJOURNED** [1.14 pm]

**RESUMED** [1.52 pm]

MR DUNCAN: Welcome back to the Independent Planning Commission public hearing for the redevelopment of Greenwich Hospital. We are going to start back with a speaker, Jennifer Schneller who we had before. Jennifer, please feel free to start afresh seeing that we had some issues with the slides on the last presentation. So Jennifer is going to speak on behalf of the Northwood Action Group for 10 minutes, and then she'll be speaking on her own behalf for five minutes. Welcome back, Jennifer.

MS SCHNELLER: Thank you. Yes. I represent the Northwood Action Group, and the slides which appeared before were the completely wrong slides. So, obviously, it didn't make sense, but nobody ..... here we go again. Previous first slide, if I introduce us, as representing over 100 households. Is the first slide up, please.

MR DUNCAN: Yes, it is. It's the - - -

MS SCHNELLER: Yes. Good. In Northwood, and to the last round of closing in late 2019, 26 objections from Northwood were received to the proposal even as it was then amended. I would like to know if the commissioners will look at all those things on the DPIE website, because this ..... has been very short notice and difficult and, quite frankly, intimidating, and you can see that today. Even to register, in the technical situation, the site wasn't working properly until the last few hours of the deadline to register to speak.

MR DUNCAN: Jennifer, please be reassured that we see everything that's publicly available both on the DPI website – DPIE – and also, obviously, all the submissions. Thank you.

5 MS SCHNELLER: Okay. Thank you. So have a look at slide 1, the circle of writing was from a letter from HammondCare to me in November 2017 after I raised a query attending the drop-in centre at palliative care, Pallister House. We were told to ask the staff there about any questions on the seniors living, and I was told, well, two to three stories, and it's a family sole arrangement. I then go and this year's, and  
10 I see that already, they knew it was seven stories high because that's what was in their application. So I wrote and I got this reply, and no apology for lack of, you know, proper information, 70 seniors living units, now I think there's 89, and it says:

*The height will not exceed the heights of existing buildings on the site.*

15 Slide 2, you can skip. That's simply the letter to show where it comes from. Slide 3 should be about the seers, requesting visual assessments, impact assessments, noise, acoustic impacts assessments and so on. Go on to slide 4, please. That was the best we could find to show how the proposed buildings related to the existing buildings.  
20 Up until that time, it was really difficult to understand because despite the modern wonders of card technology which I do know about, there was no ..... them to each other, which would have been very simple. This one was hidden in the archaeological report.

25 When we walked the neighbourhood – please go on to slide 5 ..... locations – we saw that there were many areas from which the hospital and the proposed seniors would be ..... haven't been covered in the visual impact report. In fact, Northwood had been ignored. Some people have stood on the edge of the carpark and looked out over terra nullius, it seems, and only seen water views and distant views and something  
30 else besides, revenue, I think. So slide – also slide 6 shows an image of a mock-up of that first scheme looking from Northwood, because it wasn't provided, and we had to try and work out what it was.

If you could go to the next slide which is the same image, just without the  
35 surrounding text. Slide 6, that shows that the buildings are two, and the hospital would be higher, and it's high and it can be seen from Northwood. We have never seen an image of this direction prepared by any visual impact study person, and even when the commissioners went to look at a nearby location on the street, the photograph which appeared on the record of site inspection didn't seem to show this  
40 part of the hospital at all, because the photo was taken from behind a wall.

Slide 6 or – now, this shows an image of Pallister House and some nearby suburban properties, some lawn in the centre with bus, a bus, and there are actually some men cutting down trees, in orange vests. And you won't be able to see that probably, but  
45 to the right, below the, sort of – well, in front of the white house and below another house, you can see trees that are dying. Those tree canopies are growing out of the reserve, the soil below. And in the foreground of the slide, you can see what – sort

of, yellow fringed trees, those trees are eucalypts which look like that. The other trees behind, near the HammondCare site are essentially growing – they’re essentially weeds. There’s one or two nice eucalypts on the HammondCare site itself.

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Slide 7 is the 1943 image from six maps showing the edge of the cliff. You can see where the start – vegetation starts to grow near the thin white line of the boundary of the site in 1943. You can skip slide 8, please, which is simply a bigger version. And then I’m zeroing in on the geotechnical sketch done in 2010 in slide 9, please. You can see the little triangles, they show cliffs. And you can see text which says – well, I’m not sure if I can – let’s see. It says:

10

*30 to 40 degrees slope, thickly vegetated batter slope, curved tree bases, leaning trees, uneven sloped surface.*

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Now, that was done, commissioned, by HammondCare, so they would know what they’re up against in designing for this site, but thereafter, it appears to be ignored. And I highly recommend that everybody, to go and look at the very excellent Jeffrey and Cousaskas ..... 2.00.18 report, February 2010. And also have a look at plate 3 which shows the images of the falling over things on the carpark edge and below the cliff and so on, and the report warns about instability on the site with excavation, risk to life, and so on, it’s been completely ignored. And you can see this if you go, please, to slide 10.

