

# Comment on Concept Plan Modification MP 06\_0051 MOD5

RNS Medical Staff Council \*

December 17, 2010

## **1 Introduction**

This concept plan is a modification to the original concept plan approved by the Minister for Planning in April 2007. The original plan outlined the RNS Hospital redevelopment and involved divestment of a large proportion of the remaining campus [6]. This divested land was to be used for high-density commercial and residential development.

## **2 The Current Amendments**

The original concept plan has been already modified. The location of the Research & Education Building (P8) was approved in January 2007. The site of the current Acute Services Building was approved in June 2009 (Concept plan MP08-0172). Compared to the 2007 plan, this modification shows a maximum gross floor area for residential/commercial/retail buildings of 186,150 sq. metres compared to 178,370 sq. metres in the previous proposal. In addition, the maximum building height will now be 33 storeys ... up from 24 storeys. The modification plan states that open space areas will increase to 18,200 sq. metres total, up from 10,400 sq. metres. It is proposed that 7 to 16 storey commercial building be constructed in the area north of the multi-storey car park bordering on Westbourne Street. South of the community health building in an area fronting Herbert Street is the major divestment area. Here the tallest, 33 story buildings are proposed (See Figure 1).

---

\*Dr Tony Joseph (Chair of the RNS Hospital Medical Staff Council, and Director of Trauma), Dr John Vandervord (Clinical Director of the Division of Surgery, RNSH), Dr Danny Stiel (Clinical Director of the Division of Medicine, RNSH), Micheal Nicholl (Clinical Directory of the Division of Womens and Children), Dr Richard Piper (Staff Specialist, Intensive Care Unit, RNSH).

### **3 Comment**

#### **3.1 Consultation with the community has been inadequate.**

Whilst the plans were made available for public comment, it is our view that this process did not provide an opportunity for adequate community consultation. As described in the project plan, this site is considered as ‘critical infrastructure’ under Schedule 1, Group 7 of the State Environmental Planning Policy. This means that the project is “essential for the State for economic, environmental or social reasons”. In this context, it would be expected that adequate attempts to ensure community awareness had been made. A number of specific concerns are raised:

1. The plans were placed on display at Willoughby council. This is a location that would not be frequented by the general public, unless they had prior knowledge that the plans were on display.
2. The paper fliers were not widely distributed.
3. The RNSH Redevelopment web site does not make it obvious that feedback is possible. This is illustrated on a YouTube Video [2]
4. The Department of Planning site is difficult to find and extremely difficult to navigate. The is illustrated on a YouTube Video [1]
5. The information on the site is poorly organised, and it is difficult to determine exactly what is being proposed.
6. These problems have made it impractical for the average member of our community to comment on the alterations to the site concept plan. In this regard, we feel that there has not been an adequate opportunity for public comment. The referenced YouTube Videos illustrate this point [2, 1].

#### **3.2 There is insufficient open space.**

Although the amended plan claims that the amount of open space will increase, there is in fact a reduction in the amount of open space that is relevant to the function of the campus — where the primary focus is the provision of health care. In this regard, the quality and practicality of the available open spaces is of the utmost importance. The open space provided in this plan is largely open space between tree lined public thoroughfares (See Figure 1 and 2). Open space of this nature is not amenable to patients, staff, community members as respite from hospital environment and the surrounding high density urban environment. The open space depicted in Figure 2 — which will be share with a busy commercial and residential environment — illustrates this concern. The open space provided needs to be of useable dimensions and configuration. These criteria are not met by the open space provided in the current plan.

It is also important to note, that these open spaces are largely in the surrounding commercial and residential areas, rather than on the campus of the hospital itself (See Figure 1). Due to the high density development, it is likely that these open spaces will be both crowded and noisy. They will not provide the peaceful environment that is required for the open space associated with a healthcare facility. It is inappropriate that high rise buildings dominate the view from such open spaces (See Figures 3 and 2).

There are similar issues with open spaces that currently border the hospital campus. The Gore Hill cemetery is an historical site, which is not suited for use by hospital patients. The facilities provided by the Gore Hill Oval are focused towards the needs of fit young community members and not those of the patients attending the campus.

This is in an area of Sydney where the local council recognises that there is a deficiency of open space (See Appendix A.1). Additionally, there is a large body of evidence in the medical literature which suggests that environmental factors play an important role in the effective provision of modern health care [13, 10, 8, 15, 9, 11, 3]. These needs have been acknowledged in recommendations published by the NSW Department of health [7] and the Northern Sydney Central Coast Area Health Service [14]. At a practical level, open space will be required to accommodate future growth of services on campus. These needs are not addressed by the current development proposal. The Royal Children's Hospital (RCH) in Melbourne is an example of a campus that has been designed with all these factors in mind [4].

It is difficult to understand why it is necessary to create high density commercial and residential development immediately adjacent to a hospital campus. This will clearly have an adverse effect. This is unnecessary when there is an abundance of suitable alternate locations for high density development in the Northern Sydney region.

