

圖例  
NOTATION

ZONES		地帶
COMMERCIAL	C	商業
COMPREHENSIVE DEVELOPMENT AREA	CDA	綜合發展區
RESIDENTIAL (GROUP A)	R(A)	住宅 (甲類)
RESIDENTIAL (GROUP B)	R(B)	住宅 (乙類)
GOVERNMENT, INSTITUTION OR COMMUNITY	GIC	政府、機構或社區
OPEN SPACE	O	休憩用地
OTHER SPECIFIED USES	OU	其他指定用途
GREEN BELT	GB	綠化地帶
COMMUNICATIONS		交通
RAILWAY AND STATION (UNDERGROUND)		鐵路及車站 (地下)
MAJOR ROAD AND JUNCTION		主要道路及路口
ELEVATED ROAD		高架道路
MISCELLANEOUS		其他
BOUNDARY OF PLANNING SCHEME		規劃範圍界線
BUILDING HEIGHT CONTROL ZONE BOUNDARY		建築物高度管制區界線
MAXIMUM BUILDING HEIGHT (IN METRES ABOVE PRINCIPAL DATUM)		最高建築物高度 (在主水平基準上若干米)

土地用途及面積一覽表  
SCHEDULE OF USES AND AREAS

USES	大約面積及百分率 APPROXIMATE AREA & %		用途
	公頃 HECTARES	百分率 %	
COMMERCIAL	29.44	27.70	商業
COMPREHENSIVE DEVELOPMENT AREA	1.89	1.78	綜合發展區
RESIDENTIAL (GROUP A)	0.22	0.21	住宅 (甲類)
RESIDENTIAL (GROUP B)	0.84	0.79	住宅 (乙類)
GOVERNMENT, INSTITUTION OR COMMUNITY	15.23	14.33	政府、機構或社區
OPEN SPACE	15.36	14.45	休憩用地
OTHER SPECIFIED USES	5.57	5.24	其他指定用途
GREEN BELT	1.26	1.19	綠化地帶
MAJOR ROAD ETC.	36.46	34.31	主要道路等
TOTAL PLANNING SCHEME AREA	106.27	100.00	規劃範圍總面積

夾附的《註釋》屬這份圖則的一部分，  
現經修訂並按照城市規劃條例第 5 條展示。  
THE ATTACHED NOTES ALSO FORM PART OF THIS PLAN  
AND HAVE BEEN AMENDED FOR EXHIBITION UNDER  
SECTION 5 OF THE TOWN PLANNING ORDINANCE

核准圖編號 S/H 4/16 的修訂  
AMENDMENTS TO APPROVED PLAN No. S/H4/16

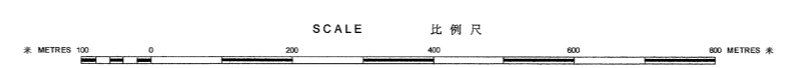
AMENDMENTS EXHIBITED UNDER SECTION 5 OF THE TOWN PLANNING ORDINANCE	按照城市規劃條例第 5 條 展示的修訂
AMENDMENT ITEM A1	修訂項目 A 1 項
AMENDMENT ITEM A2	修訂項目 A 2 項

(參看附表)  
(SEE ATTACHED SCHEDULE)

2019年5月24日 按照城市規劃條例第5條展示的  
核准圖編號 S/H4/16 的修訂  
AMENDMENTS TO APPROVED PLAN No. S/H4/16 EXHIBITED  
UNDER SECTION 5 OF THE TOWN PLANNING ORDINANCE ON  
24 MAY 2019

*Fiona Lung*  
Fiona LUNG 龍小玉  
SECRETARY 城市規劃委員會秘書  
TOWN PLANNING BOARD

香港城市規劃委員會依據城市規劃條例擬備的中區(港島規劃區第4區)分區計劃大綱圖  
TOWN PLANNING ORDINANCE, HONG KONG TOWN PLANNING BOARD  
HONG KONG PLANNING AREA No. 4 - CENTRAL DISTRICT - OUTLINE ZONING PLAN



規劃署遵照城市規劃委員會指示擬備  
PREPARED BY THE PLANNING DEPARTMENT UNDER  
THE DIRECTION OF THE TOWN PLANNING BOARD

圖則編號  
PLAN No. S/H4/17

**SCHEDULE OF AMENDMENTS TO  
THE APPROVED CENTRAL DISTRICT OUTLINE ZONING PLAN NO. S/H4/16  
MADE BY THE TOWN PLANNING BOARD  
UNDER THE TOWN PLANNING ORDINANCE (Chapter 131)**

**I. Amendments to Matters shown on the Plan**

- Item A1 – Rezoning of the northern portion of the Hong Kong Sheng Kung Hui (HKSKH) Compound at Lower Albert Road from “Government, Institution or Community” (“G/IC”) to “G/IC(1)” and stipulation of a building height restriction of 135 metre above Principal Datum (mPD).
- Item A2 – Rezoning of the southern portion of the HKSKH Compound at Lower Albert Road from “G/IC” to “G/IC(1)” and stipulation of a building height restriction of 80mPD.

**II. Amendments to the Notes of the Plan**

- (a) Revision to the Remarks of the Notes for the “G/IC” zone to incorporate building height restrictions and minor relaxation clause for the “G/IC(1)” sub-zone.
- (b) Deletion of ‘Market’ from Column 1 of the Notes for the “Commercial” zone and from Column 2 of the Notes for the “Residential (Group B)” zone, and revision of ‘Shop and Services’ to ‘Shop and Services (not elsewhere specified)’ in Column 2 of the Notes for the “Residential (Group A)” and “G/IC” zones.

Town Planning Board

24 May 2019

Extract of Minutes of TPB Meeting dated 10.5.2019

Hong Kong District

Agenda Item 3

[Open Meeting (Presentation and Question Sessions only)]

Proposed Amendment to the Approved Central District Outline Zoning Plan (OZP) No. S/H4/16

(TPB Paper No. 10536)

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[The item was conducted in Cantonese.]

Presentation and Question Sessions

8. The following representatives from the Planning Department (PlanD) and the Commissioner for Heritage's Office, Development Bureau (CHO, DEVB) were invited to the meeting:

Mr Louis K.H. Kau - District Planning Officer/Hong Kong (DPO/HK),  
PlanD

Mr Jerry Austin - Senior Town Planner/Hong Kong (STP/HK), PlanD

Mr José H.S. Yam - Commissioner for Heritage (C for H), DEVB

Ms Joey C.Y. Lee - Assistant Secretary (Heritage Conservation), DEVB

9. The Chairperson invited the representatives of PlanD to brief Members on the Paper.

10. With the aid of a PowerPoint presentation and a 3-D fly-through model, Mr Jerry Austin, STP/HK, PlanD briefed Members on the proposed amendments as detailed in the TPB Paper No. 10536 (the Paper), including the background, the preservation-cum-development proposal of the Hong Kong Sheng Kung Hui (HKSKH's proposal), the proposed rezoning of HKSKH Compound at 1 Lower Albert Road in

Central (the Site) from “Government, Institution or Community” (“G/IC”) to “G/IC(1)”, the proposed building height restrictions (BHRs) and the assessment of the BHR options from visual, heritage conservation, traffic and air ventilation aspects, as well as from the angle of possible impact on HKSKH’s proposal which was at an advanced stage of planning.

[Mr Stephen L.H. Liu, Ms Sandy H.Y. Wong, Mr Alex T.H. Lai and Miss Winnie W.M. Ng arrived to join the meeting during the presentation of PlanD’s representative.]

11. The Chairperson said that, as mentioned in paragraph 4.20 of the Paper, when formulating Option 1 and Option 2, there was a strong case for setting a BHR of 80mPD for the southern portion in order to minimise the visual impact on the Hong Kong Zoological and Botanical Gardens across the road. Regarding the BHR for the northern portion, two options (i.e. the high end of 135mPD under Option 1 and the low end of 120mPD under Option 2) were devised for consideration by the Board. Noting the impact under the two options, the Board might also consider a variation of BHR between 120mPD and 135mPD for the northern portion.

#### *Formulation of the BHR Options*

12. Some Members raised the following questions:

- (a) the difference between the two BHR options for the northern portion of the Site, noting that both options had taken into account the existing height profile of the Site, the surrounding site context and the BHRs that were currently in effect in the surrounding areas;
- (b) the reasons for adopting a lower BHR of 80mPD in the southern portion of the Site, which featured a stepped height profile in reverse direction with BHR descending towards Upper Albert Road; and
- (c) whether there was any sensitivity test for different BHR options for assessing the impact on the operation of the proposed hospital by HKSKH.

13. In response, Mr Louis K.H. Kau, DPO/HK, PlanD made the following points:
- (a) the proposed BHR of 135mPD for the northern portion of the Site for the proposed hospital development was comparable with the BHRs of the surrounding areas ranging from 120mPD to 150mPD stipulated on the draft Sai Ying Pun and Sheung Wan OZP No. S/H3/32. On the other hand, the proposed BHR of 120mPD was an extension of the existing BHR covering the area along Wyndham Street to the west of Glenealy on the said OZP;
  - (b) setting a BHR of 80mPD for the southern portion was to maintain a buffer and minimise the visual impact on the Hong Kong Zoological and Botanical Gardens across Upper Albert Road; and
  - (c) the assessments of the BHR options were mainly from the visual, heritage conservation and air ventilation aspects. No sensitivity test for different BHR options had been conducted for assessing the impact arising from the proposal on the operation of the proposed hospital. Subject to the Board's decision on the appropriate BHR, the project proponent could review the impact on the operation of the proposed hospital, and revise the building design, as appropriate.

*Minimum Requirement of Hospital Beds*

14. A Member enquired about the minimum requirement of hospital beds set out by the Food and Health Bureau (FHB) and whether the BHR of 135mPD for the northern portion of the Site was necessary for meeting such requirement. In response, Mr José H.S. Yam, C for H, said that the minimum requirement of hospital beds set out by FHB was 274. According to HKSKH's proposal, the proposed hospital with a BH of about 134.8mPD could provide 293 beds. Given the typical floor-to-floor height of a hospital was about 4.5m, if the BHR of 120mPD was adopted, the proposed hospital would be reduced by 4 storeys and the corresponding loss of gross floor area was about 5,600m<sup>2</sup>, which was equivalent to the loss of 114 beds (about 40% of the proposed number of beds). He also indicated, using a location plan, that the footprint at the Site that could be used for hospital development was limited as a result of the need to preserve the four historic

buildings and their ambience.

*HKSKH's Proposal*

15. The Chairperson and some Members raised the following questions on the details of HKSKH's proposal:

- (a) whether there would be any setback of the proposed hospital development from Lower Albert Road, and whether the open space provided within the Site would be open to the public;
- (b) the grading of the historic buildings in the Site and how their ambience could be preserved, and whether the impact on the Government House had been taken into account;
- (c) whether there was any redevelopment proposal for the Alford House and Ridley House in the Site, which had been vacant for years;
- (d) the proposed use of the area currently occupied by the HKSKH Welfare Council and whether the area could be used for car park;
- (e) whether there would be any underground car park in the proposed development, and the possibility of relocating some hospital facilities to the underground levels and the graded buildings;
- (f) whether the Old Sheng Kung Hui Kei Yan Primary School (Kei Yan PS) would form part of the proposed hospital development, and whether decking over part of the Kei Yan PS would have any impact on the overall BH of the proposed hospital development; and
- (g) the services to be provided in the proposed hospital, and whether the proposed hospital development involved any government funding.

16. In response, Mr José H.S. Yam, C for H, made the following points:

- (a) there would be no setback of the proposed development from Lower Albert Road, where the ingress and egress for the vehicular traffic of the proposed hospital would be located. The open space provided within the Site could be freely accessible by the public according to HKSKH's proposal;
- (b) among the 11 existing buildings in the Site, there were four graded buildings. Bishop's House, St. Paul's Church and Church Guest House were Grade 1 historic buildings, while Kei Yan PS was a Grade 2 historic building. According to the proposal, HKSKH would preserve and revitalise all four graded historic buildings within the Site, which would provide the needed space for HKSKH's religious and community services. To preserve the ambience of the historic buildings, the footprint of the proposed hospital would be constrained with a view to keeping a distance from the historic buildings. HKSKH had been advised to take into account the impact of the proposed hospital on the surrounding developments, including the Government House, which was at a distance away from the proposed hospital;
- (c) Alford House and Ridley House would be renovated and reserved for use by the staff of the proposed hospital and other religious services provided by HKSKH;
- (d) given the small site area, the area currently occupied by the HKSKH Welfare Council would be used for greening after redevelopment with a view to maintaining the ambience of Bishop's House and St. Paul's Church. Also, in view of the traffic along Glenealy, the ingress and egress for the vehicular traffic of the proposed hospital would be at Lower Albert Road which was not close to the area of the HKSKH Welfare Council;
- (e) there would be three levels of underground car park providing about 90 car parking spaces. HKSKH had not mentioned whether it was possible to relocate some hospital facilities to the underground levels. However, the structural stability of the four graded historic buildings should be taken into

account when considering any further underground development. Also, the graded buildings within the Site were currently being actively used and it would be more preferable to accommodate all hospital facilities within the new building;

- (f) the proposed hospital would deck over part of the Kei Yan PS, but the latter would not be used for hospital purpose. The part of the proposed hospital decking over the school would not be up to 135mPD and would have no impact on the overall BH of the hospital; and
- (g) the proposed hospital would provide 12 operation theatres to cater for the need of hospital facilities for patients and medical practitioners in Central and the nearby areas. There would be no Accident and Emergency (A&E) service, hence less traffic arising from emergency vehicles. HKSKH would fund the full cost of the proposed hospital development.