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Protected vegetation, suddenly, it’s got a box around it, but it’s the wrong contours, it’s not the actual way it looks. Please go to slide 11. And there’s a comparison there, a little hard to see, I’m sorry, because the quality available offline. On the left is the images from the main consultant, almost every single drawing used these interpolated, equally spaced contours. On the right, is the civil stormwater drawing, and it has something quite different there which HammondCare responded that that’s just there to show the stormwater and a few things like that, it’s just not surveyed, area not surveyed. Well, let’s have a look at this.

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30

Zooming in on slide 13 on this area of the civil stormwater drawing, you can see, if you would care to look, close together contours, now, what that means is cliffs, and wide apart ones means flattish areas. You can see the unevenness. It’s a little hard to look at the boundary, but if you go back, you will see that. The boundary is a diagonal line and it’s – the cliff positions match up with that 1943 six maps image. Slide 14, please, zeroing in on that civil stormwater drawing, note the highlighted words “are not surveyed”.

35

40

Slide 15, please; note the highlighted words, “overhanging cliff”, and more. And this is a memory test, note the positions of the words “area not surveyed” in the previous slide. So I’m running out of time by the sounds of it. Go on to slide 16. The Lockley’s survey shows the even contours, completely ignored, and yet all the time it’s been known, HammondCare consultants have replied that it’s known. So that area has been ignored by HammondCare and their team, why, I wonder, to

45

produce an incorrect slope to be able to say there's not a 35 or a 45 or a 50 degree slope, an incorrect width for bushfire calculations to allow their bushfire arguments to get through.

5 Because time is short, slide 21, please, looking from Gore Creek Oval. Again, that had to be done because no image was shown in the first round. And this image, by the way, shows the hospital in blue lines. Now, the image in the visual consultant's report carefully ..... behind the trees are – does not mark the trees and it does not show the hospital because they – it was too, you know, too embarrassing, perhaps, I don't know. This image uses tree heights, 138 and 142, to establish how it's worked out. Could you please go to slide 23, have a look at the circled areas, and that shows misleading canopy of the trees, they are not there on that site in that way. It also shows the row being raised by two metres, which is going to increase noise and lights shining from traffic travelling around the edge of the site, on the Northwood edge.

Slide 23 and 24 also shows things that are misleading. Slide 25 shows the long section – along the cross-section is still very high. I'll have to skip the slides. I should have asked for 15 minutes, but there wasn't a box, and I have been presenting new material, so I have taken rather long to go through, I'm sorry. HammondCare has shown that they are defying Matthew 19:24, they're both the camel and a rich man. They are going through the eye of a needle, threading the threads to get this up – approved, and making the things about it that are really questionable, and the visual impact report is just one of them, but they also will be a rich man. So they can be a camel and a rich man at the same time because HammondCare's revenue reported is \$300 million per year, and they receive seven percent of their funding from taxpayers, they forgot to mention that earlier.

And it doesn't seem that HammondCare is honouring the social contract with the community despite how everybody approves of the hospital service provided, it can be expanded, palliative care is not what's going to be in the seniors living, and Northwood Action Group opposes the seniors living, the height and bulk, the position ..... it should be rotated, preferably removed, rotated as it was in that one option, dropped 50 per cent of the Department of Planning's recommended size, made two to three stories, perhaps, certainly no higher than the gutter line of the existing high hospital which is about 52 – I think I've probably going to have to stop there. Sorry, I don't have – I'm out of time.

MR DUNCAN: Thanks, Jennifer. Are you going to do a presentation on your own behalf?

MS SCHNELLER: Yes, I am.

MR DUNCAN: Okay.

MS SCHNELLER: It's a bit difficult doing two in a row, especially, when my slides started wrongly last time. It's a bit flustering. So slide 1 - - -

MR DUNCAN: So we have some slides up – we have some slides up now headed Location 4A.

5 MS SCHNELLER: Yes. So the first one in the top left shows what's in the inspection report. It's taken on a Pixel 3A camera, and that is a wide angle lens, around about a 28 millimetre. The human eye prefers to use – well, has a cone of vision which approximates a 50 millimetre, 55 millimetre focal length, in a lens camera. So the bottom right photo is taken with a 55 millimetre focal length equivalent lens. We'll skip number 2, and we'll go on to number 3, please, which is  
10 the location that the IPC shows it from a site inspection on the corner of Private Road and Northwood, Upper Cliff Road where I mentioned there was no hospital; it seemed invisible.

15 Top left, is IPCs published site inspection photograph. The bottom right is a 55 millimetre equivalent focal length shot. Move five metres to the left, to the north, and this is what you see. Image 4, please. You see, the bottom image is a 55 millimetre focal length equivalent and you can see the hospital quite clearly. And I don't really believe that visual image assessors like ..... 2.07.55 who resubmitted after the initial acoustic report would have – could have possibly missed this image  
20 diving along even Upper Cliff Road. And go to, because time is short, slide 9, please. I think you've already seen it before when it was meant to be with another presentation.

25 MR DUNCAN: That's – this is the PowerPoint.

MS SCHNELLER: That's what the – looking out from the carpark.

MR DUNCAN: Yes.

30 MS SCHNELLER: Yes. And then it shows how easily you can see that there are houses opposite. That is Northwood. It was missed. Slide 11 shows also a distant view from the carpark. It shows that there are very few trees. If you go to slide 12, you see the dead trees that I spoke of before which are in 24 Gore Street, or the reserve below there, actually. Slide 13 shows the bushland below that cliff which  
35 HammondCare consultants find too difficult to enter and say they haven't surveyed, but if you look at those words "area not surveyed" you will see that they're in exactly the same spot as on the civil stormwater drawing, exactly the same spot. They have been just removed ..... detail.

