



# GNCA

Griffith/Narrabundah  
Community Association

[www.gnca.org.au](http://www.gnca.org.au)

Territory Planning Authority  
GPO Box 158  
Canberra ACT 2601  
[terrplan@act.gov.au](mailto:terrplan@act.gov.au)

cc Ms Rachel Stephen-Smith, MLA, [stephen-smith@act.gov.au](mailto:stephen-smith@act.gov.au)  
Mr Shane Rattenbury, MLA, [rattenbury@parliament.act.gov.au](mailto:rattenbury@parliament.act.gov.au)  
Mr Thonmas Emerson, MLA, [emerson@parliament.act.gov.au](mailto:emerson@parliament.act.gov.au)  
Ms Elizabeth Lee, MLA, [lee@parliament.act.gov.au](mailto:lee@parliament.act.gov.au)  
[info@gnca.org.au](mailto:info@gnca.org.au)

Dear Planners,

## **REZONING OF PARKLAND (DPA-06) AND THE INNER SOUTH CANBERRA HEALTH CENTRE**

1. The Griffith Narrabundah Community Association (GNCA) is grateful for the opportunity to comment on this issue.
2. The Government announced its intention to build a walk in Health Centre in Inner South Canberra, similar to those in other parts of Canberra, before the 2020 election. The Centre is to be located in Throsby Park behind the Griffith shops. To implement the project some areas zoned PRZ1 (Urban Open Space), currently regarded as part of Throsby Park, as well as an area zoned PRZ2 (Restricted Access Recreation Zone) must be rezoned to CF Community Facility land. The Government has commenced consultation on the required Major Plan Amendment for this rezoning (DPA-06) As the Minister has foreshadowed that the Government is considering declaring this project a Territory Priority Project, thereby curtailing any further real opportunity to comment, we hope we will be forgiven for including issues related to the Health Centre which do not solely focus on the rezoning issue.
3. The GNCA welcomes the idea of a new Health Centre for Inner South Canberra, and believes that if it were implemented appropriately this could bring many benefits to the residents of the inner south. Many believed, following the Government's early announcement, that the Centre would be Walk in, with the long hours and open on weekends features familiar with other Health Centres in other parts of Canberra. These people are therefore surprised and disappointed to find that what is proposed is an appointment only, office hours on weekdays facility, with what appears to be a major emphasis on dental services which will not be available to any but the small number of people that qualify for government funded dental



services. Many of the other services offered are only available under Medicare if prescribed by a GP.

4. This unexpected change in focus has led at least some to wonder whether the Centre, with its consequent loss of parkland, mature trees, and threats to parking at Griffith shops, is really worth the benefits that it might bring. Others wonder whether the Centre's objectives might be better achieved at another site, or whether these objectives could be better achieved at a lesser cost than the rumoured \$22m for the Centre.

5. The DPA-06 document itself does not argue the case for the rezoning of parkland. It merely notes (p.1) that

*“The zoning change will enable the development of the Inner South Health Centre on this site”*,

and at p.3 that *“The rezoning will enable the development of the Inner South Health Centre at the proposed location within the Community Facility zone”*

and at p.6 that *“The proposed rezoning of the site to Community Facility Zone would facilitate the delivery of health care services to the local community”*.

The GNCA does not regard the repeated presentation of the same comment as a persuasive argument. No balanced assessment of the pros and cons of the proposed rezoning is offered, it seems to be assumed that the construction of *this* Health Centre with its specific mix of services, located at *this* site, is so obviously a good thing to all parties that no further consideration is warranted. The closest we get is where the DPA-06 document indicates under “2.3 Justification against the Act“ at p.6, that “the positive and negative impacts of the proposed amendment” will be outlined in the supporting report.

6. The two documents released in support of DPA-06, the Supporting Report, and the “Traffic Impact Assessment Report“ (Traffic Report), are poor quality documents and quite unpersuasive. The Supporting Report does not convince that Throsby Park is a good or appropriate site for the Centre, nor satisfactorily evaluates the pros and cons of building a centre which requires rezoning of parkland. The Traffic Report does not provide a convincing or plausible estimate of parking demand following opening of the new Centre. A fuller analysis of the shortcomings of the Supporting Report and the Traffic Report can be found at Attachments A and B at the rear of this submission. But at this stage it must be recognised that they contain errors of fact, are tendentious, and are of such low quality that one wonders if they were produced by AI. An assurance that this was not the case would reflect badly on both consultants.