17. In response to a Member's enquiry, Mr Louis K.H. Kau, DPO/HK, explained that the Government House was not identified as a public viewing point as it would not be open to the public for most of the time. As such, there was no photomontage showing the view from the Government House.

18. In response to a Member's enquiry on whether there would be any other development restrictions on controlling the bulk of the proposed development, Mr Louis K.H. Kau, DPO/HK, said that the footprint for the proposed hospital development would be constrained by the need for preserving the four historic buildings. Mr Raymond K.W. Lee, Director of Planning (DoP), supplemented that the development bulk of the proposed hospital would be subject to the control under the Buildings Ordinance.

19. Some Members questioned about the need for a new hospital in the district and whether the Government had any territorial plan for hospital development. Mr Louis K.H. Kau, DPO/HK, responded that there was a shortfall of 847 hospital beds in the Central & Western District in the long term according to the requirements of the Hong Kong Planning Standards and Guidelines (HKPSG). Besides, FHB had given its policy support for the proposed hospital.



20. The Chairperson said that HKSKH had initiated the proposal of developing a non-profit-making private hospital in the Site since 2013. Throughout the years, the project proponent had been consulting the Central & Western District Council and various government departments in resolving the technical concerns. The project proponent also consulted the Antiquities Advisory Board (AAB) in June 2018. However, when considering a s.12A application under the Town Planning Ordinance (the Ordinance) as detailed in the Paper, the Board considered that it was necessary to impose suitable development restrictions on the OZP to ensure that the urban design aspect of any redevelopment proposal on the Site would be given due consideration under the planning regime. As such, the focus of the discussion on the proposed amendment to the OZP should be on whether the BHRs imposed were suitable, rather than whether there should be a new hospital which would in any case be permissible on the Site falling on a “G/IC” zone.

21. The Chairperson noted that HKSKH’s proposal was already at a very advanced stage of planning, and invited C for H to advise the remaining procedures HKSKH needed to go through had there been no BHR imposed on the Site through the proposed OZP amendments. The Chairperson added that it was nonetheless proper for the Board to consider the proposed amendments notwithstanding the history of the HKSKH’s proposal.

22. Mr José H.S. Yam, C for H, explained that if there was no BHR, the Lands Department would have proceeded to conclude its consideration of the lease modification submitted by HKSKH and the approval from the Chief Executive in Council would be sought for the proposed hospital development.

#### *Traffic Impact*

23. A Member raised a question on how the local concern on traffic impact could be addressed, noting that no traffic impact assessment (TIA) had been conducted for the proposed BHRs for the Site on OZP. In response, Mr Louis K.H. Kau, DPO/HK, said that no TIA had been conducted as there was no change in the land use zoning of the Site. Both hospital and religious institution uses were currently always permitted under the “G/IC” zone. In any case, the project proponent was required to submit various technical

assessments, including a TIA with necessary mitigation measures, if any, to the satisfaction of the Transport Department (TD) before it could proceed with lease modification and take forward its preservation-cum-development proposal at the Site. There would be adequate safeguards to ensure that the proposed development would not cause adverse traffic impact on its surroundings.

24. Another Member asked whether there was any figure showing the traffic flow to be generated. Mr José H.S. Yam, C for H, advised that as there would be no A&E service, a substantial increase in the traffic flow was not anticipated. Having said that, the project proponent had been liaising with TD in complying with relevant requirements, including car parking provision, which would be provided in line with HKPSG.

25. Noting that there would be about 90 car parking spaces to be provided within the Site, a Member enquired whether the car parking provision was a requirement that HKSKH had to comply with. Mr Louis K.H. Kau, DPO/HK, said that HKPSG was to provide guidance on the car parking requirement, which was not mandatory, and the provision of car parking facilities should be subject to the satisfaction of TD.

[Mr Lincoln L.H. Huang, Dr Frankie W.C. Yeung and Mr Franklin Yu arrived to join the meeting during the question and answer session.]

#### Deliberation

26. A majority of Members (15 Members speaking) supported Option 1 (i.e. 135mPD for the northern portion and 80mPD for the southern portion). They considered that the proposed BHR of 135mPD in the northern portion of the Site was not incompatible with the surrounding BH profile and the visual impact was not significantly different from the alternative BHR of 120mPD. Allowing a higher BHR would help maximize the development potential and land utilisation. As the proposed hospital development was in a very advanced stage, HKSKH might need to revisit the design if a more stringent BHR was imposed, which would further delay the implementation of the proposed development. The more stringent BHR would also lead to the reduction in the number of hospital beds to be provided, not to mention the possibility of HKSKH not being able to meet FHB's minimum requirement. The Site itself was a good location for a hospital,

which was convenient to patients and medical practitioners in Central and could meet the deficit of hospital beds in the district. In terms of heritage conservation, HKSKH had also made efforts in preserving all four graded historic buildings in the Site. A Member considered that HKSKH might need to submit further details for the proposed hospital development during the statutory public inspection period. Another Member opined that the open space provided within the Site should be accessible to the public and better pedestrian connectivity should be planned.

27. Some Members (seven Members speaking) preferred Option 2 (i.e. 120mPD for the northern portion and 80mPD for the southern portion). They considered that a lower BHR should be adopted and HKSKH could submit further information during the statutory public inspection period for the Board's consideration to justify why a relaxed BHR should be allowed. They doubted whether the imminent need for a new private hospital in the area would justify a more lenient BHR.

28. Two Members did not support either Option 1 or 2. They considered that the need to have a new private hospital on the Site and the maturity of HKSKH's proposal could not in themselves justify what they would regard as an overly lenient approach. The proposed development would severely affect the historic ambience of the Site and its surrounding. The Board should critically review an appropriate BHR and even consider other control parameters for the Site, instead of imposing a BHR based on the HKSKH's proposal, adding that the current heritage conservation approach was too fragmented and should be considered in a wider context. A Member specifically doubted why the visual impact on and the possible adverse effect on the ambience of the Government House were not taken into consideration.

29. Mr Raymond K.W. Lee, DoP, said that when considering the s.12A application for rezoning the Site, Members considered that the existing control mechanism through CHO, Antiquities and Monuments Office and AAB adequate in terms of heritage conservation and it might not be necessary for the Board's scrutiny on the heritage conservation aspect. The Board however considered that the proposal might have implication from the urban design perspective. As such, the Board requested PlanD to consider suitable amendment to the OZP to ensure that the urban design aspect of any redevelopment proposal on the Site would be given due consideration. In response to a Member's enquiry, Mr Lee said

that if no BHR was to be imposed on the OZP, the BH of the future redevelopment on the Site might exceed the currently proposed 135mPD for the proposed hospital.

30. The Chairperson summed up the discussion and said that a majority of Members considered that Option 1 should be adopted as the basis for amending the Central District OZP. The stakeholders could submit representations during the statutory public inspection period. Any representation received would be considered according to the provision of the Ordinance.

31. After deliberation, the Board:

- (a) decided that Option 1 should be adopted as the basis for amending the Central District OZP;
- (b) agreed that the proposed amendments to the approved Central District OZP No. S/H4/16 and that the draft Central District OZP No. S/H4/16A at Attachment IIa of the Paper (Option 1) (to be renumbered to S/H4/17 upon exhibition) and its Notes at Attachment III of the Paper were suitable for exhibition under section 5 of the Ordinance; and
- (c) adopted the revised Explanatory Statement (ES) for the draft Central District OZP No. S/H4/16A at Attachment IV of the Paper as an expression of the planning intentions and objectives of the Board for various land use zonings of the OZP and agreed that the revised ES was suitable for publication together with the OZP.

32. Members noted that, as a general practice, the Secretariat of the Board would undertake detailed checking and refinement of the draft OZP including the Notes and ES, if appropriate, before their publication under the Ordinance. Any major revision would be submitted for the Board's consideration.

33. The Chairperson thanked the government representatives for attending the meeting. They left the meeting at this point.

[Miss Winnie W.M. Ng, Mr Sunny L.K. Ho and Dr Jeanne C.Y. Ng left the meeting at this point.]

Extract of Minutes of C&WDC Meeting dated 4.7.2019

~~意思即指那些需要進行以完成七項優化工程項目的工程。~~

106. 市建局陳志鴻先生回應指現時仍在收取申請表階段，未進行排序。現時約收到 250 份申請，當中約涉及 1 500 部電梯。他表示根據「樓宇更新大行動」及「消防安全改善工程資助計劃」的經驗，大約七成的申請都是申請期最後一個月才收到，故估計本月會收到大量申請。他指出確保升降機安全是業主的責任，機電署亦在 2011 年已大力宣傳「優化升降機指引」，希望業主自發性優化其升降機。政府明白部分業主有困難，特別夥拍市建局，動用政府資源以協助最需要的大廈業主為其升降機進行優化，故以差餉值作為其中一個審核條件。他表示明白過去兩年樓市有向上的波動，故已以兩年前的差餉值作為標準，讓更多樓宇可以參加此計劃。他指出此計劃並非使用整套「招標妥」服務，只使用當中的電子招標平台以招標工程承辦商。他表示明白現時很多項市建局推行的計劃都使用此平台，市建局將改善收標的設施，在不久將來會有所改善。他表示市建局已盡量聯絡不同的承辦商，與其開會及接洽，鼓勵承辦商在電子招標平台登記。他指出現時已有 27 間承辦商登記加入電子招標平台。市建局會繼續努力，希望有更多承辦商加入名冊。他表示與「招標妥」一樣，每次就升降機工程招標時，均會通知所有已登記的承辦商。他相信透過電子招標平台進行招標，可將圍標風險盡量降低。同時市建局亦會成立資料庫，就每次招標作獨立估算，其估算亦會盡量緊貼市場價格。他表示如投標者的報價與估算偏離甚遠，會按獨立估算作依歸以計算資助，以保障公帑的運用。

107. 機電署張嘉裕先生補充指計劃內有兩份標準招標文件，分別用作招聘工程承辦商及工程顧問。市建局會提供免費顧問予申請人，當中包括撰寫標書、估價、標書評估等。如申請人想自行聘請顧問，市建局會向其提供標準工程顧問招標文件，內有相關資歷要求、顧問的工作內容及其所需提交的報告要求等。

108. 陳捷貴議員建意致函市建局，要求放寬申請資格，提高應課差餉租值上限及簡化手續。

109. 副主席表示同意，議會通過致函市建局，要求放寬計劃申請資格，提高應課差餉租值上限及簡化手續。副主席並宣布結束此議題的討論。

**第 8 項：中區分區計劃大綱草圖編號 S/H4/17**  
**(中西區區議會文件第 80/2019 號)**

(下午 7 時 38 分至 8 時 38 分)

110. 副主席歡迎規劃署、中西區關注組、政府山關注組代表出席會議，

並邀請規劃署簡介文件。

111. 規劃署高級城市規劃師/港島 4 何盛田先生表示中區分區計劃大綱草圖(大綱圖)主要修訂項目為有關香港聖公會建築群的地帶改劃及訂明建築物高度限制。他表示於本年 5 月 10 日,城市規劃委員會(城規會)轄下的都會規劃小組委員會同意對大綱圖作出以下修訂:將香港聖公會建築群土地用途由「政府、機構或社區」地帶改劃為「政府、機構或社區(1)」地帶,並訂明建築物高度限制:北面部分為主水平基準以上 135 米、南面部分為主水平基準以上 80 米。北面部分的建築物高度限制為主水平基準以上 135 米,與鄰近的建築物高度限制相若。南面部分的建築物高度限制為主水平基準以上 80 米,主要反映現有建築物的最高建築物高度,即約主水平基準以上約 78 米,並保留現時沿上亞厘畢道一段的建築物高度概況。規劃署曾就修訂項目進行視覺影響評估,發現訂明建築物高度限制後大部份地區的視覺影響為輕微至中等,包括從皇后大道中遠眺屬輕微至中等;從香港壁球中心遠眺屬輕微至中等;從堅道遠眺屬輕微;從都爹利街仰望屬輕微;從香港動植物公園噴水池遠眺屬輕微,而另一處行人徑遠眺則屬中等至明顯;從山頂和啟德郵輪碼頭公園遠眺則屬看不見。