### **3.3 The RNS Hospital Site is too small.**

The divestment of significant areas of RNS hospital site has been proposed since at least the April 2007 original concept plan approval. Some areas for divestment have been reduced in size (NE Westbourne/Herbert; Herbert post community health building) and new areas found (Westbourne north of the multi-storey car park). The revised development proposal does not significantly alter the amount of land previously approved for divestment. Nevertheless, we consider that it is extremely important to understand that there is a major controversy over the extent of this divestment. The remaining continuous hospital campus (Approximately 5.6 hectares), is likely to be too small for the current functional requirements of a referral centre that treats one in 17.6 of the Australian population (See <http://Save.RNSH.org>). It is certain that this campus will not be able to cater for the needs of future generations of Australia in the centuries and decades to come. The current proposal will mean that the campus will need to be relocated at sometime in the future. This will be at a very significant cost to the community. If this proposal proceeds, an enquiry into the decision-making processes that have led to this situation should be requested. This would be particularly appropriate given the problems identified at the Royal North Shore Hospital by the recent Joint Select Committee

Enquiry [12].

## **A.1 Appendix 1 - North Sydney Council**

It is important to understand that the RNS hospital is in one of the most densely populated regions of Australia. In recognition of this, the North Sydney Council has published an open space provision strategy [5]. In this they state

“The North Sydney Council area is one of the most densely populated in Australia and with new development both the residential and worker populations are growing. The uneven distribution of parks and reserves means there is a lack of open space in some areas, particularly in St Leonards, Crows Nest and along Military Road.”

They also acknowledge that:

“The most significant increases in population are expected in St Leonards/Crows Nest (in the corridor bordering the Pacific Highway and near St Leonards railway station) [5].’

“Low provision of parks in some areas of high population density. (Eg Cremorne (along the Military Road corridor), St Leonards/Crows Nest (along the Pacific Highway corridor and in Kirribilli). In the case of Cremorne and St Leonards/Crows Nest, this problem will be exacerbated, as these areas are the sites of planned increases in population density [5].”

One of the councils proposed solutions is to consider dual use of land not dedicated as public open space, such as that used for health and education related facilities [5].

## **References**

- [1] You tube video - <http://www.youtube.com/watch?v=jiqctqlik78>.
- [2] You tube video <http://www.youtube.com/watch?v=inukmjzg-bi>.
- [3] J Björk, M Albin, P Grahn, H Jacobsson, J Ardö, J Wadbro, and P-O Ostergren. Recreational values of the natural environment in relation to neighbourhood satisfaction, physical activity, obesity and wellbeing. *J Epidemiol Community Health*, 62(4):e2, Apr 2008.
- [4] Healthy Parks Healthy People Central. The royal childrens hospital in melbourne - <http://www.hphpcentral.com/article/royal-childrens-hospital>.

- [5] North Sydney Council. Open space provision strategy - <http://www.northsydney.nsw.gov.au/resources/documents/osps.pdf>.
- [6] RNS Medical Staff Council. <http://save.rnsh.org>.
- [7] NSW Health Department. Healthy urban development checklist - [http://www.health.nsw.gov.au/pubs/2010/pdf/hud\\_checklist.pdf](http://www.health.nsw.gov.au/pubs/2010/pdf/hud_checklist.pdf), 2010.
- [8] A C K Lee and R Maheswaran. The health benefits of urban green spaces: a review of the evidence. *J Public Health (Oxf)*, Sep 2010.
- [9] J Maas, R A Verheij, S de Vries, P Spreeuwenberg, F G Schellevis, and P P Groenewegen. Morbidity is related to a green living environment. *J Epidemiol Community Health*, 63(12):967-73, Dec 2009.
- [10] Jolanda Maas, Robert A Verheij, Peter P Groenewegen, Sjerp de Vries, and Peter Spreeuwenberg. Green space, urbanity, and health: how strong is the relation? *J Epidemiol Community Health*, 60(7):587-92, Jul 2006.
- [11] Richard Mitchell and Frank Popham. Greenspace, urbanity and health: relationships in england. *J Epidemiol Community Health*, 61(8):681-3, Aug 2007.
- [12] MLC. NSW Parliament. Chaired by Rev. the Hon. Fred Nile. Joint select committee on the royal north shore hospital. 2007.
- [13] Ph.D. Roger S. Ulrich. Health benefits of gardens in hospitals. *Paper for conference, Plants for People International Exhibition Floriade 2002*, 2002.
- [14] Northern Sydney Central Coast Area Health Service. Urban planning 4 health: A guide for nsc population health, 2009.
- [15] T Sugiyama, E Leslie, B Giles-Corti, and N Owen. Associations of neighbourhood greenness with physical and mental health: do walking, social coherence and local social interaction explain the relationships? *J Epidemiol Community Health*, 62(5):e9, May 2008.



Figure 1: RNS Site Plan. Minimal open-space that is confined largely to the commercial and residential districts. They are located in public thoroughfares and likely to be crowded and noisy.



Figure 2: Unsuitable open space. A concrete jungle overshadowed by 30 three-storey buildings.



Figure 3: The effect of adjacent 30 three-storey buildings.