7. We note that the Plans are 1:500 scale despite the fact that scales on the Plans indicate that it is 1:200. The true scale can be determined by using the length of the Griffith shops, which from the northwest side of Gryphons to the southeast side of ShopRite is 103.5m. We are surprised that this issue has not been picked up by either the architect or the project manager within the Government.

8. The GNCA supports the comments made in the ISCCC Submission on this matter, and hopes that this submission will complement and supplement the points made in that document.

## RECOMMENDATIONS

9. The GNCA **recommends** that the Government:
  1. **Prepare and release a paper or analysis which credibly assesses the size and incidence of benefits and costs of rezoning of existing parkland, particularly land zoned PRZ1 to permit the construction of the Health Centre, and any proposals to ameliorate or mitigate such loss of parkland;**
  2. **Commission a new organisation to develop a credible estimate of likely parking demand following the opening of the Centre, basing its conclusions on local data, or ask the authors of the Traffic Report to redo their assessment using more relevant data, and leaving it to the Government to decide how much of this demand it would desirable to make sure is available;**
  3. **Revert to the original position of 2020 that the Centre would be Walk In, and extend its hours so as to be open in the evening and on weekends as with Health Centres elsewhere in Canberra;**
  4. **Give serious consideration to alternative sites for the Health Centre, but also consider disaggregating the Centre, with the Dental Unit, for example, being located at one local or group centre, while other services are distributed over other shopfronts elsewhere in the inner south;**
  5. **Release and place on the Have Your Say website all the documentation the Government holds about the proposed Inner South Health Centre, including the Site Report justifying the selection of Throsby Park as the site for the Health Centre, the Tree Survey Report and associated Indicative Demolition and Tree Removal/Protection Plan, and any schedule of trees and their condition etc, the Geotechnical Survey prepared by Fortify, and any other documents relevant to the proposal;**
  6. **Release any Business Case or analysis demonstrating that it is convenient and desirable for the diverse and unrelated health services to be provided by the Centre to all be co-located in the same building;**
10. While the GNCA is grateful that the Minister for Health has been willing to meet with us, we have found that the flow of information from the Government has not matched the Minister's willingness to communicate. There are a number of examples where information held by the bureaucracy has not been made available, for no discernible reason. An example is the Site Options Analysis which was mentioned during our meeting with the Minister on 5 September, but was not released with other relevant documents at the commencement of the consultation period for DPA-06.

11. We understand that this document has now been released to a constituent attached to the Minister's reply to a representation, but it has not yet to our knowledge been publicly released. We call for this document, and those identified in the Recommendation below, to be placed on the Have Your Say Website beside the current DPA-06 supporting documents, and the period of consultation extended for a suitable period to allow interested citizens to read and digest these and if necessary, amend any comments they might wish to make.

## **SUMMARY OF THE ISSUES**

12. The GNCA is aware that this submission is considerably longer than would be desirable, but feels that this is an unfortunate consequence of the low quality of the proposal put forward and the inadequacy of the supporting documentation released by the Government. To assist those who would prefer not to read through the entire submission we offer the following brief summary.

13. DPA-06 proposes to amend the Territory Plan by rezoning various portions of existing public parkland to CFZ. No serious justification for this loss of parkland is offered except that it would facilitate the construction of the Health Centre. Some errors in the Supporting Report are identified. The GNCA is not convinced that the benefits offered by the proposed Health Centre outweigh the loss of parkland. There needs to be a more powerful argument than that the Government would find this rezoning convenient.

14. The impact on the Griffith shops is a critical measure of the benefits and disbenefits of the proposal. A failure to provide enough parking for both patrons of the shops and patients at the centre will lead to a loss of patronage and division of business to nearby Manuka and Kingston. Unfortunately, the Traffic Report, which is supposed to demonstrate the adequacy of the proposed parking, is entirely unconvincing. The best that one can say is that the parking may be adequate. On the other hand, it is entirely possible that the parking may not be. In addition, there will be a considerable period when work of moving the children's playground, constructing the stormwater retardation basin in Throsby Park, and then building the Health Centre, will disrupt parking at Griffith Shops. Again, one can hope that this will be well planned to minimise any disruption, but the quality of documentation so far does not encourage optimism. The GNCA is not yet convinced that parking will be adequate.