112. 規劃署何盛田先生續指大綱圖亦修訂「政府、機構或社區」地帶《註釋》的「備註»,以納入「政府、機構或社區(1)」支區的建築物高度限制和略為放寬的條文。此外,亦在「商業」、「政府、機構或社區」、「住宅(甲類)」及「住宅(乙類)」地帶的《註釋》作出技術性修改,把「街市」納入「商店及服務行業」的用途內。他表示大綱圖於 5 月 24 日刊憲,為期兩個月,歡迎議員就大綱圖的修訂在 7 月 24 日或以前提出意見。

113. 副主席邀請中西區關注組召集人羅雅寧女士就項目發言。羅雅寧女士指有關修訂非常荒謬,關注組申請高度限制是為保障歷史城區建築、環境及交通不受發展龐大建築物的影響。但城規會於 5 月所提出的高度限制卻似是為香港聖公會度身訂造的高度,所建議的主水平基準以上 135 米等同香港聖公會 25 層醫院加 90 個車位的高度。此大型建築物完全無視該區嚴重的交通擠塞及政府山內低矮一級建築及法定古跡的氛圍,於動植物公園、禮賓府及堅道看去猶如龐然巨物。羅女士亦指城規會會議上城規會主席表示發展計劃已然成熟,她續指當時有城規會委員感到沒有選擇,難於投票支持。羅女士引述出 2013 年南華早報中管浩鳴牧師的報導,表示管牧師與行政長官曾討論有關項目,她認為項目進展急速是其二人的秘密交易,並指政府的管治風格是若行政長官要落實的項目,所有部門機關便要全力推行,不容置疑。她強調該區交通擠塞極為嚴重,政府正推展電子道路收費正是為紓緩交通擠塞,而有關方面亦沒有就項目進行任何交通評估,不應該於該區作如此大型發展。此外,該地段鄰近亦有香港聖公會售出的土地,該處發展商將建的商業大廈亦會涉及 70 個車位,就於同一條道路上所加增車流量的累

積影響，完全沒有進行交通評估。因此，羅女士對此表示十分不滿，認為議員應反對此計劃。

114. 副主席邀請政府山關注組代表 Mr John BATTEN 就項目發言。Mr BATTEN 表示一群關注議題的市民希望城規會考慮他們提交的改劃圖則申請，他指香港聖公會建造醫院的計劃十分隱秘，建築涉及二十五層樓的高度，並位於重要歷史遺蹟旁，他展示該處於 1930 年代景貌的相片，表示這些景物至今沒有大的改變，然而，若加建聖公會擬建的醫院建築物，將會影響該處的環境，他認為規劃署處理項目上帶有操縱性，指城規會本希望聖公會的發展項目能有良好設計以保護該處歷史建築物，但現時所提交的大綱圖卻只是為了配合香港聖公會計劃發展的項目，令人失望及震驚。此外，他指署方沒有就項目進行交通評估，認為是對城規會程序的漠視，因此他表示會向城規會提出意見，亦希望各議員仿效。

115. 主席開放議程討論。

- (a) 甘乃威議員表示他在該區讀書，居住多年，他對聖公會醫院的設計圖感到憤怒，指他不接受在該處豎立如此建築物，將整個環境完全破壞。他表示有意見指不應阻止興建醫院，但他認為在該處興建醫院對社會的幫助只是杯水車薪，卻將該處整體環境破壞。他續指剛才規劃署介紹時展示出從遠處觀看的照片，指訂定的高度限制不會造成太大影響，他認為這沒有說服力，因如只以很遠的角落看過來作標準，影響定必不大，正如倘從月球的位置看過去，一定不會看出任何影響。他並指有關方面沒有進行交通及其他對環境方面的評估便希望議會通過，他呼籲半山區的居民發表意見，認為保皇黨的議員不會提出反對，並希望議會能致函城規會，指他是強烈嚴重反對有關計劃，稱計劃對半山及中西區的影響非常大。
- (b) 鄭麗琼議員表示她對大綱圖建議該處的高度限制與聖公會擬建醫院的高度並無分毫的減少，指當時聖公會管浩鳴牧師曾與議員溝通，提及該處建私家醫院的好處，指需有近三百張病床方可稱為醫院。鄭議員認為該處原有的港中醫院或許只是一個救弱扶貧的診所，未必可稱為醫院，她認為議會希望興建的醫院不是如養和醫院般的醫院，只是希望有一所診所在該處，供中產或稍為可承擔消費的長者取得醫療服務，猶如當年聖公會在香港辦學的宗旨，她指香港有今天有賴當年各宗教團體提供社會服務，令香港成熟，成為國際都市。她表示現時建議興建這棟樓高主水平基準以上 135 米的醫院，然而周邊的建築物卻是丟空沒有人居住。她續指醫院的位置原本設一條地下通道由港督府通去聖公會總部及中環，認為這段歷史憑表彰出來，對能否在其上興建如此大規模的醫院有所保留。她希



望議會的討論能轉交規劃署，並需明言議會強烈反對在該處興建樓高 25 層的醫院，她強調並非反對興建醫院，指可興建較小規模的建築，不一定要興建服務富貴人士的大型醫院。她強調該處是中環核心地方，非常有歷史價值，絕對不容破壞。

- (c) 吳兆康議員指規劃署展示的一幅由堅道及禮賓府望去的相片反映出建議的高度限制下所建成的建築物將嚴重影響動植物公園及堅道一處的景觀，令人一望去便見龐然巨物。此外，他亦認為所建的建築物將會影響通風，而在沒有交通評估的資料下，相信亦會影響交通，指現時該處已是交通繁忙，經常出現交通擠塞的地方，加建的建築物將進一步影響半山區及中環的交通。另外，他認為如此高的建築物亦會破壞歷史氛圍，指禮賓府及主教山整體是低矮，多綠化樹木的建築，屬舊式設計的發展，而聖公會擬建醫院的設計猶如一把刀插入該處的圓形範圍，破壞整個地方的規劃和歷史氛圍，這些因素及對地區的影響導致他反對在該處興建如此龐大的醫院。他並認為是行政長官強推此計劃，指區議會需要為居民及歷史表達意見，反映此設計並不專業。
- (d) 伍凱欣議員指設計圖反映該處多是一級或二級的歷史建築，其範圍景致十分美麗，她指並非反對興建醫院，只是倘若興建如此高聳的建築物，結果會如大館內美術館的設計，令大館的設計變得不倫不類。她指議員不是「橡皮圖章」，需向選民交代，不能在未有足夠資料包括交通評估、空氣環境影響評估資料的情況下，輕率地贊成該處的規劃，指規劃將影響未來數十年的發展。她重申作為議員需對市民負責，所以她反對該計劃。
- (e) 陳捷貴議員表示該處座落四座歷史建築物，包括三座一級歷史建築物及一座二級歷史建築物，當中仍有空間興建另一棟建築物，只是可考慮減低此新建建築物的擬議高度。他支持在該處興建醫院，指醫院是民生所需的服務，原本該處亦是醫院，加上該處鄰近中區專科醫生的辦公室，適合興建醫院，指就建築物的高度仍可有商討研究的空間，但不應反對興建醫院，他個人則十分支持醫院的興建。
- (f) 主席表示他贊成興建醫院，指醫院乃救急扶危的服務，無分貧富均一視同仁以救急扶危為主，而周邊的設施及醫院的高度和設計，則可再作商討。他強調絕對支持在中區興建醫院，而該處與中區只是一線之隔，由中區前往十分方便，他希望有關部門能聽取議會的聲音。
- (g) 楊哲安議員表示他支持加增醫療服務予當區居民，指之前該處曾有

一所醫院，加上人口老化，宏觀興建醫院的方向正確，至於如何保持該地段的面貌，建築物的高度如何不致影響景觀或交通也需要平衡。他並指高的建築物不一定會帶來負面的觀感，高的建築物可加上美化或綠化，亦可加入空間以增強通風，不致造成風阻，設計亦會影響視覺的效果。由於現時未有詳細的設計，只憑高度而言可能予人很高的感覺，但認為需就美化綠化及對交通的影響提供更詳細的資料以作衡量，他舉例指有否專營巴士接載醫院員工已會對交通造成不一樣的影響，而病人的分布亦會影響人流，如政府妥善設計行人道路，或能方便居民步行到醫院而不需交通工具。他重申支持整體方案，只是對細節仍存在憂慮，在未有詳細資料前難以確實表示贊成，希望能提供更多資料以作詳細討論。

- (h) 許智峯議員表示自由黨前任議員曾反對此聖公會擬建醫院計劃，表示沒有交通評估資料，計劃會令交通擠塞惡化，然而現今的自由黨議員卻表示支持有關計劃，站於支持政府的立場。他指他的立場是強烈反對是項規劃申請。他表示就擬建醫院外觀而言，任何一位保育設計師均會覺得其設計在該地段並不與環境匹配，他認為此設計並不可以接受。此外，就交通評估，他表示眾所周知中環的交通已然十分擠塞，政府部署中環實行電子道路收費，也是想減少車流，現時擬議興建龐大的醫院將引來超多的車流，正與政府減少車流的政策背道而馳。他在立法會申訴部中聆聽政府就關注組的指控作回應，他曾提出為何需要興建 25 樓層的醫院，涉及 293 張床位，他指當時政府回應指政府有政策，私家醫院的項目需達某一床位數目的水平才可以獲得政府給予興建機構的地價優惠，這等同向公眾展示此乃地產項目，需要取得政府的地價優惠，從而有利可圖，因此需要興建如此高度的醫院。他詢問計劃應按社會需要為目標，還是按政策優惠為目標。最重要的整個規劃程序是否一個合理並公義的程序，由 2016 提出計劃，2017 年向區議會諮詢遭反對，2018 年修訂計劃平面圖遭反對，2019 年提交這規劃申請，不理從來議會並沒有贊成，只是一味的強推，城規會的規劃小組亦突然同意有關計劃，規劃署似成為聖公會發展項目的顧問，他認為規劃署沒有專業道德。許議員最後詢問規劃署表示規劃小組有此建議，是在哪一次規劃小組會議上提出，當中考慮了什麼因素，有多少人贊成及反對，指他在網上未能搜尋到相關資料。
- (i) 張國鈞議員表示擬建醫院的外觀好壞比較主觀，指在推行自願醫保計劃的政策下，中西區在公立醫院外的醫療服務是否足夠是一個社會的關注，普羅市民亦會認為這是需要解決的問題，稱港島區有多少所私家醫院是眾所明白的事實，指除了前往養和醫院及聖保錄醫院求診外，需要研究如何可解決將來在自願醫保計劃下的醫療需

求。他理解計劃或會對交通及環境造成影響，但指該用地若用作其他社會用途也需考慮這些因素，即使不建設醫院，取代的建設同樣也會對交通及環境造成影響，除非該地段只作空置。因此如何解決這些問題以配合社會公益的政策才是應有的方向，如只是因會引起交通問題及環境問題而不進行項目發展，只會令該地段空置。他認為不能一方面提出香港的居住及醫療需求，另一方面卻不願使用香港的土地去解決，希望能客觀冷靜地處理問題。

