

Professor Mary O’Kane AC
Chair, The Independent Planning Commission NSW
Level 3, 201 Elizabeth Street
Sydney NSW 2000.

25 May 2019

Written submission re: St Leonards South Residential Precinct Planning Proposal

Dear Professor O’Kane AC,

I would formally like to submit my major concerns about the *St Leonards South Residential Precinct Planning Proposal* in regard to its impacts on the health and wellbeing of the NSW community as well as the ongoing safe functioning of Royal North Shore Hospital. Unfortunately, I was not able to attend the recent public meeting in person as I was overseas at the time.

Firstly, I would like to point out to you and the other commission members that I have no affiliation with any organisation other than Royal North Shore Hospital (RNSH) and within it, the Department of Renal Medicine and the Medical Staff Council of which I am chair. I was born at RNSH, went to schools nearby, it is my local hospital and I have worked there since 1991. I have been actively involved for many years in preventing loss of hospital land; both the Labor and Liberal parties have previously tried to sell significant portions of land. We should not be selling land; we should be acquiring land for our future needs and as a result I submitted a *GIPA/FOI application (2016/378211)* to the NSW Civil and Administrative Tribunal, questioning how such decisions could be made. After two and a half years of hearings through the tribunal I was able to determine, based on the documents that were eventually provided to me, that decisions were made not based on community need but on how much money could be made by redeveloping the land. Hence, I am sceptical in regard to the community’s benefits of this current proposal.

Royal North Shore Hospital is a level 6 quaternary referral centre providing health care for 1 in 6 people in NSW. Patients with major trauma, burns and spinal injuries are transferred to RNSH from all over the state. It is also the primary centre of referral for local residents and all hospitals within the Northern Sydney Local Health District.

Prior to the announcement of this *St Leonards South Residential Precinct Planning Proposal* our area was already expecting growth of 1.5% per annum (15.5% growth in the 10 years from 2015) with Crows Nest to Ryde being a major growth corridor (NSW Government figures). We also know that the existing population is significantly aging (North Shore and Ryde 70-84 year old age group is predicted to increase by 40.8% from 2015 to 2022), and this contributes significantly to the health care needs of the population even if there is no further increase in population numbers (Ministry of Health figures). In the last 15 years Emergency Department presentation rates to RNSH have significantly increased. In 2004 there were approximately 41,000 presentations; in 2018 there were over 100,000 presentations. This represents a greater than 6% increase each year-on-year (higher than the predicted population growth rate 1.5% pa). The severity of the patients’ illnesses during

this time has also increased such that we now admit 38% of those who present to the Emergency Department.

Despite significant increases in population growth, age and illness severity, RNSH's bed numbers have significantly fallen over the years. When I started work at RNSH in 1991 there were 880 beds. Since 2016 the funded bed number has been approximately 460, although this can surge to 494 beds in winter. This is despite a major redevelopment of the hospital campus (Acute Services Building in 2012 and the Clinical Services Building in 2016) which provided only replacement accommodation of significantly old and no longer fit-for-purpose buildings. Land that could have also been used for future patient care needs, has been lost on the Southern Campus (approximately 6%), due to the recent annexing of land by the Government to relocate the Ministry of Health from North Sydney (justified as part of the Government's "decentralisation program").

In 2009, NSW Health published a *Healthy Urban Development Checklist*, outlining the importance of easy access to multifunctional green space. It was recognised that healthy lifestyle was an important consideration in all development plans. Poor lifestyle is known to result in poor health outcomes due to obesity leading to the development of diabetes, high blood pressure and other cardio-vascular disease. Twenty years ago, 30% of patients ended up with kidney failure due to diabetes and hypertension; the current rate is 50%. However, the only green space that the Government has provided for patients, their families and hospital staff on the RNSH campus is an area of 775 square metres; smaller than a traditional quarter acre block. The old brown building site, which was promised to be used for green space until it is needed for the next redevelopment in 30 years' time, has been left as a giant hole in the ground measuring 9,604 square metres (almost a hectare of land). Hence, I am sceptical in regard to the green space benefits of this current proposal, as when the money runs out, these are the first to go. Plus, I feel that the amount of proposed green space increase for the area is inadequate for the size of the planned population.

The *St Leonards South Residential Precinct Planning Proposal* will massively increase the number of dwellings in the Crows Nest and St Leonards precinct with developments over and around the new Crows Nest Metro. By 2036 there will be 7,500 new dwellings, in addition to another 2,000 dwellings that are already under construction on Pacific Highway in St Leonards and another 2,400 dwellings in the South St Leonards Precinct. Therefore, this will result in a population increase of at least 17,000 people (at least 11,000 in the metro project and at least 6,000 with the other above-mentioned projects). In addition to the increase in the residential population, the proposal also plans to draw 16,500 people into the area each day due to the generation of new jobs. In my opinion this proposal does not consider the effects of this population growth on the overall infrastructure requirements for the area, in particular the health care needs. Both funding and new land should be prospectively set aside to cater for this known and predictable future medical need.

In addition to the direct health care pressures that will occur as a result of this proposal, it will also have other significant issues that will impact on the functioning of the hospital. As the project is likely to try and force the greater use of public transport, each apartment will probably have at most one parking space per dwelling. Therefore, second car families will

have no choice but to park in the surrounding streets. In addition, the increased number of office workers drawn to the area will likely not be provided with any parking spaces. It is not known how many will come to work by public transport and if they do drive it will again result in an increase in the number of cars parked in the street. Ultimately, the above issues will result in more cars being in the area and this will impact on the ability of emergency vehicles, patients, visitors and staff to access the hospital in a timely manner; there will be gridlock.

The Civil Aviation Safety Authority (CASA) has raised concerns about the height of the buildings in this development stating that *“the buildings [proposed 27 storey (188m)] will infringe the Obstacle Limitation Surface (Outer Horizontal Surface at 156m Australian Height Datum) for Sydney Airport.”* And that *“there is also potential impact on the helipad at Royal North Shore Hospital [for] emergency service helicopter operators, [and] potential impacts on the safety of their operations”*. This decision by CASA was based on a proposed building maximum height of 27 storeys. However, it is all too often seen that developers renegotiate to build developments to heights that are significantly greater than those originally approved. Overdevelopment of this site from a height perspective will result in several health-related issues including increased shadowing of the surrounding areas, increased difficulty in fighting fires and have further impact on the ability of emergency helicopters to approach, land and take-off from the RNSH hospital site. Therefore, serious considerations need to be taken to ensure that the development does not result in these impacts.

The Department of Planning website records that there were 650 objections to this proposal and no submissions in favour. Therefore, how can such a proposal go ahead without significant modifications unless, as I suspect, this community consultation process is just window dressing for a project that is already planned to go ahead.

Current Government funding of health infrastructure and healthcare is rarely prospective. In fact, funding models for clinical care are retrospective; last year's activity determines this year's funding (termed activity-based funding). Health facility planning is usually disjointed, ad hoc and reactionary especially during an election cycle. What this proposal requires, as do all further growth proposals, is a significant prospective and comprehensive healthcare plan. This plan should include an up-front funding plan that includes programmed building and staffing number increases based on known clinical trajectories of the health care needs of the community. This should include land preservation, land acquisition and infrastructure development in a proactive and prospective manner.

In closing, I do hope that the commission applies significant weight to the concerns of those that have made submissions to this review. The primary objective of any development plan is that it should be for the people. The decisions made should not be to benefit developers or be used as a way to leverage funding for what should be paid for by the Government.

Yours sincerely,

Dr Bruce Cooper