15. The proposed centre will be large, with a footprint of about 1,500m<sup>2</sup> and over two thirds the length of the Griffith shops. It will not be a walk-in centre open for extended hours 7 days a week, unlike that at Weston Creek. The services will focus on the provision of dental services, accompanied by various seemingly unrelated health services and some nursing. The public is likely to be disappointed that what is proposed is not what they expected. It is not clear what advantages accrue from co-locating these other health services with a large dental clinic. It may be worthwhile locating these services separately in individual shop fronts. Possibly the Government could offer these services by way of vouchers to existing private practitioners. The GNCA believes that the services proposed to be offered do not reflect the

public's clear preferences and the Health Centre should be redesigned as a nurse led walk in health centre with extended opening hours such as at Weston Creek.

16. Why the 'Inner South' Health Centre should be located in Throsby Park behind the Griffith shops is not clear. The Government has a Site Options analysis but has not released this on DPA-06 website. A seemingly more suitable site in Manuka appears to not have been seriously considered. Other sites with at least the same level of public transport access, such as on Cunningham St in Eastlake do not appear to have been evaluated. Other health centres are located at Group or Town Centre to take advantage of better transport links and parking, and a greater probability that access and mobility issues will be properly addressed. Despite the optimistic assessments in the Supporting Report, behind the Griffith shops is not an outstanding location when considered against these criteria, and why the Government appears to be set on this location is not clear. The Supporting Report vaguely suggests that dental issues are more common in 'the south of Canberra' but does not make the data behind this public, nor explain why the Throsby Park site is the best in 'the south of Canberra'. The GNCA remains unconvinced that Throsby Park is the best site for the Health Centre.

17. The Supporting Report indicates that some trees will have to be removed for the construction of the Centre but says that these will be replaced by a greater number of superior trees. In the absence of any Arborists' report and Tree evaluation the GNCA cannot be certain that these claims are valid.

18. When jointly announcing DPA-06 with Health Minister Stephen Smith Minister Steel asked for views on whether the Health Centre project should be made a Territory Priority Project (TPP). This status would mean that Third Parties could not lodge planning appeals against the proposal. The GNCA has long felt that this approach is misdirected, and that the best way to speedily secure approval, and construct Government projects is to make sure that the planners, architects, engineers and others associated with the project are the best available. More money should be spent on getting the project right in the first place rather than in employing lawyers to defend substandard, non-compliant bad designs. The GNCA still holds this view and is opposed to the extension of TPP status to the Inner south Health Centre project.

## **DISCUSSION OF THE ISSUES**

### **Loss of parkland**

19. A problem with the Throsby Park site which the Supporting Report fails to address in any detail is that it involves the rezoning to CFZ of some 2,158m<sup>2</sup> of PRZ1 land which nominally forms part of Throsby Park (at this stage we should note that the Supporting Report appears to believe that it is some 4,647m<sup>2</sup> of PRZ1 zoned land that is to be rezoned, but how this number was derived is not apparent). This is only slightly less than one third of the entire site.