- (j) 李志恆議員詢問現時的申請是放寬高度限制至主水平基準以上 135 米，還是收緊，抑或原本該處並沒有高度限制而現時需加設。倘若是收緊至主水平基準以上 135 米，是否較附近的建築物為高，他希望取得這方面的資料。他表示不評論相關高度在主觀上的感覺，但指由於相關地盤面積不大，如不向高發展，難以容納作為醫院所需病床的數目，他表示支持興建醫院以改善香港的醫療服務供應，而醫院能提供較多的病床亦屬好事，不理解為何寧願為景觀而減少病床的數目，認為這不是合理的做法。
- (k) 鄭麗琼議員表示討論文件提及文化遺產，指該地段的文化遺產有二十三項，亦屬聖公會轄下的「政府、機構或社區」地帶，可作興建醫院而不能作商業用途，認為如將高度限制由主水平基準以上 135 米降至前港中醫院或與周遭環境配合的高度，可考慮興建醫院，關鍵在於不能採取現時擬議三角形建築物的設計，既採用玻璃幕牆，又欠缺交通評估及對環境的評估，強調該處是文化古蹟的重要地段，如加建高聳的建築物，從動植物公園望過去將十分不理想。
- (l) 楊學明議員希望了解現時所擬訂的高度限制是否合理，但他個人支持興建醫院以服務大眾，他並指之前曾於會議上提出希望聖公會在建成醫院後，該醫院能為市民提供「套餐價」，稱現時私立醫院均未能為市民提供「套餐價」，聖公會亦曾作此承諾，他認為這是市民需要的服務。至於建築物如何才算美觀或合理，他認為再作討論，但他原則上是認同興建醫院用途。
- (m) 甘乃威議員澄清該處之前是港中醫院，如新建醫院規模近似於港中醫院，他不會反對，他反對的是現時聖公會擬建醫院的規模。他認為不能將是否贊成建醫院與是否贊成建此擬議規模的醫院混為一談，認為不能只看成本效益，將醫院建至很高，而是需要與其環境配合，他並強調這並非美觀與否的問題，而是與整個環境是否配合。另外，他認為亦涉及交通問題，指該處交通已然擠塞，再增加一間設二百多張病床的醫院會令情況更嚴重，他不滿有關機構未能提供交通評估，指在資料不足的情況下卻將公眾諮詢的期限訂於 7 月

24 日，因此他反對有關規劃。

- (n) 楊哲安議員回應許智峯議員指自由黨的議員就計劃改變立場的說法，澄清指根據 2016 年 10 月 20 日區議會會議記載，自由黨陳浩濂議員表示支持香港聖公會中環建築群，既可保留四幢歷史建築，又能提供醫療服務，縱然他亦有關注交通的問題及新醫院的收費。他不希望清楚記錄在案的信息被錯誤表達。

116. 規劃署港島規劃專員顧建康先生回應議員意見，他指該地盤現時並沒有高度限制。他述及修訂項目的背景，指「政府山關注組」曾提交改劃圖則申請，就位於中環下亞厘畢道的香港聖公會建築群及其他用地（包括禮賓府、前政府總部、前法國外方傳道會大樓、聖約翰座堂及炮台里）訂明建築物高度限制，以地盤內現有最高建築物的高度為限，當城規會考慮有關申請時，認為如以地盤內現有建築物的高度作為限制太過嚴苛，故此當時並沒有同意改劃圖則申請，但希望規劃署從城市設計的角度，就大綱圖中聖公會建築群位置研究合適的修訂。規劃署因此應城規會的要求，就那地盤建議適合及可接受的修訂，提交城規會考慮。規劃署作出建議時考慮了不同的因素，包括地盤本身的用途、地形因素（如聖公會建築群地盤本身是一個高低不一的地盤，因此在不同的地方需要因應地勢以訂定不同的高度），規劃署亦參考周邊現有建築物的高度，或現已訂明的高度限制。顧先生理解議員關注此地盤是否適合興建醫院，但指這在是次規劃署提交高度限制的修訂中並非主要的考慮，由於該處屬「政府、機構或社區」地帶，醫院是「第一欄用途」，屬經常准許，故此於該地盤與建醫院並不須向城規會申請規劃許可。他重申指規劃署在訂定高度限制時會參考該地盤的用途，因此在是次的修訂中向城規會建議了兩個高度限制的方案，其中一個是主水平基準以上 135 米，顧先生表示這並非為聖公會度身訂造，只是參考了聖公會「寓保育於發展」計劃內的用途，即興建一所高度為主水平基準以上 135 米的醫院。而另一個規劃署向城規會建議的方案是主水平基準以上 120 米的高度限制，這是參考地盤周邊已連拿利以西所設的高度限制（即主水平基準以上 120 米）。他續指目前香港聖公會建築群地盤並沒有高度限制，而附近已連拿利以西的地段則已訂明主水平基準以上 120 米至 150 米的高度限制，而較北的地段，則因應地勢的緣故，於半山區西部分區計劃大綱圖訂明主水平基準以上 260 米或更高的高度限制。規劃署將建議方案提交城規會，城規會在考慮時亦有關注在該處建醫院帶來的交通問題，以及所訂定的高度會否對保育歷史文化構成影響，這些因素在城規會的會議記錄上也有作出交代，當時文物保育專員曾在會議上就文物保育方面向城規會提供意見，認為就保育的角度，主水平基準以上 135 米的高度已平衡各方面的因素，於發展及保育間取得平衡，因此文物保育專員認為從文物保育的角度並不反對聖公會的發展，城規會亦知悉地盤處於現有的用途地帶可容許興建醫院。由於是次修訂主要就該地盤訂定高度限制，並不需就醫院的用途進行交通評估。他續補充，在城規

會的會議上，規劃署已解釋雖然醫院用途屬「經常許可」，不須向城規會申請許可，但因地契問題，聖公會如要發展醫院便需要修訂地契，而在修訂地契的過程中，聖公會需要向政府證明在該處發展一間有規模的醫院，不會對交通構成重大的影響。至於視覺、通風方面，他解釋視覺影響評估是根據城規會的規劃指引 41 號，選擇視覺影響評估的瞭望點有兩個考慮：第一是根據七個策略性的瞭望點(其一是從太平山頂俯瞰，其二是從啟德郵輪碼頭公園望向香港島)，第二是根據地盤發展的地區中比較多公眾人士前往的地方作為瞭望點，結果顯示倘若從香港動植物公園其中一條比較接近發展地盤的行人徑看過去，對視覺影響是最大及最明顯的。城規會亦曾審視主水平基準以上 120 米的高度和主水平基準以上 135 米的高度兩者的視覺影響，總結出兩者對視覺的影響相約，沒有重大分別，因此在考慮所有因素後，城規會同意以主水平基準以上 135 米作為起點，並透過刊憲諮詢公眾人士意見。城規會在會議上亦提及聖公會可在申述過程中提供更多資料以支持主水平基準以上 135 米是最合適的高度限制。

117. 吳兆康議員詢問有關瞭望點的諮詢是諮詢何人，以及為何不以被極度阻擋景觀及通風、位於己連拿利的多棟高的住宅大廈做瞭望點。他表示若新建的醫院的規模和港中醫院相約，他絕對不會反對，但現時建議醫院的建築過於龐大，認為會對交通造成負荷。他表示在沒有交通評估報告的情況下，很難去支持方案。他認為建設要顧及環境規劃和交通，現在此設計嚴重影響環境和交通。他並指規劃署稱建議的高度限制曾參考附近建築物的高度，但他見附近可參考的建築物只是會督府、聖公會幼稚園、聖公會教區福利協會、聖保羅堂、禮賓府等，他質疑為何參考的是附近的摩天大廈，而非最接近地盤的建築物，他認為此做法很有問題。

118. 許智峯議員引述規劃署指議員提出的憂慮，在城規會會議上已有討論及交代，並表示這屬規劃小組初期的建議，他詢問是在哪一次規劃小組的會議上討論，表示在網上未能取得有關資料，希望能提供會議記錄供參閱。此外，他詢問相關地盤附近在多棟建築物，為何要選主水平基準以上 120 米的建築物作參考。另外，就規劃署表示有關建議並非為聖公會度身訂造，卻表示會參考聖公會計劃推展的項目，他詢問如此考慮是否符合程序，這是否在法律上需要考慮的因素，他認為既然規劃署指只是從城市規劃的角度去考量，是否應撇除該地段計劃的發展，作出獨立的考慮，不應只因聖公會已現存有一規劃發展便以此計劃作考量。

119. 規劃署顧建康先生回應議員意見，他表示有關都會規劃小組委員會會議是在本年 5 月 10 日，會議記錄已上載城規會網頁。就瞭望點的選取，他表示該七個策略性瞭望點的由來，是當年在檢討《香港規劃標準及準則》時，加入了城市設計的章節，此章節曾經過廣泛的諮詢，包括諮詢不同市民、業界及不同的團體，取得共識後訂下此七個策略性瞭望點，納入《香港規劃

標準及準則》之內。此外，他澄清署方對視覺影響的評估是聚焦任何發展對公眾人士的影響，至於住宅的私人景觀，於香港並沒有法律的保障。作為城市規劃師，要保障的是公眾利益，所以署方選擇的瞭望點是最多公眾人士會前往的地方，發展就這些地方視覺的影響才是署方所關注的。另外，有關程序方面，在大綱圖加設高度限制，其中一個考慮是在加設高度限制後對私人土地發展潛力有否影響，倘若有影響，城規會需要有一個明確的規劃原因，才可加予此限制。因此規劃署在研究高度限制時會考慮該地盤的用途，署方知悉聖公會就此地盤有一個項目發展，因應此發展，若訂定高度限制為主水平基準以上 120 米，將會對有關發展構成影響，這在城規會會議上有作出討論，若訂定高度限制為主水平基準以上 135 米，則不會對發展項目構成影響，這是城規會其中一個考慮的因素。就鄰近樓宇高度的參考，他指「政府山關注組」提交改劃圖則申請時，曾建議的高度限制為該聖公會地盤內現存樓宇的高度，這建議在城規會會議上已被視為過份嚴苛而沒有同意，因此規劃署在城市設計的角度會參考一個較闊的範圍，並會考慮周邊發展的建築物高度。

120. 許智峯議員表示根據網上的資料，本年 5 月 10 日並沒有舉行城規會都會規劃小組委員會會議，詢問規劃署所提及的是否指城規會會議。

121. 規劃署顧建康先生更正表示討論有關議題的是本年 5 月 10 日舉行的城規會會議，而不是城規會轄下的都會規劃小組委員會會議。

122. 鄭麗琼議員希望議會致函城規會表達議員就項目的意見。

123. 副主席表示會將此議題的會議記錄擬稿送交城規會以表達各議員就項目的意見，這亦是過往一直的做法。

124. 鄭麗琼議員希望信函能反映議會一致的意見，如反對將高度限制設於某一水平。

125. 副主席表示議會未有就此達成一致的意見，但各議員的意見則透過會議記錄擬稿送交城規會，此乃議會既定的做法。他並表示此乃規劃署提交的項目，與保育中環聖公會項目的議題分開處理。

126. 鄭麗琼議員希望能趕及於公眾諮詢截止前將會議記錄擬稿送交城規會。

127. 副主席表示秘書處將按期限將會議記錄擬稿送交城規會，此外，由於規劃署代表亦有出席是次的區議會會議，相信規劃署代表亦會將此次會議上議員表達的意見在城規會會議上反映。副主席並宣布議題結束。

**Summary of Representations and Comments and the Planning Department's Responses  
in respect of the Draft Central District Outline Zoning Plan (OZP) No. S/H4/17**

(1) The grounds and proposals of the representers (TPB/R/S/H4/17-1 to 33) as well as responses are summarised below:

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
1	Government Hill Concern Group	<ul style="list-style-type: none"> <li>• Oppose Amendment Item A1.</li> </ul> <p><u>Grounds of representation:</u></p> <ul style="list-style-type: none"> <li>• Building height restriction (BHR), being just one form of urban design controls, is inadequate to address the urban design concerns raised by Members of the Town Planning Board (the Board/TPB). Other forms of site specific urban design control such as the designation of view corridors or the requirement to carry out urban design studies should be considered.</li> </ul>	<p>(i) The BHRs of the representation site was determined by the Board having regard to a number of factors including the BH profile, the surrounding site context, the BHR currently in force in the surrounding areas, the preservation-cum-development proposal at the representation site, heritage conservation implication and the visual impact of the proposed BHRs. A lower BHR of 80mPD is adopted at the southern portion of the site to reflect the maximum BH of the existing buildings therein (i.e. Ridley House at 78.2mPD) and to maintain the current BH profile along this section of Upper Albert Road having regard to the surrounding site context and open public views from the Hong Kong Zoological and Botanical Gardens. A higher BHR of 135mPD is adopted at the northern portion of the site as it is not incompatible with the surrounding BH profile ranging from 120mPD (the "C" zone at northern part of the street block along Glenealy) to 150mPD (the "R(A)" zone at</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<ul style="list-style-type: none"> <li>• Proper town planning controls to preserve the heritage should be put in place. HKSKH's hospital development at 135mPD would adversely affect the heritage precinct in that it would dwarf the four historic buildings within the site; dominate the surrounding historic buildings including the Old Dairy Farm Building and Government House; affect the openness and green</li> </ul>	<p>the southern part of the street block) and the visual impact was not significantly different from the alternative BHR of 120mPD. Moreover, allowing a BHR of 135mPD for the site would help maximize its development potential and land utilisation.</p> <p>(ii) Given the need to preserve the four historic buildings within the representation site, the space available to accommodate the proposed hospital building is limited. The photomontages of the proposed BHRs showed that the visual impact would be minimal except for two local viewing points close to the site which would have moderate to significant impact. In this regard, it would not be conducive to the preservation of privately-owned historic buildings if further restrictions are to be imposed such as designation of visual corridors. The scope of any urban design studies for the site would also be limited.</p> <p>(iii) There is already an existing set of statutory and administrative measures to protect declared monuments and graded historic buildings. To propose controls on top of these measures would not be conducive to Government's heritage conservation policy. The Board has agreed during the consideration of the s.12A application (No. Y/H4/12) for the representation site and a number</p>



Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<p>setting around Government House and the Botanical &amp; Zoological Garden; and detract from the historical ambience along the heritage axis on Duddell Street and Lower Albert Road.</p> <ul style="list-style-type: none"> <li>• There was inadequate information when considering the proposed amendments to the OZP on the potential traffic and visual impact of the proposed BHR, nor justifications and planning merits for the proposed BHR.</li> <li>• The BHR of 135mPD would result in a very large development bulk. It should not apply to the whole of the lower platform. It would have a negative visual impact on Government House. It is also contrary to the Hong Kong Planning Standards and Guidelines (HKPSG) which provides that the sectional profile should echo the</li> </ul>	<p>of other sites in August 2018 that the existing control mechanism through the CHO, AMO and AAB was adequate in terms of heritage conservation and that the Board's scrutiny on the heritage conservation aspect was not necessary. CHO and AMO consider that HKSKH's hospital proposal has balanced between the need for heritage conservation and respect for private property rights as well as between preservation and development.</p> <p>(iv) Hospital use is always permitted under the "G/IC" zone. In addition, lease modification is required for HKSKH to take forward its preservation-cum-development proposal. HKSKH would be required to submit various technical assessments, if any, to the satisfaction of the relevant government departments. Hence, there is existing mechanism to ensure that the technical concern arising from the proposed development would be adequately addressed.</p> <p>(v) Responses (i) (ii) and (iii) above are relevant. As for the visual impact on the Government House, the photomontage (<b>Plan H-6c</b>) shows that the proposed development would be moderate. Regarding the <i>Principles for the Conservation of Heritage Sites in China</i> (the China Principles), CHO and AMO point out that Commentary 14.4</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<p>natural topographical profile. The BHR of 135mPD does not give respect to the heritage features within the representation site in terms of BH and building separation and enables the development to contravene heritage charters such as the Principles for the Conservation of Heritage Sites in China issued by ICOMOS China.</p> <ul style="list-style-type: none"> <li>• The BHR of 135mPD effectively adopts the BH of HKSKH's development proposal and is not based on any town planning strategy to guide development of this sensitive heritage precinct.</li> <li>• The two options proposed by PlanD have restricted TPB Members' consideration of the most suitable BHR for the site.</li> <li>• Some Members only agreed to the BHR of 135mPD in order to maximize land utilization and to respect HKSKH's proposal. It is however,</li> </ul>	<p>of the China Principles advises that “aspects of a landscape that may reduce the values of a site should be addressed on a case-by-case basis through analysis and discussion among professionals; there should be no single, rigidly determined, and generally applied solution to deal with such problems.” In this regard, the China Principles allow the consideration of a development proposal on a case-by-case basis. CHO and AMO consider that the established heritage conservation mechanism/controls is effective for HKSKH's preservation-cum-development proposal.</p> <p>(vi) Responses (i), (ii) and (iii) above are relevant.</p> <p>(vii) The two BHR options only provide a basis for the Board to determine the appropriate BHR for the representative site. The Board had considered other alternatives during the consideration of the proposed amendments to OZP at its meeting held on 10.5.2019.</p> <p>(viii) Response (i) above is relevant.</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<p>inappropriate to maximize land utilization at this site of significant heritage value.</p> <ul style="list-style-type: none"> <li>• HKSKH's hospital proposal at the representation site is not critically needed as there is no shortage of hospital beds on Hong Kong Island. Notwithstanding the policy support from the Food and Health Bureau, it does not mean the site context is suitable for a hospital development, nor constitute a benchmark for the number of beds for the hospital.</li> </ul>	<p>(ix) Facing the challenges of an ageing population, public demand for healthcare services will increase in the future. The Government's policy is to facilitate the further development of private hospitals to serve the Hong Kong community, in order to promote the healthy development of a dual-track healthcare system in Hong Kong and alleviate the burden of the public healthcare system in the long run. The implementation of the Voluntary Health Insurance Scheme in April 2019 would further facilitate members of the public to use private healthcare services in the future. It is FHB's policy to encourage private hospitals to make effective use of their sites and provide more beds to meet the rising demand for healthcare services. The current minimum number of beds of the proposed hospital (i.e. 274 beds) was part of the minimum requirements agreed between HKSKH and FHB in 2013. FHB confirms its policy support for the HKSKH hospital development based on the agreed minimum requirements. Based on the existing and planned provision of hospital beds in Central and Western District (<b>Annex VII</b>), there is a shortfall of 801 hospital beds as compared with the requirement of the HKPSG. The provision</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<ul style="list-style-type: none"> <li>Alternative GIC facilities such as district health centres, child care centres and facilities for various elderly services which serve the community needs and are more suited to the conservation context of the site should be considered instead of a hospital development.</li> </ul>	<p>of hospital beds can be improved by the materialization of HKSKH's proposed non-profit-making private hospital project at the representation site. Besides, the site is zoned "G/IC" where hospital use is always permitted.</p> <p>(x) Response (ix) above is relevant. It is noted that there is no shortfall in the provision of health centres and child care centres in the Central and Western District while there is a shortfall in the provision of community care services facilities for the elderly and residential care homes for the elderly. Nevertheless, as the population-based planning standards for elderly services and facilities were reinstated in the HKPSG on 28.12.2018. The revised standards reflect the long-term target towards which the provision of elderly services and facilities would be adjusted progressively. It may not be appropriate to compare the standards with the provision of elderly services and facilities for the existing population. PlanD and the Social Welfare Department will liaise closely to identify suitable premises to meet the requirements of elderly facilities in the long term.</p> <p>(xi) it should be noted that the proposed boundary is exactly the same as the application site of the s.12A application No. Y/H4/12. In rejecting the</p>
		<p><u>Representer's proposal:</u></p> <ul style="list-style-type: none"> <li>To rezone the representation site together with other historical sites in the vicinity (including Government House, Former Central Government</li> </ul>	

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<p>Offices, Former French Mission Building and St. John's Cathedral) (<b>Drawing H-2</b>) to "OU" annotated "Historical Site Preserved for Government and Religious Uses" with imposition of specific BHRs similar to the height of existing buildings at the site.</p>	<p>s.12A application, the Board considered that the existing "G/IC" zoning of the representation site and other historical sites was appropriate to reflect their existing and planned uses.</p> <p>(xii) The BHR of 135mPD and 80mPD for the northern and southern portions of the representation site respectively are considered appropriate as they have taken into account all relevant considerations including the existing BH profile of the site, the BHRs currently in effect in the surrounding areas, heritage conservation implication, the preservation-cum-development proposal and visual impact of the proposed BHRs.</p> <p>(xiii) When considering the s.12A application (No. Y/H4/12) for the representation site and a number of other sites in August 2018, the Board noted that to restrict the BH of any new development to the height of the existing building at the site was extremely harsh on the landowner, HKSKH.</p> <p>(xiv) The imposition of a more stringent BHR for the northern portion of the representation site would affect HKSKH's preservation-cum-development proposal and, thus, the timely provision of health services to the community.</p>
		<p>To impose a BHR of 80mPD on Amendment Item A1.</p>	

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
2	Kei Yan Primary School Alumni Concern Group	<ul style="list-style-type: none"> <li>• Oppose Amendment Item A1.</li> </ul> <p><u>Grounds of representation:</u></p> <ul style="list-style-type: none"> <li>• All buildings within the Former Sheng Kung Hui (SKH) Kei Yan Primary School compound (i.e. the Old SKH Kei Yan Primary School building, the Ming Hua Theological College and the SKH Kindergarten) should be preserved as they form the collective memory of Kei Yan Primary School Alumni and residents.</li> <li>• The proposed hospital destroys the cultural landscape and does not respect the Bishop Hill context. A conservation management plan (CMP) should be submitted, and the TPB should provide sufficient heritage conservation guidelines to control the proposed development.</li> <li>• Disagree that technical assessments can be done separate from the OZP amendment procedure as the intensity of the development will affect the scale of the trees and have traffic impact. Tree assessment should be submitted for TPB's consideration.</li> </ul>	<p>(i) Only the Old SKH Kei Yan Primary School is a Grade 2 historic building while the other buildings within the said Compound, i.e. the Ming Hua Theological College and the SKH Kindergarten are not graded buildings.</p> <p>(ii) The HKSKH's preservation-cum-development proposal has struck a balance between the need for heritage conservation and respect for private property rights as well as between preservation and development. HKSKH has also obtained general support from AAB for its proposal. Besides, HKSKH would be required at the lease modification stage to submit a CMP for properly preserving the historic buildings and their ambience. Response (iii) to R1 above is relevant.</p> <p>(iii) Response (iv) to R1 above is relevant. In addition, there is a tree preservation clause under the existing lease of the representation site to protect the existing trees within the site. Any removal of trees is also governed by existing guidelines including the Lands Administration</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<ul style="list-style-type: none"> <li>• The proposed development will cause adverse traffic impact as the surrounding roads are not sufficient to accommodate the additional traffic. The relevant traffic impact assessment (TIA) should be disclosed.</li> <li>• Adaptive reuse of the existing buildings should be considered. The Old SKH Kei Yan Primary School should be converted into a SKH religious and cultural museum while the Ming Hua Theological College and SKH Kindergarten should be converted to a theological youth hostel to promote religious education and culture.</li> <li>• The slope to the south of the Ming Hua Theological College should be converted into a butterfly themed garden while existing playground should be converted into an entrance plaza.</li> </ul> <p><u>Representer's Proposal</u></p> <ul style="list-style-type: none"> <li>• The development area and the proposed private hospital should be restricted to the area shown as point 1 in <b>Drawing H-3</b> while the BH should be</li> </ul>	<p>Office (LAO) Practice Note No. 7/2007 on Tree Preservation and Tree Removal Application for Building Development in Private Projects, under which LandsD is responsible for vetting any tree felling application.</p> <p>(iv) HKSCH is required to furnish a comprehensive TIA report that covers all the proposed development including both the hospital and religious institution uses for review.</p> <p>(v) Noted. Response (ii) above is relevant. The proposed alternative uses are always permitted under the "G/IC(1)" zone or may be permitted on application to the Board, they could be taken forward by HKSCH if so wishes, and no amendment to the OZP is required.</p> <p>(vi) Noted. Response (v) above is relevant.</p> <p>(vii) Response (xiii) to <b>R1</b> above is relevant. To restrict the hospital development to that of the former Hong Kong Central Hospital (HKCH) and</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
3	The Foreign Correspondents' Club, Hong Kong	<p>restricted to the BH of the existing Ming Hua Theological College.</p> <ul style="list-style-type: none"> <li>• Oppose Amendment Item A1.</li> </ul> <p><u>Grounds of representation:</u></p> <ul style="list-style-type: none"> <li>• The proposed high-rise development would be detrimental to the character and historical interest of the Government Hill.</li> <li>• Hospital development at the representation site would seriously worsen traffic congestion, cause more air pollution from idling vehicles and intensify the difficulty of pedestrian access to the area.</li> <li>• Demolition and construction work at the site would have adverse impact on the patronage, operation and financial returns of the Foreign</li> </ul>	<p>a piece of land to its north, it should be noted that given the limited space available, such proposal would create further constraint to the proposed development and would not be conducive to the preservation of privately-owned historic buildings through the preservation-cum-development approach. Moreover, it would likely result in a building with a BH of more than 135mPD if the proposed hospital is to provide the same number of hospital beds and hence, induce a more significant visual impact on the surrounding developments. Hence, it is not supported.</p> <p>(i) Response (ii) to <b>R2</b> above is relevant.</p> <p>(ii) Response (iv) to <b>R1</b> above is relevant. In addition, the Director of Environmental Protection considers that air pollution due to increased traffic congestion is not anticipated.</p> <p>(iii) The demolition and construction work for any development would need to meet the requirements of the Buildings Ordinance and other relevant</p>



Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
4 to 24	For the names of representers, please see <b>Annex II</b>	Correspondents' Club.  • Oppose Amendment Item A1.  <u>Grounds of representation:</u> • The development permitted under the proposed BHR would be too high, too bulky and would contravene heritage charters such as the Principles for the Conservation of Heritage Sites in China issued by ICOMOS China.  • The need for a private hospital at the site is not justified. There is a more imminent need for other healthcare/elderly facilities or a specialized clinic. Facilities of similar scale to the former Hong Kong Central Hospital would be appropriate for the representation site.  • The BHR of 135mPD is detrimental to the character of the HSKSH Compound and nearby heritage buildings and precincts such as Government House. The proposed development does not adopt stepped height profile from the nearby historical buildings as suggested in the HKPSG, protrudes the existing low-rise skyline of the representation site, and ignores relevant precedents of stringent BHR at Tai Kwan, Central	legislation. Such works would unlikely affect adversely the users and operation of other buildings in the vicinity.  (i) Responses (i) and (v) to <b>R1</b> and Response (ii) to <b>R2</b> above are relevant.  (ii) Responses (ix) and (x) to <b>R1</b> above are relevant.  (iii) Response (v) to <b>R1</b> and Response (ii) to <b>R2</b> above are relevant. Regarding the cases of Tai Kwun, Central Market and PMQ, these sites are under government ownership and subject to more stringent requirements. For historic buildings under private ownership, there is a need to strike a balance between heritage preservation and private property rights in accordance with the heritage conservation policy promulgated in 2007. In this

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<p>Market and PMQ.</p> <ul style="list-style-type: none"> <li>• The TPB should critically review an appropriate BHR and even consider other control parameters for the site instead of imposing a BHR based on HSKKH's proposal.</li> <li>• The TPB was not provided with sufficient information and technical assessments to consider the OZP amendments comprehensively. This compromises Members in making an informed decision.</li> </ul> <p><u>Representer's proposal:</u></p> <ul style="list-style-type: none"> <li>• To expand the boundary of the amendment item to include other heritage sites in the vicinity and rezone the them as "OU" annotated "Historical Site Preserved for Government and Religious Uses" with imposition of specific BHRs similar to the height of existing buildings at the site (<b>R4, R6 to R24</b> only).</li> <li>• To impose a BHR of 80mPD on Amendment Item A1.</li> </ul>	<p>regard, allowing certain flexibility for development is necessary to support the preservation of historic buildings by private owners as in the case of the representation site.</p> <p>(iv) Responses (i) and (ii) to <b>R1</b> above are relevant.</p> <p>(v) Response (iv) to <b>R1</b> above is relevant.</p> <p>(vi) Responses (xi), (xii) and (xiii) to <b>R1</b> above are relevant.</p> <p>(vii) Response (xiv) to <b>R1</b> above is relevant.</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
25	The Incorporated Owners of Glenealy Tower	<ul style="list-style-type: none"> <li>• Oppose all Amendment Items.</li> </ul> <p><u>Grounds of representation:</u></p> <ul style="list-style-type: none"> <li>• The development of a hospital at this location is unnecessary and detrimental to the area.</li> <li>• The proposed hospital would cause serious traffic problems and the nature and height of the proposed hospital is inappropriate.</li> <li>• The proposed hospital at this location is designed for medical tourism and a property deal for profits rather than for the benefit of Hong Kong people. There is a far greater need for hospitals in the New Territories and outlying areas of Hong Kong.</li> <li>• A 25-storey hospital at the site is out of character with its location, incongruous, unsafe and unsightly.</li> <li>• There is concern that the Board will be influenced by the suggestion that the Chief Executive has personally intervened with the Church in support of the proposal.</li> </ul>	<p>(i) Response (ii) to <b>R2</b> above is relevant.</p> <p>(ii) Responses (i), (ii) and (iv) to <b>R1</b> above are relevant.</p> <p>(iii) Response (ix) above to <b>R1</b> is relevant.</p> <p>(iv) Response (i) above is relevant.</p> <p>(v) Noted.</p>
26	TST Residents Concern Grp	<ul style="list-style-type: none"> <li>• Oppose all Amendment Items.</li> </ul> <p><u>Grounds of Representation:</u></p> <ul style="list-style-type: none"> <li>• The proposed hospital is located along the heritage</li> </ul>	<p>(i) Responses (i) and (ii) to <b>R1</b> and Response (ii) to</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<p>trail and is visually incompatible with the surrounding heritage sites. It would seriously impact on the historic atmosphere and ambience.</p> <ul style="list-style-type: none"> <li>The proposed private hospital development is effectively a privatization of the representation site which was originally granted to the church to provide basic services essential to the community. Priority should be given to providing community services, nursery, day care and healthcare at the existing under-used site.</li> <li>The need for a private hospital at the site is not justified as none of the six existing private hospitals on Hong Kong Island are operating at capacity.</li> <li>The existing BH and building bulk should be retained in order to preserve the current open and green setting of the representation site.</li> </ul>	<p><b>R2</b> above are relevant.</p> <p>(ii) The representation site is a private lot. In the HKSKH's latest proposal, all four historic buildings will be properly preserved at HKSKH's own cost and will be re-used while the rest of the site will be utilised by HKSKH for its religious and ancillary uses and for providing non-profit-making medical services to the community. HKSKH has also agreed to open up part of the site, which does not currently provide general public access.</p> <p>(iii) Response (ix) to <b>R1</b> above is relevant.</p> <p>(iv) Response (xiii) to <b>R1</b> and Response (ii) to <b>R2</b> above are relevant.</p>
27	伍凱欣	<ul style="list-style-type: none"> <li>Oppose all Amendment Items.</li> </ul> <p><u>Grounds of Representation:</u></p> <ul style="list-style-type: none"> <li>While there is no objection to develop a hospital, such a development would likely cause adverse traffic impact to the surrounding area and adverse</li> </ul>	<p>Response (iv) to <b>R1</b> and Response (ii) to <b>R2</b> above are relevant.</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
28	中西區區議員 鄭麗琼	<p>conservation impact to the historic buildings on Bishop Hill. Without a TIA, an environmental assessment and a conservation plan for the historic buildings on Bishop Hill, the representer objects to the proposed OZP amendments.</p> <ul style="list-style-type: none"> <li>• Oppose all Amendment Items.</li> </ul> <p><u>Grounds of Representation:</u></p> <ul style="list-style-type: none"> <li>• The Democratic Party has been objecting to the proposed hospital development since 2013 as the proposal would have adverse traffic impact in the Central and Mid-Levels area and affect air ventilation.</li> <li>• The information provided by PlanD to the Board is biased, such as the photomontage of the viewpoint from the Kai Tak Cruise Terminal, and the claim that the proposed hospital development would not have significant visual and traffic impact.</li> </ul>	<p>(i) Response (iv) to R1 above is relevant.</p> <p>(ii) Visual appraisal has already been conducted for the OZP amendments and presented to facilitate Members of the Board to visualize the three-dimensional relationship of the proposed development with the surrounding context. A total of 8 viewing points have been selected in accordance with the 'TPB Guidelines on submissions of Visual Impact Assessment for Planning Applications to the Town Planning Board' (TPB-PG No. 41) (viewing point locations at <b>Plan H-5</b>). While the photomontages from the two strategic viewing points show that the proposed developments would be shielded by the dense and high-rise building clusters in the central business</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<ul style="list-style-type: none"> <li>• The amendments are considered tailor-made for HKSKH's plan, there is bias on the part of the Government and there is suspicion of transfer of benefits.</li> <li>• The development permitted under the proposed BHR would be too high, too bulky and would contravene heritage charters such as the Principles for the Conservation of Heritage Sites in China issued by ICOMOS China.</li> <li>• The need for a private hospital at the representation site is not justified. There is a more imminent need for other healthcare/elderly facilities on a</li> </ul>	<p>district of Central District and would not be visible, photomontages from four of the local viewing points show that the proposed development would be located amidst and largely blended in with a cluster of high-rise commercial buildings, or blocked by existing vegetation in the immediate surroundings of the representation site, the resultant visual impact would be minimal to moderate. Photomontages from two of the local viewing points show that the proposed development would become more prominent and the visual impact would be moderate to significant as these viewing points are closer to the site. Responses (i) and (iv) to <b>R1</b> above are relevant.</p> <p>(iii) Response (i) to <b>R1</b> above is relevant.</p> <p>(iv) Responses (i) and (v) to <b>R1</b> and Response (ii) to <b>R2</b> above are relevant.</p> <p>(v) Responses (ix) and (x) to <b>R1</b> above is relevant.</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<p>specialized clinic. Facilities of similar scale to the former Hong Kong Central Hospital would be appropriate for the representation site.</p> <ul style="list-style-type: none"> <li>• The BHR of 135mPD is detrimental to the character of the HSKSH Compound and nearby heritage buildings and precincts such as Government House. The proposed development does not adopt stepped height profile from the nearby historical buildings as suggested in the HKPSG, protrudes the existing low-rise skyline of the representation site, and ignores relevant precedents of stringent BHR at Tai Kwan, Central Market and PMQ.</li> <li>• The TPB should critically review an appropriate BHR and even consider other control parameters for the site instead of imposing a BHR based on HSKSH's proposal.</li> <li>• The TPB was not provided with sufficient information and technical assessments to consider the OZP amendments comprehensively. This compromises Members in making an informed decision.</li> </ul> <p><u>Representer's proposal:</u></p> <ul style="list-style-type: none"> <li>• To expand the boundary of the amendment item to include other heritage sites in the vicinity and</li> </ul>	<p>(vi) Response (iii) to <b>R4 to 24</b> above is relevant.</p> <p>(vii) Responses (i) and (ii) to <b>R1</b> above are relevant.</p> <p>(viii) Response (iv) to <b>R1</b> above is relevant.</p> <p>(ix) Responses (xi), (xii) and (xiii) to <b>R1</b> above are relevant.</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<p>rezone the them as “OU” annotated “Historical Site Preserved for Government and Religious Uses” with imposition of specific BHRs similar to the height of existing buildings at the site (<b>R4, R6 to R24</b> only).</p> <ul style="list-style-type: none"> <li>To impose a BHR of 80mPD on Amendment Item A1.</li> </ul>	<p>(x) Response (xiv) to <b>R1</b> above is relevant.</p>
29	Mary Mulvihill	<ul style="list-style-type: none"> <li>Oppose all Amendment Items.</li> </ul> <p><u>Grounds of Representation:</u></p> <ul style="list-style-type: none"> <li>The representation site is of high heritage and cultural importance. The proposed hospital development would cut through the heart of the site, undermine and diminish the integrity of the historic buildings therein, and is totally incompatible with the surroundings (e.g. the Government House). The ambiance and setting of the site would be overshadowed which is unacceptable.</li> <li>The proposed private hospital development contradicts the spirit and intention of the original land grant and is effectively a privatization of the representation site. The representation site is the only “G/IC” site in the district capable of supporting general community services to support the office workers on weekdays and domestic</li> </ul>	<p>(i) Response (ii) to <b>R2</b> above is relevant.</p> <p>(ii) The representation site is a private lot. The HKSKH’s preservation-cum-development proposal does not comply with (inter alia) the user restriction under the existing lease conditions of the representation site. To take forward the proposal, HKSKH has already applied to LandsD for a lease modification. The lease modification is currently</p>



Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<p>helpers on weekends. Facilities that should be provided include child day care centres, elderly care services, and educational and recreational facilities for domestic helpers.</p> <ul style="list-style-type: none"> <li>• The need for a private hospital at the site is not justified as none of the six existing private hospitals on Hong Kong Island are operating at capacity.</li> <li>• There is bias on the part of the Government in favour of HKSKH's hospital proposal. The Board was not provided with an option that preserves the low rise ambience of the site. The Board's consideration of the advanced stage of the proposed hospital development is irrelevant.</li> <li>• The Board should not be concerned with whether a lower BH would affect FHB's requirement for a minimum of 274 hospital beds.</li> <li>• There was discussion on the nature of the community services that HKSKH would provide after the lease modification and there was no guarantee that the quality and quantity of such services is sufficient.</li> <li>• The reference to a shortfall of 847 hospital beds in Central and Western District is misleading as</li> </ul>	<p>under processing. Response (x) to <b>RI</b> above is relevant.</p> <p>(iii) Response (ix) to <b>RI</b> above is relevant.</p> <p>(iv) Responses (i) and (ii) to <b>RI</b> above are relevant.</p> <p>(v) Ditto.</p> <p>(vi) Noted. This is not related to the subject of the amendment item.</p> <p>(vii) Response (ix) to <b>RI</b> above is relevant.</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
30	Chan Ping Yiu Alain	<p>hospital services are cluster-based.</p> <ul style="list-style-type: none"> <li>• The proposed development will bring serious traffic issue but there is a lack of TIA.</li> <li>• Government, institution and community sites are intended to serve the entire community. The current proposal which serves only the elite and commercial interests is not acceptable when there are significant deficits in essential services for the general public.</li> </ul>	<p>(viii) Response (iv) to <b>R2</b> above is relevant.</p> <p>(ix) Noted. Response (ix) to <b>R1</b> above is relevant.</p>
		<ul style="list-style-type: none"> <li>• Oppose all Amendment Items.</li> </ul> <p><u>Grounds of Representation:</u></p> <ul style="list-style-type: none"> <li>• Proposed BH is too high, dwarfing the four historic buildings within the representation site and disrupting the character and historic value of the area.</li> <li>• The site is too small for a big private hospital. Specialist medical clinic/elderly facilities with similar scale to the former Hong Kong Central Hospital would be more appropriate.</li> <li>• The traffic condition would be unsustainable.</li> </ul>	<p>(i) Response (ii) to <b>R2</b> above is relevant.</p> <p>(ii) Noted.</p> <p>(iii) Response (iv) to <b>R2</b> above is relevant.</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
31	HKSKH Foundation	<ul style="list-style-type: none"> <li>• Oppose all Amendment Items.</li> </ul> <p><u>Grounds of Representation:</u></p> <ul style="list-style-type: none"> <li>• HKSKH's preservation-cum-development proposal responds to Hong Kong's pressing need for healthcare and medical services and provides adaptive reuse of graded heritage buildings within the representation site.</li> <li>• The OZP restrictions for the proposed hospital development did not take into account design changes that may be required, opportunities for design innovations, and redevelopment opportunities in other parts of the representation site not covered by historic buildings.</li> <li>• The BHRs limit HKSKH's rightful use of its land which is under an unrestricted lease and restricts HKSKH's private property rights enshrined under the Basic Law.</li> </ul>	<p>(i) Noted.</p> <p>(ii) Response (i) to <b>R1</b> above is relevant.</p> <p>(iii) Response (ii) to <b>R29</b> above is relevant. At the judicial review case of Hysan Group of Companies v the Town Planning Board, the Court of Final Appeal (CFA) held that where it is factually established that planning restrictions imposed by the Board encroach upon a landowner's property rights, the extent, if any, of the encroaching measure's validity is determined by a four-step proportionality analysis of asking (1) whether the intrusive measure pursues a legitimate aim; (2) if so, whether it is rationally connected with advancing that aim; (3) whether the measure is no more than necessary for that purpose; and, where an</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<ul style="list-style-type: none"> <li>For the proposes of heritage preservation, HKSKH has already given up its right to redevelop the</li> </ul>	<p>encroaching measure has passed the first three steps, a fourth step asking (4) whether a reasonable balance has been struck between the societal benefits of the encroachment and the inroads made into the constitutionally protected rights of individual, asking in particular whether the pursuit of the societal interest results in an unacceptable harsh burden on the individual. The CFA came to the conclusion that town planning restrictions, assuming them to be unassailable on traditional judicial review grounds, would in general only be susceptible to constitutional review if the Court is satisfied that they are manifestly without reasonable foundation.</p> <p>(iv) The BHR of 135mPD and 80mPD for the northern and southern portions of the representation site were formulated taking into account a host of factors including the existing BH profile of the site, the surrounding site context, the BHRs currently in force in the surrounding areas, the preservation-cum-development proposal, heritage conservation implication and visual impact of the proposed BHRs. In this regard, the BHRs are considered to have struck the right balance between private development rights and the public interests.</p> <p>(v) Noted. The imposition of BHR on the representation site is a response to address the</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<p>HKSKH Compound to its full development potential and the preservation-cum-development proposal has adhered to the relevant guidelines for graded buildings. The further imposition of BHRs on the site would complicate the development procedures and impede the implementation of complex heritage redevelopment project.</p> <ul style="list-style-type: none"> <li>• The proposed private hospital addresses the need for private hospital facilities in Hong Kong in general and locally in the district. This is in line with the Government's policy to increase the capacity of the medical service to cope with the increasing service demand and can enable the public to have more choices.</li> <li>• The hospital proposal is a response to the shortfall caused by the relocation or cessation of services of the Alice Ho Miu Ling Nethersole Hospital and the Tsan Yuk Maternity Hospital.</li> <li>• The provision of 293 beds is below that of a conventional public/private hospital such as St. Paul's Hospital (356 beds) and Queen Mary Hospital (1,400 beds). Any further decrease in the number of beds would entail an increase in charge and affect the quality of services provided.</li> </ul>	<p>concerns on the urban design aspect of the HKSKH's proposal as raised by the Board when considering the s.12A application (No. Y/H4/12) for the representation site and a number of other sites in August 2018.</p> <p>(vi) Noted.</p> <p>(vii) Noted.</p> <p>(viii) Noted.</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<ul style="list-style-type: none"> <li>The design of the preservation-cum-development proposal has given due consideration to both the urban design and heritage preservation principles in accordance with the HKPSG. Priority has been given to the conservation of graded historic buildings both individually and collectively. The main hospital block is located as far as possible from the historic buildings, and part of it is elevating above the historic buildings to facilitate public viewing of the historic buildings. All the required hospital floor spaces are accommodated into a single block tower to free up space for the public at lower levels.</li> <li>As the built environment surrounding the representation site has transformed into a high-rise urban landscape and the proposed hospital is located along Lower Albert Road in close proximity to the high-rise CBD, there is scope to further increase the BHR of the site without affecting the overall development height profile.</li> <li>As the hospital proposal is still subject to detailed design including site investigation, the current BHRs does not provide sufficient flexibility for the potential changes to the preservation-cum-development proposal due to various site constraints including the geotechnical and structural feasibility of excavating a 3-storey</li> </ul>	<p>(ix) Noted.</p> <p>(x) Further increase in the BHR of the representation site would result in a development causing a more significant visual impact on the surrounding developments.</p> <p>(xi) Noted. Responses (i) and (ii) to <b>RI</b> above is relevant.</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<p>basement and the lack of space for increasing the footprint of the hospital.</p> <ul style="list-style-type: none"> <li>The imposition of BHR on the non-graded Alford House and Ridley House would be a major constraint to the redevelopment of these buildings and is premature and unnecessary.</li> </ul> <p><u>Representer's proposal:</u></p> <ul style="list-style-type: none"> <li>To revert the site to its previous "G/IC" zoning without BHR.</li> <li>To impose BHR of 150mPD on the northern portion and 100mPD on the southern portion of the representation site respectively.</li> </ul>	<p>(xii) Ditto.</p> <p>(xiii)Response (v) above and Responses (i) and (ii) to <b>R1</b> above are relevant.</p> <p>(xiv)The proposed relaxation of the BHR would result in a development causing a more significant visual impact on the surrounding developments. It is not supported.</p>
32	Pao Ping Wing	<ul style="list-style-type: none"> <li>Oppose all Amendment Items.</li> </ul> <p><u>Grounds of Representation:</u></p> <ul style="list-style-type: none"> <li>Object to the imposition of BHR to the site as it does not respect the development rights of the owner.</li> <li>A BHR lower than 135mPD would necessarily affect the number of hospital beds provided and affect the financial viability of the proposal.</li> </ul>	<p>(i) Responses (iii) and (iv) to <b>R31</b> above are relevant.</p> <p>(ii) Noted.</p>

Representation No. (TPB/R/S/H4/17-)	Representer	Subject of Representation	Response to Representation
		<ul style="list-style-type: none"> <li>• The actual footprint that could be used for hospital development is very limited due to the need to preserve the four historic buildings and their ambience.</li> <li>• HKS KH has been actively engaging the local community and the C&amp;WDC generally supports the development of a non-profit-making private hospital in the district.</li> </ul> <p><u>Representer's proposal:</u></p> <ul style="list-style-type: none"> <li>• To revert the site to its previous "G/IC" zoning without BHR.</li> </ul>	<p>(iii) Noted.</p> <p>(iv) Noted.</p> <p>(v) Response (xiii) to <b>R31</b> above is relevant.</p>
33	C&WDC	<p>C&amp;WDC submitted the minutes of the C&amp;WDC meeting held on 4.7.2019 as a representation on the OZP. The DC Members had diverse views on the proposed amendments to the OZP as follows:</p> <ul style="list-style-type: none"> <li>• support the hospital, although the details such as its BH and design should be given further consideration;</li> <li>• the proposed BHR of 135mPD is tailor-made for HKS KH's hospital proposal;</li> <li>• the proposal would adversely affect the historic character of the area;</li> </ul>	<p>Noted. Responses (i), (ii), (iii) and (iv) to <b>R1</b> and Responses (ii) and (iv) to <b>R2</b> above are relevant.</p>



<b>Representation No. (TPB/R/S/H4/17-)</b>	<b>Representer</b>	<b>Subject of Representation</b>	<b>Response to Representation</b>
		<ul style="list-style-type: none"><li>• the proposal would affect the traffic in the area. There is no TIA to support the proposal;</li><li>• the scale of the proposed hospital should be reduced, similar to the BH of the existing Hong Kong Central Hospital;</li><li>• no objection to the hospital provided that a balance is struck between the BH and heritage conservation;</li><li>• visual impact of the proposal is significant;</li><li>• the proposal would affect air ventilation of the area; and</li><li>• support hospital development to serve local community.</li></ul>	

(2) The 22 valid comments on representations were submitted by some of the representers themselves (R2, R4, R5, R14, R25, R26 & R29), two LegCo Members (C2 (i.e. R4) & C15) and individuals. The grounds and proposals of the commenters (TPB/R/S/H4/17-C1 to C22) as well as responses are summarised below:

Comment No. (TPB/R/S/H4/17-)	Related Representation / Amendment Item	Subject of Comment	Response to Comment
C1 (i.e. R2)	Oppose R31	<p>B.1 HKSKH should provide a conservation management plan that expounds the new life of the proposed historic building.</p> <p>B.2 Apart from the façade, HKSKH should also preserve the building structure and interior of Bishop's House Extension of which conditions are excellent.</p> <p>B.3 Bishop Hill is a sensitive historic area and the entire cultural landscape, history and urban fabric should be preserved to enhance the bonding and consistency of the Central and Western Heritage Trail.</p> <p>B.4 The concerns and collective memory of Kei Yan Alumni Concern Group has not been taken into account. The educational compound including the Grade 2 Old Kei Yan Primary School should be retained.</p> <p>B.5 The existing buildings which are in excellent condition should be adaptively reused. This is the most sustainable approach which would reduce construction waste and pollution.</p>	<p>(i) Response (ii) to R2 above is relevant.</p> <p>(ii) Noted. Ditto.</p> <p>(iii) Ditto.</p> <p>(iv) Response (i) to R2 above is relevant.</p> <p>(v) Response (v) to R2 above is relevant.</p>

Comment No. (TPB/R/S/H4/17-)	Related Representation / Amendment Item	Subject of Comment	Response to Comment
		<p>B.6 The proposed hospital development will destroy the overall visual and historic context, causing a heritage conservation crisis.</p> <p>B.7 As the Lands Resumption Ordinance allows land resumption for a public purpose, the Government should resume the Bishop Hill site for the purpose of heritage conservation.</p> <p>B.8 HKSKH should provide environmental impact assessment, traffic impact assessment, visual impact assessment and conservation management plan to demonstrate that its proposal has struck a balance between urban design, conservation and development for the collective good. It should also conduct comprehensive investigation for Bishop Hill on geotechnical and structural feasibility issue to ensure safety issue.</p> <p>B.9 The preservation-cum-development proposal suggested by HKSKH would completely destroy the Bishop Hill cultural landscape and setting.</p> <p>B.10 The site should be nominated for the United Nations Educational, Scientific and Cultural Organization (UNESCO) world heritage site to promote the history of Hong Kong.</p>	<p>(vi) Response (ii) to <b>R2</b> above is relevant.</p> <p>(vii) Noted. This is not in line with the existing heritage conservation policy.</p> <p>(viii) Response (iv) to <b>R1</b> above is relevant.</p> <p>(ix) Response (ii) to <b>R2</b> above is relevant.</p> <p>(x) Noted. According to the UNESCO's World Heritage Resource Manual: "Preparing World Heritage Nominations" Second Edition 2011, for every nomination, the involvement and support of owners of the nominated</p>