40 Skip quickly to 14 and 15, please, and see the lack of trees. There would be no screening from Northwood. The visual impact has indicated that there will be trees growing there. They can't grow the way they have indicated. Could we go to 16, then 17 and 18, in a fairly quick succession. Now, looking up from the reserve below at where HammondCare is and at these cliffs, you can see those cliffs too, in  
45 Jeffery and Katouskas's geotech survey. .... slides, starting with 19, because time is short, show – could you go through them fairly quickly, please. Slide 19 is how you get into the reserve across the creek. If you're up to – you'll see the trees going



through. I'm not sure where you're up to, of course, because I can't see, but slide 24 shows the sewerage manhole and a vent pipe. It's clearly visible, and that's the - - -

5 MR DUNCAN: I think we've got that. We're up to that one with the sewer manhole.

10 MS SCHNELLER: Yes. Yes. Okay. So that's reserve. And further around there, you see the damage of the downslope to the bushland – sorry – the damage to the bushland of the lack of attention to this slope by HammondCare and their consultants. We go to 27, and then 28, we can see the waterways caused by stormwater runoff. That's all mentioned in Jeffery and Katouskas's report. Let's just go to 29, again, looking up at where HammondCare will be, they are all weeds. They don't want to look at it. They want to pretend it's rainforest, so that the bushfire says, well, it's all ..... you know, but actually, it's weeds. It's ..... shift  
15 causing that weeds.

If we could please go to slide 30. This is the kind of bushland we have here on the reserve. Trees leaning over, they fall down, they disappear, or they die, and it gets worse if it's mistreated by excessive runoff ..... And I'll just finish on slide 30. This  
20 is how the bushland should look, and you can get to it, and HammondCare haven't got there, and I don't think it should have been up to us to have to point this out with this laborious examination. They should have gone there, and I think you should look at – compare those two survey drawings, go back and see how their statements are misleading.

25 We would like to have the seniors removed. If it's not removed, we would like it smaller. We would especially like to change the ..... Seniors South not built before Seniors North, because, you know, COVID and all, we don't know. And by the way, palliative care is not something you can do in seniors living. I've been designing  
30 hospitals for the last 30 – over 35 years, and you need section 8 drugs in a – for palliative care. They don't have them in seniors living units, so that's why I'm talking about HammondCare threading through the eye of a needle in order to get this proposed. And I really think the whole thing needs to be re-looked at in the light of this, which is new information, I believe, and also the things that other people  
35 have been saying where they don't just praise the wonderful idea of getting money out of seniors living. Onsite, whether your streams that are going to come to support the hospital which is 70 per cent taxpayer funded. Thank you.

40 MR DUNCAN: Thank you, Jennifer. Can I just reassure you too, the photographs that were shown on the IPC site inspection were simply locational shots. They don't form any part of the assessment process, and they weren't taken for that reason. It was just to show the places that we actually visited that day, and they were taken with a mobile phone I understand.

45 MS SCHNELLER: That's why – I raised it also to show how misleading it is when even a visual impact report pretends it's done a montage, and it's unreliable because

they haven't even stated their angle of view and how they've worked out their heights.

MR DUNCAN: Okay.

5

MS SCHNELLER: Whereas the section done by Northwood Action Group actually used long sections with long site lines to produce that visual image from the oval of the potential of the first round of hospital design.

10 MR DUNCAN: Thank you.

MS SCHNELLER: But I'm glad they just are indicative images.

15 MR DUNCAN: Thank you for your time today. Thank you. Our next speaker is Bruce Carr. Bruce, are you online?

MR CARR: Yes. Can you hear me?

20 MR DUNCAN: Yes, we can.

MR CARR: Can I start?

MR DUNCAN: Yes, you can. Please proceed.

25 MR CARR: Thank you. Okay. Thanks for having me on today. I know you're behind on time, so I'll try and keep it under five minutes. So I'm a – my name is Bruce Carr, I'm in support of any hospital facilities. I'm a volunteer there. I've been volunteering for about seven to eight years. Most recently, in Riverglen, with is the older person's mental health unit. They've been a wonderful organisation to ..... for,  
30 and I strongly believe in their values and the way they treat their patients.

I go there – I have been there every week and I simply sit with the patients, talk to them, you know, keep them occupied, play activities with them. They're patients who, at Riverglen, they spend between, sort of, two weeks to, probably, two or three  
35 months at times, in this facility. So these patients have serious mental health issues, most of them are involuntarily put in this facility, and the building – the ward is usually at capacity as well, that is about 20, 25 beds.

40 At the moment, the patients are allowed one visitor for one hour per day. So they're spending a lot of time, as I said, potentially, a couple of months in this facility. The staff do an absolutely brilliant job there, you know, under the circumstances. They – you know, they're professional. They're caring and very motivated. But it's quite difficult in the sort of environment that the patients and the staff have to operate. The building there is a very, sort of, stark, cold, emotionless environment. It's quite  
45 rundown. It's a 1960s building. There's very little space for the patient to do exercise. It's – there's always maintenance people fixing doors, lights, you know, just general – so it's a lot of maintenance that goes on in this facility.