20. The two areas in question, part of Block 33 and the whole of Block 39, were gazetted as PRZ1 in 2008 as part of the implementation of the Open Space Network Project. Details are in Variation to the Territory Plan No.165 Open Space Network of May 2006. As this document says, zoning as Urban Open Space “indicates that the area has been set aside for long-term open space use and is generally characterised by unrestricted public access. As such, these spaces have a high level of statutory protection.”
21. One could argue that some 1,385m<sup>2</sup> of the area to be rezoned is Block 39, which though zoned PRZ1 has never permitted public access, and remains fenced off to this day. But this would be to reward the somewhat doubtful, if not improper, actions of City Services in not removing this fence in 2008, which scarcely sets a good precedent for the future. The remaining 773m<sup>2</sup> forms the corner of the old tennis courts on Block 33, and has indubitably been part of Throsby Park since 2008.
22. At nowhere in the Supporting Report is there an explanation of why it is desirable to expropriate either this portion of Block 33 or the entirety of Block 39 apart from repeated statements to the effect that this would allow the building of the Centre. What other parks in Canberra might we find suddenly expropriated for worthy Government ends if expediency were the only test?
23. In assessing the positive and negative impacts of rezoning PRZ1 parkland the Supporting Report states at p.34 that “*The change to the PRZ1 portion of the site is not seen to adversely impact the surrounding open spaces ability to achieve the above policy outcomes*” This is in relation to the rezoning of an area (on the Report’s figures) of 4,647m<sup>2</sup> of PRZ1 zoned land in Throsby Park, which at present has an area<sup>1</sup> of 6,680m<sup>2</sup>, or about 70% of Throsby Park. While we believe that the report is confused about the areas involved (see Attachment A) this conclusion appears unreasonable. Surely the reasonable person would concede that reducing a park to 30% of its former area might possibly ipso facto be seen as an adverse impact?
24. At p.39 The Supporting Report says “*The loss of PRZ1 and PRZ2 land as part of the proposal is noted as a perceived impact, however it is noted that the land itself is not broadly used for the uses perceived for these zonings, rather the site is currently dedicated to parking and low-level landscaping.*” This is a disturbingly subjective assessment, but if the reference to “uses perceived for these zonings” is a comment on the public’s inability to use Block39 as parkland despite its zoning is surely not an argument for its rezoning to CFZ.

---

<sup>1</sup> Derived by summing the areas of Blocks 34 and 40 (freely available on Actmapi, and the PRZ1 portion of Block 33, available from the gazettal notice. Why the authors of the Supporting Report appear incapable of doing the same should perhaps be raised with them by the Government.

25. At p.41 the Report states “The proposal seeks to rezone blocks 33 and 39 Section 78 Griffith to CFZ – Community Facilities Zone”. This appears to enthusiastically expand the actual rezoning proposed in DPA-06, which restricts this to the PRZ1 portion of Block 33, and leads one to wonder how clearly the authors of the Report understand the proposed amendment. We also note in passing that the total area of Blocks 33 and 39 is 4,560m<sup>2</sup>, not the 4,647m<sup>2</sup> the Report uses.
26. Further down the same page the Report states “*The proposed rezoning will benefit the local community through the provision of a new Inner South Health Centre which will provide a broad range of health services to the Inner South*“ and “*The potential adverse impacts of the change have been appropriately mitigated through the 30% PSP and functional design brief. As a result, the proposal represents a significant net benefit to the community in achievement of a key Government initiative*”. The first statement is not balanced by any assessment of possible disbenefits, and the latter statement has a decidedly North Korean tone with its reliance on impenetrable (and possibly meaningless) jargon (the term ‘30% PSP’ is not defined in the Report), and the suggestion that the Community has received a benefit because the Government has achieved one of its key objectives. More AI at work?
27. We would be reassured if the Government could produce a balanced and reasonable paper explaining these actions and putting forward measures which might ameliorate or remediate the loss of this public access land. One possibility might be to preserve the existing open space on the CFZ portion of Block 34 and move the parking proposed to be located there to the upper portion of Throsby Lane beyond the round-about, which currently provides access to Block 39. This would involve expanding the site to take in some space used for roads, but this should not present a difficulty.

### **Impact on Griffith shops**

28. Construction of both the Retardation Basin and the Health Centre will involve disruption, loss of parking, and diversion of trade from shops. On the other hand, it is possible that the influx of construction workers and tradies will to some extent offset the loss of trade due to reduction in the amount of available parking.
29. The plans show that that any existing parking spaces lost by the construction of the Health Centre will be replaced, with additional spaces being provided. But will the additional parking spaces be enough? The risk here is that if there is inadequate provision of parking for the Health Centre then the shops will lose trade as potential shoppers go elsewhere (Manuka and Kingston are both very close). The best case outcome is that the Health Centre draws new business to shops, without displacing any existing custom. This is possible if parking is adequate.

30. The Traffic Report claims adequate parking will be available at the opening of the Health Centre, but the quality of this analysis leaves much to be desired. The GNCA is very concerned that construction of the Health Centre does not negatively impact on the shops. We accept that the Government will try and minimise any disruption, but must concede that Civic's experience with Stage 2A of the tram does not give reason for optimism.

### **Form and Function of the Centre**

31. It is regrettable that we know considerably more about the Centre, its design, and the services it is expected to offer from information in the supporting documents provided to justify DPA-06 than we do from any information provided directly by the Government. This lack of trust in the public can only engender suspicion that the Centre is perhaps not everything that the public might otherwise expect.

32. Getting details of what is proposed for the Centre has been difficult. A week after the GNCA's meeting with the Minister on 5 September we received a plan of the site with the interior blanked out, and no indication whether the Centre was to be one or two-storied. Fortunately, plans of the Ground and First Floors of the Centre were included at Appendix E of the Traffic Report, a document released in support of DPA-06. The plans were drafted in December 2024 and revised in January 2025 so why they were withheld until October 2025 is not clear.

33. The Centre is to be built on land currently used for parking for the Griffith shops. The Centre is expected to open in 2028 after construction in 2027, following the construction of the Storm Water Retardation Basin in Throsby Park in the second half of 2026.

34. The Centre will be a large building with a footprint of about 1,500m<sup>2</sup>, and about 70m long (about the distance from the Gryphon to Recess Coffee), at a diagonal to the line of the shops and local street grid. Above the ground floor there will be a small first floor with additional staff car parking and staff amenities, (showers, staff room, etc). There will be about 50 staff and 28 "points of care". There will be 78 rooms, with 71 of these on the Ground Floor. Currently there are 59 car parking spaces on the site of the Centre; these will be replaced with 87 public spaces and 32 spaces reserved for staff. So total parking will be increased by 60 spaces, but parking available to the public increased by only 28 spaces. Some of this additional parking is to be located in a portion of Block 34 not currently used for parking with a number of trees on it. If possible, it would be desirable to retain this existing open space and relocate the parking to alternative areas.

35. While it may be that there are persuasive reasons why a building co-locating a number of unrelated services is preferable, and that Throsby Park behind the Griffith shops is the most accessible and most central site for the inner south, but if so the case has not been well argued.

36. Similarly, we now have a much clearer understanding of what services will be offered from the Centre from p.3 of the Supporting Report. Services to be offered include:
- ACT Pathology collection services
  - Post-acute Care and Chronic Disease Management
    - Nursing
    - Podiatry
    - Nutrition
    - Physiotherapy
    - Rapid access clinics
  - Dental services
    - Dental chairs
    - Special needs dental chair
    - Bariatric dental chair
    - Dental laboratory
  - BreastScreen ACT
  - Various multidisciplinary group exercise and education programs, which may include cardiac, heart failure, and pulmonary rehabilitation services.
37. This makes it clear that the Centre will not be a walk-in nurse led Centre, such as is at Weston Creek, open 78 days a week from 7.30 am to 10 pm. Visits will be by appointment only, during weekday office hours. The availability of medical services, as distinct from health services, will be limited. Many members of the public expecting something similar to the Weston Creek Centre will be disappointed by what is offered,
38. We note the emphasis on dental services. These will not be available to all ACT residents, but only those with appropriate Government cards. As it seems probable that these will be in lower income brackets it is worth putting some effort into ensuring that they have the easiest access to any dental facilities. It seems unlikely that the Griffith shops, with their limited public transport, would meet such an ease of access test. Narrabundah (on the last figures we have seen) has twice the level of public housing than does Griffith. If we take public housing as a reasonable proxy for access to Government funded dental services, then if the provision of dental services is the principal determinant, then it appears that the Health Centre, or that portion providing dental services, should be located at Narrabundah shops.
39. The remaining services to be offered at the Centre cover a wide range. We note that many of these are offered by independent private practitioners. From the lay-person's point of view there seems to be no requirement that health services such as Pathology collection, Podiatry, Nutrition, Physiotherapy, group exercise and education programs to be located in specialist accommodation. This seems to suggest that there are little gains to be had by co-location all these in one building, particularly if the building is principally dedicated to the provision of dental services.