Comment No. (TPB/R/S/H4/17-)	Related Representation / Amendment Item	Subject of Comment	Response to Comment
		<p>B.11 The preservation-cum-development proposal will be privately operated and will very possibly not bring benefit to the patients in the district if they cannot afford the exorbitant rates.</p> <p>B.12 HKS KH should consider reducing the scale of the proposal hospital to a community health facility and reuse/renovate the existing Hong Kong Central Hospital building.</p> <p>B.13 The BHRs of the adjacent residential and commercial zone should not be used as a reference for the development of Bishop Hill.</p> <p>B.14 HKS KH should proactively propose Alford House and Ridley House to Antiquities Advisory Board and Antiquities &amp; Monuments Office for historic building grading and revitalize them for community service in order to demonstrate their hidden historical value as well as to illustrate the glory of HKS KH religious and education contributions in Hong Kong.</p>	<p>properties are important. It is understood that HKS KH has no plan to apply for such nomination at this stage.</p> <p>(xi) Noted. The operational details of the proposed hospital are not a land use related issue.</p> <p>(xii) Noted.</p> <p>(xiii) Response (i) to R1 above is relevant.</p> <p>(xiv) CHO indicates that the HKS KH Central Compound, consisting of eleven buildings (including Alford House and Ridley House), have been holistically looked into on their heritage value. Amongst them, four were assessed and accorded with grading, namely the Bishop's House (Grade 1), St. Paul's Church (Grade 1), the Church Guest House (Grade 1) and the Old SKH Kei Yan Primary School (Grade 2).</p>

Comment No. (TPB/R/S/H4/17-)	Related Representation / Amendment Item	Subject of Comment	Response to Comment
C2 (i.e. R4)	Support R1	<p>B.15 The area where the heritage compound is located should not have a development with excessive BH.</p> <p>B.16 Agree with R1's view that a development of a similar scale to the former Hong Kong Central Hospital would be more appropriate.</p>	<p>(i) Response (i) to R1 and Response (ii) to R2 above are relevant.</p> <p>(ii) Noted. Responses (xiii) and (xiv) to R1 above are relevant.</p>
	Oppose R31	<p>B.17 Disagree with R31 in that although the existing mechanism under Antiquities and Monuments Ordinance (Cap.53) already provides guidance to preservation-cum-development proposal, there should be other forms of control to ensure that any development would not adversely affect the community, traffic and environment in general.</p> <p>B.18 The TPB had not been provided with comprehensive information before making its decision on the planning restriction for the site.</p>	<p>(i) Noted. Responses (iii) and (iv) to R1 above are relevant.</p> <p>(ii) Responses (i) and (iv) to R1 above are relevant.</p>
C3 (i.e. R5)	Oppose R31	<p>B.19 Representer R31 neglected the traffic condition in the area and the special value of the heritage site.</p> <p>B.20 The need for a private hospital at the site is not justified in view of the low utilization rate of private hospitals in the district.</p> <p>B.21 Disagree with R31 in that although the existing mechanism under Antiquities and Monuments Ordinance (Cap.53) already provides guidance to</p>	<p>(i) Responses (ii) and (iv) to R2 above are relevant.</p> <p>(ii) Response (ix) to R1 above is relevant.</p> <p>(iii) Responses (iii) and (iv) to R1 above are relevant.</p>

Comment No. (TPB/R/S/H4/17-)	Related Representation / Amendment Item	Subject of Comment	Response to Comment
C4 (i.e. R29)	Oppose <b>R31</b>	<p>preservation-cum-development proposal, there should be other forms of control to ensure that any development would not adversely affect the community, traffic and environment in general.</p> <p>B.22 The proposed private hospital would only cater the rich and promote medical tourism instead of providing medical service to the public.</p> <p>B.23 There are surplus of hospital beds on Hong Kong Island.</p> <p>B.24 “G/IC” sites must be used for genuine community services that cater to the majority. Compared with a private hospital, district health centres that provide medical service to the elderly who can be discharged from hospital, would be more effective to relieve the pressure of growing ageing population.</p> <p>B.25 Such amendment may set as a precedent case for further applications for minor relaxation of BH.</p> <p>B.26 The claim that HKS KH has already preserved the historic buildings is shifting the discourse of heritage preservation to individual buildings while ignoring the impact of the proposed hospital development on the integrity of the compound as a whole.</p>	<p>(i) Noted. The operational details of the proposed hospital are not a land use related issue.</p> <p>(ii) Responses (ix) and (x) to <b>R1</b> above are relevant.</p> <p>(iii) Noted. Ditto.</p> <p>(iv) The Board would consider each application for minor relaxation of BH on its own merits.</p> <p>(v) Response (ii) to <b>R2</b> above is relevant.</p>

Comment No. (TPB/R/S/H4/17-)	Related Representation / Amendment Item	Subject of Comment	Response to Comment
C5 to C14	Support R1 (C7 to C14 only)	<p>B.27 The proposed development of 135mPD with reflective façade is incompatible with the surrounding area.</p> <p>B.28 Maintaining existing BH is a reasonable means to protect Bishop Hill which is an important heritage and to address the urban design concerns of the TPB Members.</p> <p>B.29 The proportionality test of private property rights is important and issues including the significant built heritage and historic ambience of the site are of public interests, and hence it should be taken into consideration by the TPB.</p> <p>B.30 R1's development proposal does not prevent redevelopment of the representation site. A more appropriate alternative would be a low-rise government, institution and community building providing district welfare facilities on a scale similar to the former Hong Kong Central Hospital. This would reduce the need for hospitalisation and benefit government budgeting and patient's wellbeing.</p> <p>B.31 The narrow and heavily congested roads within the area cannot possibly sustain any large-scale building or large hospital. There is a compelling need to restrict any redevelopment on the representation site to a small-scale development.</p>	<p>(vi) Response (i) to R1 above is relevant.</p> <p>(i) Responses (i), (ii) and (xiii) to R1 and Response (ii) to R2 above are relevant.</p> <p>(ii) Response (iii) to R1 and Responses (iii) and (iv) to R31 above are relevant.</p> <p>(iii) Response (i) above is relevant.</p> <p>(iv) Response (iv) to R1 and Response (iv) to R2 above are relevant.</p>

Comment No. (TPB/R/S/H4/17-)	Related Representation / Amendment Item	Subject of Comment	Response to Comment
	Support R1 and R4 (C14 only)	B.32 The representation site is the only "G/IC" site on the OZP suitable for general community services. Developing it into a private hospital would remove the site from the public domain.	Response (ii) to R26 above is relevant.
	Oppose R31	<p>B.33 The representation site is unsuitable for development of any large building due to its steep terrain, narrow road access and its location within an important low-rise heritage area. The construction of the proposed hospital would destroy the heritage and garden setting of Bishop Hill.</p> <p>B.34 There is no information on the potential visual and traffic impacts of the proposed development on the Government House or Wyndham Street provided to the TPB for discussion.</p>	<p>(i) Noted. Responses (ii) and (iii) to R2 above are relevant.</p> <p>(ii) Visual appraisal was conducted for the BHRs of the representation site and presented to facilitate Members of the Board to visualize the three-dimensional relationship of the proposed development with the surrounding context. A total of 8 viewing points have been selected in accordance with the TPB-PG No. 41 (viewing point locations at <b>Plan H-5</b>). It was noted that the visual impact of the BHRs of 135mPD/80mPD at the site would only result in a moderate to significant visual impact. As for the visual impact on Government House, a visual appraisal has also been conducted and the result shows that the visual impact by the</p>



Comment No. (TPB/R/S/H4/17-)	Related Representation / Amendment Item	Subject of Comment	Response to Comment
		<p>proposed development would be moderate. As for the visual impact on Wyndham Street, either the view will be blocked by existing buildings or it is too close to the representation site to have a meaningful visual appraisal.</p>	
		<p>B.35 TPB members were given limited choice and were pressured to accept the 135mPD BHR because the proposed development is claimed to be at an advanced stage.</p>	<p>(iii) Response (i) to <b>R1</b> above is relevant.</p>
		<p>B.36 There is no consideration of alternative G/IC facilities other than the proposed hospital such as district welfare facilities for children, elderly or person with disabilities. Development with similar scale to the former Hong Kong Central Hospital would be more appropriate for this historic low-rise “G/IC” site.</p>	<p>(iv) There is no shortfall of G/IC facilities in C&amp;WDC except for the elderly facilities and hospital beds. PlanD and Social Welfare Department will liaise closely to identify suitable premises to meet the requirements of elderly facilities in the long term. Responses (xiii) and (xiv) to <b>R1</b> above are relevant.</p>
		<p>B.37 There is already another private hospital close to the site (Canossa Hospital) operating well below its full capacity. It is unnecessary to have another private hospital nearby.</p>	<p>(v) Response (ix) to <b>R1</b> above is relevant.</p>
		<p>B.38 A higher BHR and considering of redevelopment potential of the Vicarage, Alford House and Ridley House as stated in <b>R31</b> would bring greater</p>	<p>(vi) Response (i) to <b>R1</b> above is relevant.</p>

Comment No. (TPB/R/S/H4/17-)	Related Representation / Amendment Item	Subject of Comment	Response to Comment
<b>C15</b>	Support <b>R28</b>	development pressure on the representation site. In view of the heritage significance of the site and the existing traffic congestion in the area, a BHR of 80mPD for the entire site would be appropriate.	Noted.
<b>C16</b> (i.e. <b>R26</b> )	Support <b>R25 to R30</b>  Provides views to the OZP	B.39 It facilitates the conservation of Bishop Hill and the urban landscape.  B.40 TIA and other technical assessments were not conducted by the applicant.  B.41 The TPB and the Administration have a duty to ensure that the existing "G/IC" sites are used for genuine community services. The public needs district health centres urgently.	Response (iv) to <b>R1</b> and Response (iv) to <b>R2</b> above are relevant.  Response (ii) to <b>R26</b> above is relevant.
<b>C17</b> (i.e. <b>R25</b> )	Provides views on the OZP	B.42 The large-scale hospital development at the representation site would seriously worsen traffic congestion and bring adverse impacts to the residents nearby.  B.43 There is no shortage of hospital beds in Central Hong Kong.  B.44 The representation site is a heritage area with old low-rise buildings which should be respected.	(i) Response (iv) to <b>R1</b> and Response (iv) to <b>R2</b> above are relevant.  (ii) Response (ix) to <b>R1</b> above is relevant.  (iii) Noted. Response (ii) to <b>R2</b> above is relevant.
<b>C18</b>	Provides views on the OZP	B.45 The degree of advancement of the proposed hospital should be irrelevant to the OZP amendment.	(i) Noted. Response (i) to <b>R1</b> above is relevant.

Comment No. (TPB/R/S/H4/17-)	Related Representation / Amendment Item	Subject of Comment	Response to Comment
		<p>B.46 The proposed 25-storey hospital development would worsen the traffic congestion.</p> <p>B.47 There is no shortage of hospital beds in Central.</p>	<p>(ii) Response (iv) to <b>R1</b> and Response (iv) to <b>R2</b> above are relevant.</p> <p>(iii) Response (ix) to <b>R1</b> above is relevant.</p>
<b>C19</b>	Provide views on OZP	<p>B.48 The large-scale hospital development at the site would seriously worsen traffic congestion and affect the vehicular circulation.</p> <p>B.49 There is no shortfall of private medical facilities in the area in accordance with the latest government report.</p> <p>B.50 The proposed development violates the conservation policy in Policy Report by CE and also spoils the landscape of the tourist popular area.</p>	<p>(i) Response (iv) to <b>R1</b> and Response (iv) to <b>R2</b> above are relevant.</p> <p>(ii) Response (ix) to <b>R1</b> above is relevant.</p> <p>(iii) Response (ii) to <b>R2</b> above is relevant.</p>
<b>C20 (i.e. R14) to C22</b>	Support <b>R2</b>	<p>B.51 The collective memory of the alumni of the use and the form of the existing development at the site should be respected.</p> <p>B.52 Any major redevelopment on the site will result in a detrimental impact on the fabric and ambience of the historical site and the surroundings.</p> <p>B.53 The proposal by HKSKH should not be considered as a preservation-cum-development proposal as it proposes to demolish the Welfare Council,</p>	<p>(i) Noted. Response (ii) to <b>R2</b> above is relevant.</p> <p>(ii) Ditto.</p> <p>(iii) Ditto.</p>

Comment No. (TPB/R/S/H4/17-)	Related Representation / Amendment Item	Subject of Comment	Response to Comment
		<p>Kindergarten and Ming Hua Theological College which have contributed to the character of the site.</p> <p>B.54 The adaptive reuse proposal suggested by R2 including the surrounding sites is reasonable and logical in that it has been proven to be good means in managing heritage sites (e.g. Tai Kwun and PMQ). Adaptive reuse should not be restricted to government owned sites. HKSKH as a charitable body should also adopt adaptive reuse at the representation site. The unrestricted lease does not warrant the Board to provide incentives in exchange for the introduction of BHR to the representation site.</p>	<p>(iv) Ditto. