

# Draft South District Plan

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Organisation name: Little Company of Mary Health Care Ltd

Organisation type: Industry

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Submission content: Refer attached.

Number of attachments: 1



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Greater Sydney Commission  
PO Box 257  
Parramatta NSW 2124

**Attention: Morris Iemma – South District Commissioner**

**Town Planning Submission in relation to the draft South District Plan**

Dear Mr Iemma,

This letter has been prepared on behalf of Little Company of Mary Health Care Ltd (Calvary) and forms a submission to the draft South District Plan. This submission specifically relates to the Calvary Health Care Kogarah, a public hospital which is located within the Georges River Local Government Area (LGA) (former Kogarah LGA). Further to the submission made in March of this year to the original draft District Plan, this letter responds to the updated content of the draft District Plan released for public comment in October.

Consistent with the original Draft District Plan, Kogarah is acknowledged as a health and education precinct. Namely, the precinct is identified as incorporating St George Public Hospital, St George Private Hospital, St George & Sutherland Clinical School, St George College TAFE, South Eastern Area Laboratory Services and other allied health services. The precinct also forms a Collaboration Area, within which multiple key stakeholders will develop and agree on a shared vision, commitments and appropriate phasing and delivery of infrastructure. Focused within the health and education precinct, job targets of 16,000-20,500 jobs for Kogarah by 2036 (from 11,800 jobs in 2016) are to be primarily achieved through growth in the knowledge-intensive sector.

Calvary Kogarah Public Hospital is however excluded from the Kogarah health and education precinct and the area of Kogarah designated for jobs and services (refer **Figure 1**). Calvary Kogarah is therefore also excluded from the collaboration promoted by the District Plan. Whilst it is acknowledged that Calvary Kogarah is spatially separated from the primary agglomeration of health and commercial facilities, the contribution of Calvary Kogarah to the health and education precinct still requires recognition. As a public hospital that has served the community for over 50 years, Calvary Kogarah's continuation and recognition in the District Plan, are critical.

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**Figure 1. Kogarah Jobs and Services (GSC 2017)**

Calvary Health Care Kogarah is one of the largest standalone sub-acute hospitals in NSW and serves approximately 12,500 patients per year. This important health care facility performs multiple functions associated with a public hospital, specialist palliative care services, rehabilitation services focused on aged care, orthopaedic and reconditioning, community health services, bereavement services, community nursing, outpatient clinics, hydrotherapy and a respite and dementia care centre. In particular, Calvary Health Care Kogarah is considered a leader in Palliative Care and End-of-Life Care within NSW.

The services of Calvary Health Care Kogarah are integral to the operation of the South East Sydney Local Health District, with the hospital providing much-needed sub-acute community and home-based services which relieve demand and potential 'bed-block' at the Local Health District's acute hospital, including St George Hospital and The Sutherland Hospital. This important role cannot be underestimated and in fact Calvary expects it to grow into the future as demand for health services increases in accordance with population growth and the ageing population.

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Calvary Health Care Kogarah is also a teaching hospital with a strong and active commitment to research and affiliations with the University of NSW and Notre Dame University.

On this basis, it is suggested that Calvary Kogarah is identified and named as part of the Kogarah health and education precinct. This would appropriately acknowledge that the Calvary Kogarah site possesses the same attributes as the precinct and belongs to it. It is also requested that Calvary Kogarah is included in the Collaboration Area, such that Calvary have the opportunity to contribute to the shared vision and directions for Kogarah. This is particularly important in light of the services and jobs delivered by Calvary Kogarah, that are integral to the self-containment of the South Eastern Health District and attainment of jobs targets.

The District Plan also references a Place Strategy and Infrastructure Plan for the Kogarah health and education precinct, being the products of collaboration in the area. Details of the content, approach and implementation of these Place Strategies and Infrastructure Plans, are not however provided, meaning that their purpose remains ambiguous. Similarly, whilst the growth of allied health and education services, knowledge-based and population-serving employment, and affordable housing, are to be promoted, the delivery mechanisms to achieve this growth are not detailed. Also, the means by which Kogarah is to progress along the 'maturity pathway for health and education facilities', (including with respect to land uses and development that should be promoted), is not detailed.

In response to the above, it is advocated that to promote the growth of health and education precincts, land needs to be appropriately zoned and complemented by built form controls that do not unjustifiably restrict building height and floor space ratios (FSRs). The amendment of Environmental Planning Instruments (EPIs) to permit health services facilities and increased densities of development in strategic locations should therefore be incorporated as a priority or delivery mechanism in the District Plan.

Specifically, the site of Calvary Health Care Kogarah should be partly rezoned to the SP2 Infrastructure zone so that Health Services Facilities (and ancillary uses) are exclusively permitted over the entire site of the existing hospital. This would ensure the site is statutorily recognised as a significant provider of health services.

Additionally, land directly adjoining the existing hospital site that forms part of the street block bounded by Rocky Point Road, Jubilee Avenue, Fitzgerald Avenue and Ercildoune Avenue, should also be rezoned SP2 Infrastructure for Health Services Facilities. This would enable the future expansion of the hospital by providing the appropriate mechanism to permit all types of Health Services Facilities. Similarly the SP2 zone would safeguard the opportunity for the hospital to expand by preventing the redevelopment of these sites for non-health related uses that would have the effect of imposing growth limits on the hospital.

The existing hospital site as well as the recommended SP2 expansion area should remain subject to merit-based assessment and it is important that in the future no restrictive height or FSR standards are imposed.

These zones and development standards are considered an efficient and viable mechanism of ensuring the strategic intent of the draft District Plan (and other relevant strategic planning documents) is translated into implementation.

## SUMMARY AND CONCLUSION

In summary, this submission has provided the following recommendations:

- In recognition of the important role of Calvary Kogarah in delivering health services, contributing to the self-containment of the South Eastern Health Precinct, and providing jobs, Calvary Kogarah Public Hospital should be identified and named as part of the Kogarah Health and Education Precinct and Collaboration Area.
- To achieve the strategic intent of the District Plan and facilitate the required growth of health services, the amendment of EPIs to permit health services facilities and increased densities of development in strategic locations should be incorporated as a priority or delivery mechanism in the District Plan.

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- The site of Calvary Kogarah should be partly rezoned to the SP2 Infrastructure zone so that Health Services Facilities (and ancillary uses) are exclusively permitted over the entire site of the existing hospital.
- Directly adjacent land should also be rezoned SP2 Infrastructure for Health Services Facilities, in order to enable the future expansion of the hospital. By zoning the land exclusively for health services facilities, the imposition of growth limits to the hospital would be mitigated.
- The existing hospital site as well as the recommended SP2 expansion area should remain subject to merit-based assessment, meaning that no restrictive height or FSR standards should be imposed.

The analysis and review undertaken in support of this submission and here-summarised, demonstrate the strategic significance of Health Care Facilities within the South District and Greater Sydney. Therefore it is requested that the Greater Sydney Commission pursues the recommendations advised in this submission in order to facilitate a viable and sustainable future.

Yours faithfully,



Chris Wilson  
Director  
Willowtree Planning