40. With the cost of the proposed Centre apparently put at \$22m, we trust that the Government has fully explored all possibilities to reduce the costs of service provision, including disaggregation of services and the use of existing commercial facilities where available. While it is possible that there are advantages in co-locating such different services, we are not aware of any evidence of this, and the onus rests with the Government to demonstrate that this is the case. Arguments on the lines of “We have always done it this way” should not carry much weight.
41. In the GNCA’s meeting with the Minister we were advised that the services to be offered were not yet finalised. For example, it was not yet determined whether X-ray and CT facilities would be included. We are not certain what is meant by “BreastScreen ACT” but presume that an X-ray facility will be available for screening unless this is merely covers the provision of office space.

### **Proposed location**

42. The proposed location of the Centre in Throsby Park is not obviously the best location for a Health Centre intended to serve the entire inner south. Geographically the centre of these suburbs lies somewhere near Manuka, while we suspect that the population centre might lie closer to the Kingston group Centre or near Kingston Foreshore. Not only are Griffith shops/Throsby Park not central to the inner south, they are also not central to Canberra south of the lake, in relation to which the inner south sticks out like a peninsula to the east. Neither, despite the waffle in the Supporting Report, are Griffith shops/Throsby Park particularly well served with public transport, as only one bus service runs along Stuart St. We note that most, if not all, other Health Centres in Canberra are located in Group or Town Centres, presumably reflecting the centrality of such centres to the areas they serve, greater availability of patient car parking, and greater choice in public transport access.
43. This raises the possibility that there may well be more desirable sites for the Inner South Health Centre, better served by public transport, and closer to the centre of population. Assuming that the Government decides that co-location of all the proposed services is desirable, the obvious places to examine are at Manuka, and other possible sites at Kingston Foreshore (possibly in the as yet undeveloped Arts Precinct) and Eastlake (east of Cunningham St in the former rail yards).
44. If the Health Centre is to be located in Throsby Park a considerable amount of work will need to be done to make the Centre accessible from both bus stops on Stuart St, both to and from Manuka. This is particularly so if it is intended that the Centre be accessible to those with restricted mobility. A proper level crossing will need to be established to let passengers cross from the bus stop on the west side to the east side of Stuart St.

45. While it is not possible to be precise in the absence of a survey map, it looks like Stuart St is about 3m or perhaps a little more above the Barker St pavement outside the Griffith shops, and from there it is a further 2.5m or more down to the floor level of the Centre at 578.700. Proper accessible pathways from Stuart St down to the shops, and then from the shops down to the Centre, dropping only at the permitted gradient compliant with the Access and Mobility Code, would have to be installed and maintained. In light of this it might be easier and cheaper to raise the main floor of the centre to the same level as the Barker St pavement, with an elevated walkway from the shops to the Centre. This would have another advantage in that the space underneath the Centre could be used as car parking, reducing the loss of parkland.

## **Trees**

46. There are a number of trees on the site. It seems that some loss of trees is inevitable, and this is acknowledged in the Supporting Report. For example, the Report states:

At p.22 “The PRZ1 portion of land contains several high and exceptional value trees which have been identified to be retained as part of the proposal“;

At p.23 “The demolition plan shows several trees to be removed, which are intended to be replaced with additional plantings to create additional shade, visual amenity and potential avian habitat. Selections of trees will largely be local native species, with some non-local exotics to provide variety“; and

Again at p.23 “The proposal is designed to minimise the loss of green space, and to augment any loss of trees with significant trees planted exceeding those impacted by the proposal”.

And again at p.23 “Figure 2 of this document (*Griffith Health Centre Indicative Site Plan*, prepared by May & Russell) demonstrates a high-level of plantings around the proposed facility which will exceed the number of trees to be removed.”

47. It appears that an Arborist’s report and tree survey has been prepared. The Supporting Report says at p.7 “A separate tree survey report is being prepared by SPACELAB”, and the low-resolution Indicative Demolition and Tree Removal/Protection Plan at p.23 of the Report indicates that this had been prepared at the time of release of the Report. However, the Government has chosen not to release this/these document(s).

48. In the absence of the Arborist’ Report we can only make a guesstimate about the trees to be removed on Blocks 33 and 34 on the basis of the Arborists Report for the Storm Water Retardation Basin in Throsby Park, but this gives no knowledge of the trees on Block 39. Our best estimate is the removal of between 20 and 30 trees. It will remain difficult for the public to assess to what extent the Government’s intention to replace removed trees can be achieved until the release of the Tree Survey Report and a good quality version of the Tree Removal/Protection Plan. It is clearly impossible for the public to accept the assurances that the number of removed trees will be exceeded by replacement trees in the absence of the relevant documents, especially in light of the Supporting Report’s tendency to indulge in

what can best be described as flights of imagination. The GNCA will remain sceptical about the adequacy of any replanting until the relevant document(s) have been released.