I don't believe – I don't have a medical background, but I strongly don't believe that this environment is conducive to these patients' recovery, their mental health recovery. You know, they come from a nice stable home into this facility. For instance, the patients have to meet with the doctors in the kitchen every couple of  
5 days. There's one common room where, you know, 25-odd patients have to sit. This common room is used for dining, it's used for activities, it's used for relaxation; this is one room. The – you know, so I don't think – if it was me, I would not want to ..... you know, the care is great from the nurses, but I would not want to sit in this facility for months on end.

10 I have a sustainable building design in energy assessment background. This building is extremely hot in summer and extremely cold in winter. The air conditioners are continuously going in the winter and the summer peak months. I would – it would be highly unlikely that there would be any insulation in the walls, that wasn't a  
15 required – until 2004 when ..... came into play. So it's a high energy use, high greenhouse gas building, and not just Riverglen, it's the rest of the buildings at Greenwich Hospital like this. It's got old lighting. It's got the old glass. And it's awful lot of sun in and not a lot of heat out. So it's a high energy use building, and these patients, even in summer, have to sit inside in air conditioning, rather than go  
20 outside.

You know, so, also, visitors to this facility, usually, as I said, they're in their 70s and 80s. It's very hard for visitors to access this Riverglen. It's a very steep hill. It's very difficult to find a car spot there. So parking is a massive issue. I've worked at  
25 other parts of Greenwich; not only does Riverglen need drastically upgrading, but all areas in the hospital are in need of an upgrade and modernisation. There's obviously an ageing population. I've lived on the North Shore most of my life, and I've seen that. So just the ageing population, there's a need to expand the hospital and provide integrated seniors living.

30 Seniors actually live in the area ..... are in need of residential care. They want to stay in the area. They don't want to have to move to the other side of Sydney to find some good residential care and medical care. I'm not aware that there's any other comparable health campus in the area for these local residents to move into. So,  
35 basically, a summary, I'd say with the growing mental health issues that we have and the ageing population, the current dated hospital is in desperate need of an upgrade and increase in capacity. So I'm just giving you my view from – I'm a volunteer. I'm not employed by the organisation, but I have been going on a regular basis and, hopefully, I've given you an objective view of one facility in particular.

40

MR DUNCAN: Thank you. Thank you for your time today.

MR CARR: That's all right.

45 MR DUNCAN: Okay. I would like to ask the next presenter, Ron Hallett. Ron's going to join us via telephone, I think. Ron, can you hear us?

MR HALLETT: Yes, I can.

MR DUNCAN: Thank you. Please proceed.

5 MR HALLETT: Right. Well, my wife and I, Jan and I, are residents of Hammond  
Grove which is in Hammondville. It is a combination of independent living, and we  
live in an independent unit, and within that same ..... and there are a lot of facilities,  
including a large building ..... which contains a café, an ..... as well, and then a  
lounge, and a gymnasium, and a swimming pool. And so as well as that, attached  
10 nearby is a place where we can have medical care, a GP situation, and also people  
who are trained to help and facilitate exercise and development in our old age.

So – and there is a dentist. So there's an ..... nearby, but apart from that, and, you  
know, sometimes, from time to time, you might hear a complaint about something  
15 not being done, but, eventually, when you ask anyone what would they like to do,  
they will always say, "Oh, no, we wouldn't go anywhere else. This is the best  
place." So it's well known and well-liked by those who are residents here, and Jan  
and I just happen to be a couple of are able and given an opportunity to share today.

20 Apart from that, this of course – a part of – the independent living is set in a – sort of  
in the middle, if you like, or – and the edge of maybe a whole – another complex of  
facilities for dementia care, facilities for hostel. Just ..... care and palliative care, and  
so that we discovered that what – that's been of value to us because a number of our  
friends who are older than us and who have deteriorated have been – had to move  
25 into – some were independent living, into this kind of care – hostel and then even  
palliative care, and because of that, we were able to visit them. So it's simple for  
them to move out of their independent living into care, and then it was such a  
blessing for us to be able to then move from our villa and go to visit those who were  
in care.

30 And I know that then the case was for quite a number of people because even, you  
know, recently, a dear friend of ours, her husband needed to go to dementia care, and  
so she was able to be, you know, satisfied, I suppose, put into a place of care, and  
dementia care here. And so there's been a few of that kind, so that it's a – what we –  
35 what we've been hearing is that Greenwich is wanting to ..... consider maybe a  
similar kind of development of independent living and maybe – and ..... a nursing  
home, hostel care as well, around about the hostel which I gather from the last  
speaker ..... probably be needing development. And so all I can – I suppose want to  
say particularly is that we recommend this kind of development because from our  
40 point of view – and I'm sure for many in this village who are able to go from  
independent living and maybe then to hostel care and then over to nursing home care,  
palliative care, to dementia care, is such a value.

45 Another thing that's been of value to us, of course, really is that because we have a  
big centre, we've been able to have ANZAC Day services for the village. We've  
been able to have Remembrance Day services and so on, and so it's been – it's been  
a whole range of value in the whole thing. People can come across from the hostel to

other – to some of our services, although many of them are held in their own area. And another area we value, of course, ..... and I are Christians, and we came here, we discovered there was a chapel in the complex, the building ..... relating to the hostel area, and so we were able to go into the ..... hostel people at the chapel, so that's been  
5 a blessing as well.

So all I can say together, we really think that any sort of development around Greenwich would be specially invaluable for people who they – you know, care to go into aged care or to ..... independent living, and then develop and be close by to the  
10 other facilities into the future. So I suppose that's by and large, I suppose, my brief kind of reasoning for wanting – you know, being prepared to support such a development. Okay?

MR DUNCAN: Thank you. Thank you for your time today. I appreciate it. The  
15 next speaker is John

MR J. DE FRAIA: Hello. Can you hear me?

MR DUNCAN: Yes, I can, John. Please proceed.  
20

MR DE FRAIA: Okay. Nice to see you too. Thanks for having me on. I'm just going to give you my points in point form. Firstly, I just want to disagree with the last speaker. He doesn't live in the area, so everything he said is really irrelevant, so that's my take on that. So I will just go down through my points. Point 1. I agree  
25 the redevelopment of Greenwich Hospital is absolutely necessary. It is an eyesore and it's long overdue. Point 2. The scale of the proposed new development is still way too big and not keeping within the area. It will destroy precious habitat, with the destruction of over 80 trees. The replanting is stated in – ..... proposal will take years to regrow. Point 3. HammondCare has not addressed any additional wiring of  
30 signage. We do not want this in our residential street of St Vincents Road. They have never addressed any of that.

Point 4. HammondCare has not addressed the additional traffic this development will bring to St Vincents Road. The residents were finding it increasingly difficult to  
35 back out of their driveways as conditions are at the present hazardous, let alone more traffic from the new development will be impossible. I will just go to point 5. I will try and keep this brief. St Vincents Road private access driveway. The road noise from the driveway is terrible. The speed limit of the driveway is 5 kilometres per hour. Most staff and visitors are travelling 15 to 20 to 30 ks per hour, and they're  
40 ignoring the Stop sign at the bottom of the driveway.

This has caused many near misses with children ..... oncoming traffic on St Vincents Road which Pam Palmer already pointed out and which I applaud her for that. Due to the corrugated service – surface, every time – every time a car comes down the  
45 driveway, it sounds like a jet engine. It should be resurfaced to minimise noise, or permanently closed, to reduce potentially deadly accidents and to reduce pollution to St Vincents Road's residents. I have seen on many occasions school children, adults

use the private access driveways to cut through. It's ..... duty of care to maintain safety of others. The stated opening and closure of your driveway should be strictly adhered to.

5 A couple more points. Point 6. No building should be allowed on St Vincents Road. It's a residential street. The area is designed as a hospital, not for any other purpose. If they want to build a respite building, do it, but not on St Vincents Road. Build it in the hospital building site. One more point. Point 7. If this proposal goes through, ..... you are disrespecting the elderly ..... One of the only ..... remaining Sydney  
10 iconic heritage sites. My view is that HammondCare should move out of Pallister and should be opened to the public on certain days. Close the public access driveway permanently and replace it with an avenue of trees, and make it pedestrian only, for all to enjoy. This would be something Hammond could give back to the community. You claim to be a Christian charity. It's just a little bit of spin, I think.  
15 I just want to thank the panel for allowing me to express my views, and I hope some of my comments will be taken on board. That's all I really have to say. Thank you very much.

MR DUNCAN: Thank you, John. Thank you for your time. The next speaker  
20 today is Roger Apte. Roger, are you there?

MR R. APTE: Yes, I am.

MR DUNCAN: And we have an image up on the screen as well – image 1, general  
25 view.

MR APTE: I – so I'm having trouble with the sound .....

MR DUNCAN: .....  
30

MR APTE: .....

MR DUNCAN: Roger, can you proceed? We can't hear you.

35 MR APTE: No. I'm sorry. I can't hear you. I can hear some sound, but it's so ..... I can't make any sense of it. If I join by telephone, would that be possible?

MR DUNCAN: I think we best – we best joint by telephone, I think, Roger - - -

40 MR APTE: Yes.

MR DUNCAN: - - - because you can't hear on that line.

MR APTE: Okay. Thank you. .... Would you mind sending me - - -  
45

MR DUNCAN: While we're waiting for Roger to re-join, we will go to Maree McCabe from Dementia Australia. Maree, are you there?

MS M. McCABE: I am indeed. Good afternoon everyone.

MR DUNCAN: Good afternoon. Please proceed.

5 MS McCABE: Thank you very much. I start by formally acknowledging the  
traditional custodians of the lands on which we're meeting today, and pay my  
respects to their elders past, present and emerging. I'm Maree McCabe, the CEO of  
Dementia Australia. We are the national peak body for people impacted by dementia  
10 in Australia, and Dementia Australia is a source of information, education and  
support services for people living with dementia, families, carers and the healthcare  
community. We are here to support people impacted by dementia and to enable them  
to live as well as possible. And based on what we understand about the proposed  
precinct and what people impacted by dementia ..... , Dementia Australia is  
15 supportive of the redevelopment of Greenwich Hospital and the concept plan now  
before the Department of Planning, Industry and Environment.

It is notable – and not as common as it should be, that those living with dementia and  
those caring for them is a cornerstone of the Greenwich Hospital's proposed  
redevelopment. There are over 460,000 Australians living with dementia in 2020.  
20 The disease is Australia's second leading cause of death, and the leading cause of  
death of women in Australia. The impact on the community is much broader than  
this. There are almost 1.6 million people involved in the care of people living with  
dementia in Australia, and currently an estimated 250 people per day join the  
population of dementia. As part of the 150-bed healthcare facility proposed in the  
25 Greenwich Hospital redevelopment, we note in the proposal there will be residential  
aged care beds provided in a purpose-built environment, especially designed for  
people living with dementia.

HammondCare has indicated that internationally-recognised dementia designed  
30 principles will inform the design, with a focus on creating non-institutional home-  
like environments that provide opportunities for residents to continue to participate in  
the rhythms and routines of everyday life. There is evidence showing that physical  
design that promotes independence can have a profound and positive impact on  
people living with dementia. A well-designed environment can help maintain  
35 abilities and independence. It can reduce risks and provide meaningful engagement  
while providing essential prompts and accessibility to support a person with  
dementia.

The proximity of the dementia care to in-patient rehabilitation and palliative care  
40 services in the proposal will also allow the greater cost service expertise sharing and  
service provision, helping reduce the rate of unnecessary transition to hospital. In  
general, a broad range of evidence suggests that hospitals are not good places for  
people living with dementia. The confusion and distress associated with  
hospitalisation, regardless of whether it's planned or unplanned, can exacerbate  
45 symptoms of dementia. Individuals with dementia, as well as families and carers,  
often report a change or a decline in physical or cognitive health during or following

a hospital visit. Hospital stays are also stressful for families and carers of people with dementia because it can significantly increase their caring responsibilities.

5 Not only might they have to navigate the hospital system, but they're also likely to be a key point for providing assistance and reassurance to the person they support. There's a growing demand for choice when it comes to care, and this proposal will assist to further provide choices of care for those impacted by dementia. People living with dementia deserve a range of options to choose from when it comes to their care. Of course, this option won't work for everyone living with dementia, but  
10 it is of importance that the choice is there. We recognise there will be some dispirit views. We have urged the department to consider the community's general need for increased health services for older Australians when considering the redevelopment of Greenwich Hospital concept plan. Thank you.

15 MR DUNCAN: Thank you, Maree. Thank you for your time today. We will now return to Roger – I think Roger has joined us by telephone - - -

MR APTE: I have.

20 MR DUNCAN: - - - and hopefully we've got a good line. Roger?

MR APTE: Yes. How is that? Thank you. I can hear you.

25 MR DUNCAN: That's a lot better. Thank you.

MR APTE: That's my pleasure. Thank you. Look, I would just like to briefly address what Maree said. Apparently HammondCare do have a cutting edge dementia care model working – I think it's in Perth at the moment. However, that is in a smaller physically built situation. It's also not in multi-storeys. So those two  
30 aspects of this project are – from my understanding, of what I've been told, are contrary to the best practice in dementia care. So I would like to ..... go on with what I was going to say firstly. Yes, My name is Roger Apte, and Judy Apte and I own 117A River Road, Greenwich. Please note that the house has been incorrectly identified on the hospital plan consistently. If you look at image 1 that I sent in, you  
35 will see that ours is actually the southern-most property on the western boundary of the hospital.

This image is of a scale ..... model ..... from the hospital's own submission, showing that the hospital buildings and its three western neighbours, the tree protection area  
40 and the yellow bushfire APZ. You will note the high and steep embankment in brown and yellow from – which separates the hospital grounds from our home. We currently enjoy a relaxing 180 degree bushland outlook to the south with deep screening vegetation between us and the hospital, okay, so generally we support the expansion of ..... to the Greenwich Hospital, no problem. However, we do have  
45 several objections to the currently proposed redevelopment, but due to the time constraint today, I will focus just on our main objection.



That objection is the addition of seniors' accommodation which is not permitted under SP2 zoning and which will present further – future expansion of the ..... on the site. We believe that the inclusion of the residential towers is driving the deleterious impact of the bulk and scale of the redevelopment on the amenity of the area,  
5 including the excessive height of the hospital building. The major impact to our property will be the height, bulk and proximity of the residential towers and the resulting over-viewing. The consequences for us will be the complete loss of privacy and the complete and losing the quiet enjoyment of our property.

- 10 Exacerbating the situation will be the loss of the current screen of vegetation on the embankment caused by the APZ which itself is necessitated by the proposed residential towers. As examples of what we will say, image 4A that you have there shows the current view of the hospital carpark from our pool. You will see we are completely screened. Image 4 shows that what we will see after redevelopment.  
15 There will be no privacy. Image 9 shows the complete loss of privacy we will experience from over-viewing of our house from the proposed new hospital driveway and walkway because over-viewing, of course, is not just from the buildings. It is going to be from the grounds that are proposed to be landscaped, and the last thing we heard, even the embankment which is currently screening us, was to have  
20 proposed walking tracks and sitting areas.

- The department has recommended that the height of the residential towers be set at the height of Pallister House. That height is RL60.6 on the hospital's drawing. Our rear yard with ..... is over 33 metres below that height, so the current proposal put  
25 forward by the department of the solution is to be equivalent of a 10-storey tower above our property. And this will lead to unavoidable over-viewing of our property at every point. Bushland views from the northern residential tower are being touted as a plus for redevelopment plans. These will include extensive over-viewing of our home. In fact, over-viewing will occur from multiple points, even the hospital  
30 building. See ..... 6 and 7.

- The department's design requirements – design principles call for the residential towers to maintain reasonable amenities and appropriate residential character by providing building setbacks to reduce bulk and overshadowing ..... buildings and  
35 siting that relate to the site's landfill. It is clear that the tower's height and proximity to the boundary preclude confirmation with these guidelines. Look, while the DPIE advises that property values are not to be considered as part of this process, I would ask the IPC to consider that it is precisely the area's property values that are central to this proposal. The apartments will derive a premium value from the amenity of  
40 the surrounding R2 zone and bushland. At the same time as outside, ..... height and bulk will trash every amenity for the surrounding properties. This proposal is a transfer of property value from the neighbourhood to the hospital's developer, without any compensation for those adversely affected. This proposal represents a thoroughly inequitable situation which is being forced upon us, and one which  
45 anyone would find unacceptable. Thank you.

MR DUNCAN: Thank you. Thank you, Roger. I would now like to call on our next speaker, Meera Maripurapavan. I hope I've pronounced that well, Meera.

MS M. PARIPURAPAVAN: You did well.

5

MR DUNCAN: Yes.

MS PARIPURAPAVAN: Hi. I'm Meera. So I'm a fellow resident as well. I'm at 120 River Road, so directly across the hospital, right next to the public school.

10 That's our property. So I thank you, first of all, for letting me speak, and also I did want to acknowledge the – thanks for the amended plan that came through from the first plan. I can acknowledge that it is different, however there is still a large number of concerns similar to Roger and probably many speakers that you've had before as well, but I did want to outline, primarily around – like, I will start from the  
15 beginning. There's a big list and I will try and get through as much as I can.

So obviously residential – this is clearly a residential area. It's low-lying, it's green and, you know, the plans that have been proposed with this very, very large 7 or 8-storey property, even though it's been set back, obviously changes the landscape of  
20 that, and it changes the complete community feel. So this is a concern for me. There's also – for me, it also opens up an implication zoning for the whole neighbourhood actually because now with the school and the redevelopment, that just happened there, and then the redevelopment of this. It's unclear about what the zoning for the rest of that – our suburb, our very sleepy community suburb could  
25 become. And I'm not really that keen on making this commercial zone area.

The biggest one, along with Roger very well said, the height and bulk of this building is still – it's a very major concern, as we are living literally across the road. Despite the setback of the tall living area, there are rooms that will definitely look directly –  
30 from what I can see of the plans, directly into our backyard. Also we have a pool, we have two young girls, and it's very concerning that we could be viewed – our privacy would be viewed from that perspective. It is a very intimate and, you know, personal moment, so that for me is probably my biggest concern from a personal perspective. The traffic assessment, I know this has been covered, but I did note in the notes – the  
35 last one was done in 2017, it's now 2020.

We've been on the property for six years. There has been a significant traffic impact over the last three years since the school building, but it's not a Hammond issue that the school build is there, however this is the new baseline of traffic, so I would  
40 definitely recommend a new traffic assessment being done, based on the current traffic that happens. It's a real concern, and particularly – which sort of leads to my next point, which is parking. In the plans, I noticed that there is parking, but it is paid parking within the development. And the result of that will, of course, encourage visitor parking on the streets.

45

River Road is a three-lane artery which gets extremely busy in the morning and extremely busy on the way back as well. In the recent school build that happened,

we noticed that the tradies – no one – at the moment it's unrestricted parking, and it's generally well-respected by the community. No one parks there during the day, but in the recent school build, we did notice the tradies started parking outside our house, so directly opposite the hospital. And the traffic chaos, of course, in the morning  
5 was completely not okay.

So, full explanation. The logical progression from there being only paid parking available, with the excessive number of people that would be there, will be there, will go onto the street, and we are not okay with restricted parking outside our house. We  
10 entertain over the weekend. We have school pickups from that ea. It's already a busy time, and the parking and traffic situation is a major concern for this little community. Additionally with this additional traffic, this is a very popular – like, the schools kids obviously cross the hospital roads, walk on St Vincent Road and on River Road, to get – it's already dangerous. We've already had a few near misses,  
15 and the amount of traffic increase is a significant risk for the community and the walkers, but in particular the small children, many of whom walk unattended. This will – okay.

I haven't had a look at – if there has been available another shadowing report with  
20 the new plans, but I would appreciate seeing that too, just to see how that would impact the property. The – probably the other big thing is also just the length of time for construction. I couldn't find anywhere in the notes how long – if this was to go ahead. I did notice that it was a six-stage construction, with significant demolition and obviously build. We've already just lived through two years of construction  
25 with the school build right next door to us, and I would like to understand what the plan is from a noise and pollution level perspective during the construction plan. That is obviously – I don't how many years it's going to take, but it's not something that as a community that we are really, you know, okay about, I guess.

Well, I certainly – I'm not – yes, anyway. And again, as per Roger's echoes, I know  
30 that if – I did read somewhere that the value of everyone's property is not relevant, but I completely echo it. This is our investment, this is our retirement plan. This is all we've got, and it's really not that fair for something that we bought into, to decrease significantly on something that pushed on us, with zero thought or  
35 compensation on anyone else. Yes, okay, I will finish up there. Thank you, guys. Thanks very much for your time, and I really hope you take some of these points into account – into consideration.

MR DUNCAN: Thank you, Meera. Thank you for your presentation today. The  
40 final speaker for today is Rachel Waller. Rachel, are you there?

MS R. WALLER: Yes. Thank you, panel. Thank you for your time today. My name is Rachel Waller. I'm one of the owners of 19 Gore Street, Greenwich, which is to the ..... of the site. When we purchased the property, we were very aware of the  
45 location of the hospital and the likelihood of its redevelopment. However, we were also aware of the existence of ..... , and also the significance ..... With regards to the proposed redevelopment, we don't object to it in-principle, but further – a .....

proposal would have significant impact on the amenity of our property, the locality and the character of the area. I support the department's recommendation to lower the ..... housing, however disagree that the scale of the hospital is what is to be expected on an SP2 site. The expectation of any development minimising likely  
5 impacts in accordance with the Act. The height of the proposed hospital does not achieve this. I would like to share my screen and share some images with you, if that is okay. .... we can see the images.

10 MR DUNCAN: We can see that, yes.

MS WALLER: Excellent. Thank you.

MR DUNCAN: It's a back yard .....

15 MS WALLER: So the first – yes. Yes. The first image is actually ..... garden, the outlook of the tree canopy. On the left is the location of Greenwich Hospital, so that tree canopy that we enjoy, that is ..... is Greenwich Hospital. The second image is a panoramic of our back garden, and as you can see, the setting is just below ..... development, with a substantive number of trees. The third image is from .....  
20 Again, we have a beautiful outlook, and contributes to the amenity of our property. The fourth image – and I apologise for the graininess of this image. It's taken from the upper ..... impact assessment – members of our application – taken all up Gore Street – actually further away from the hospital than our home.

25 And the fifth image is a photo montage of the hospital submitted by the applicant. And I'm sure, given you've seen the photos of my back garden, you can only imagine what this will be like for my garden and all of ..... and – in terms of the amenities. The visual bulk impacts of the hospital on the amenities of our property will be significant. It's anticipated we would never expect the initial impact, and  
30 rights will be overlooked at least in four ways, I would imagine, 24/7.

The existing hospital which reaches five storeys is a small component and is located on the lowest portion of the site. With the height of that building relative to single-storey structures on the highest portion of the site. Unfortunately, the highest  
35 component of the proposal is on the highest portion of the site. Surely if a 10-storey building is necessary, the ..... on the lower portions of the site to minimise impact. Perhaps the location was chosen to take advantage of the ..... likely to be available. I appreciate there are height limits ..... site, notwithstanding our concerns are the proposed scale of the hospital is inconsistent with the ..... district plan ..... number 17,  
40 to protect and enhance ..... cultural landscapes. .... number 19 to increase urban tree canopy cover.

The proposal would project above the tree canopy and dominate it. It's contrary to the objective in section 4.5(15) of the Act, and will ..... significant impacts on the  
45 amenity and the character of the area. Above the ..... of the impact, the site is not suitable for the proposed development. I also note, in my opinion ..... that the proposal is contrary to a number of planning principles; compatibility of context,

project venture development ..... council; general impact, Davies v Penrith City Council, asserts that height, bulk and scale ..... versus ..... Council.

- ..... further SP2, dedicated infrastructure. I don't object to the principle of the senior housing on the site, but it's pushing up the scale of the proposed hospital. I note that Royal North Shore Public Hospital is only 7 storeys and provides Statewide services. Pockets located within the area characterised by large commercial and residential buildings, it is compatible with its context. We are concerned that the proposal is inconsistent with the strategic plan for the area. It will fundamentally change the established character of this part of Greenwich, could set an unwelcome precedent for taller buildings in the area, would have significant impacts on the ..... of our property. I'm not asking you to refuse the application, nor am I expecting the redevelopment not be visible. I'm requesting that any redevelopment be of a scale that's compatible with the existing and future character and not dominate the area, both during the day and at – ..... at night. I'm requesting that the panel lower the building ..... for the hospital, to have a scale of 6 storeys so it can be developed without having significant impact, and be compatible with its context. Thank you for your time.
- MR DUNCAN: Thank you, Rachel. Thank you for your time. That brings us to the end of the presentations for today and obviously the end of this public meeting. Thank you everyone who participated in this electronic process. Adrian and I have appreciated your input. Just a reminder that in the interests of openness and transparency, a full transcript of today's meeting will be made available on the Commission's website in the next few days. The Commission will be accepting written comments from the public up until 5 pm on Friday, 23 October – that's 5 pm Friday week. You can submit your comments, having – have your say on our – using our "Have Your Say" portal on our website, or by email or post.
- At the time of determination, the Commission will publish its statement of reasons for decision which will outline how the panel took the community's views into consideration, as part of this – its decision-making process. For ..... though, thank you all for participating and/or watching this IPC electronic public hearing today on the proposed Greenwich Hospital redevelopment. From all of us here at the Commission, enjoy the rest of your day. Good afternoon and thank you.

**MATTER ADJOURNED at 2.53 pm INDEFINITELY**