### **Territory Priority Projects issue.**

49. In the Joint Media release of 7 October 2025 announcing DPA-06 the Minister for Planning Chris Steel indicated that the Government was considering declaring the Health Centre a Territory Priority Project. This would prevent any third party appeals in relation to defects in the planning. This would be possible if a proposed amendment to the Planning Act 2023, which proposes extending appeal exempt Territory Priority Progress status to projects undertaken by the Health and ACT housing Directorates.
50. The GNCA lodged a submission to the Legislative Assembly inquiry into this proposal explaining why the idea had no merit. The GNCA remains of this view. If the Government believes that a project may be held up by third party appeals the solution is to appoint better qualified staff who can supervise designing a project that is compliant with current planning rules.
51. Supporter of proposals to extend the scope of Territory Priority Project exemptions should also be aware that this does not preclude challenges, it merely moves them from the ACAT to the ACT Courts, which would make the process much more cumbersome and slow. This would have the effect of excluding any but the richest individual from challenging a planning decision, while leaving developers with full scope to litigate against rival's projects, which we understand is the source of at least some ACAT appeals.
52. The suggestion that citizens should be deprived of their originally common law based right to object when the Government has made a mistake is appalling and should be opposed by all those who believe in democracy.

The GNCA thanks you for the opportunity to comment.

Yours faithfully

President  
GNCA  
1 December 2025

**Supporting Report**

53. The establishment of an Inner South Health Centre is a serious proposal, and the tax paying public has a right to expect that the pros and cons will be examined in a professional, honest, and unbiased fashion. Unfortunately, this does not appear to be the case.
54. The Supporting Report was prepared by SpaceLab Urban Planning and Design and is dated 30 June 2025. The Report “is intended as supporting documentation providing key reasons and considerations for the rezoning” and “addresses potential positive and negative impacts of the proposal including provision of community infrastructure, equitable and accessible provision of healthcare, local amenity, open space, traffic and parking” (p.1).
55. It appears that the Consultants are not familiar with the site, and at times seem to have come no closer than a Google Maps or ACTmapi aerial view. For example, at p.22 The Report says “The PRZ2 portion of the rezoning is taken up primarily by a surface car park, toilet block and several small, low- quality trees over a manicured grass setting.” Those more familiar with the area will know that the “toilet block” is an about 4m by 3m corrugated iron structure with a large roller door as the only entrance, and holds large rubbish or recycling containers. From the ground it would be impossible for any sane human to confuse it with a toilet block. While this is possibly a minor error it makes one wonder what else about the site have the Consultants misinterpreted or misunderstood?
56. The Report appears confused about the various portions of the blocks to be rezoned, which is unfortunate as this issue is supposed to be what the Report is Supporting. At p.22, and again at p.33 the Report says “The proposal will result in the rezoning of 2,364m<sup>2</sup> of PRZ2 – Restricted Access Recreation and 4,647m<sup>2</sup> of PRZ1 – Urban Open Space.
57. These figures are hard to reconcile with data available from ACTmapi and elsewhere, and set out in the table over page. They are also puzzling because at p.6 the Supporting Report appears to get the numbers correct. The PRZ1 area of Block 33 is specified as 773m<sup>2</sup> at p.19 of “Variation to the Territory Plan No.165 Open Space Network” of May 2006, and Gazetted on 31 March 2008. This means the remainder of Block 33, the portion zoned PRZ2, must be 2,402m<sup>2</sup>. This is larger than the 2,364m<sup>2</sup> cited above
58. The area of the proposed Health Centre site that needs to be rezoned from PRZ1 to CF is 773m<sup>2</sup> (all of Block 33) + 1,385m<sup>2</sup> (of Block 39) = 2,158m<sup>2</sup>, less than half the 4,647m<sup>2</sup> stated in the Supporting Report.

## Health Centre site blocks

Block	Name	Zoning			Total
		CFZ (m2)	PRZ2 (m2)	PRZ1 (m2)	Area (m2)
Block 33	Griffith Tennis Courts		2,402	773	3,175
Block 34	Throsby Preschool	2,329		2,286	4,615
Block 39	Works Depot			1,385	1,385
	Health Centre Site	2,329	2,402	2,158	6,889
	Total area of three blocks				9,175

27. Much of the commentary in the Supporting Report seems to be relentlessly positive, determined to find a pearl amongst the muck.
28. For example, at p.25 it says that “The redevelopment of a largely unused area to provide a much needed community facility while improving the level of tree planting to the immediate area is seen as a net positive for the locality.” Of course, that depends on who is doing the seeing. A considerable portion of the site is currently used as parking for the local shops, and can scarcely be described as “largely unused”. The remainder is the currently fenced off Block 39, or part of Throsby Park, an area that has been neglected by the Government, so the children’s playground equipment and related facilities are not at the standard of some more fortunate areas, but the park is used by locals as much as any typical park in Canberra. The failure of the Government to remove the fences around Block 39 are not an argument for its rezoning to CFZ. If we accept this interpretation of ‘unused’ most of the parks in Canberra could be turned into the sites of Government buildings, and then be assessed as having improved local amenity. The proposed health centre is not “a much needed community facility”. There has been no local demand for a centre with the restricted services now proposed. Many might feel that the Centre is being wished upon us by the Territory Government which has decided to locate this facility here for reasons which have not been made clear.
29. Again, at p.30 the Supporting Report proclaims “The high-level of public transport and active travel routes to the site, enhance its accessibility without increasing car dependency”. Back in the real world we note that there is only one bus service which travels along Stuart St. Labelling this a “high-level of public transport” seems to be setting the bar a little too low. The only areas that would not fall into such a high level of public transport would be those with no bus service, like Oaks Estate. To most of us there is a difference between high access and some access.
30. This farrago of gushing enthusiasm for siting of the Health Centre at Griffith shops, and the occasional random failure in relation to facts, which seems to have slipped by the authors unnoticed, might lead some to ponder if this report is the product of AI, something which is now not unheard of. Whatever the basis of this, it leaves a lingering concern that anything, no matter how adverse, would be present as another powerful argument that the Centre should be in Throsby Park. This rather robs the Report of its persuasive power. It is

certainly not an objective evaluation of the pros and cons of the possible locations for the Health Centre.

**Traffic Report**

64. The Traffic Impact Assessment Report, finalised in January 2025, has other problems. Much of it is related to the rather obvious conclusion that the Centre should not generate so much new traffic that use of the local streets are likely to be significantly affected. Only pages 23 to 26 are devoted to determining whether there will be adequate parking for the shops at Griffith when the Health Centre commences operations. Unfortunately, the Traffic Report is hard to follow, and doesn't always explain its methodology or the meaning of terms it uses. Rather than looking at current parking patterns, and then trying to predict how much extra parking demand the Health Centre might generate, it relies on 2015 data collected in NSW at 20 "Health Centres" in NSW. No effort is made to convince the reader that these Health Centres are in any way comparable to the proposed Inner South Health Centre. Neither do the authors attempt to adjust for changes in motor vehicle ownership and propensity to use public transport between NSW (dominated by Sydney) and the ACT, both in 2015, and at present, in 2025. Maybe the authors just don't care.
65. Having imported the basis of the projected parking demand the authors then go to some length to explain why the Government doesn't actually have to plan to handle this number, because those who can't find parking spaces can just park in the neighbouring streets. We believe that it would be more desirable for the Government to try to make sure that all those seeking to park at Griffith shops after the Centre is operating are catered for, so that the Griffith shops do not suffer from the arrival of the Health Centre.
66. Our feeling is that the parking demand calculated in the Traffic Report is unconvincing, and believe the Government would be wise to seek an alternative assessment from a different source, ideally using data from the ACT.
67. The Traffic Report shares a difficulty with the Supporting Report in that it seems confused over the area of the Health Centre site. At p.8, and again at p.31 the traffic Report says "The subject site has an area of 7,027 sqm." It is hard to reconcile this number with the area of 6,889m<sup>2</sup> as derived in the table above. Are both reports drawing numbers from some flawed source document the Government hasn't yet released, or is this another example of AI in the workplace?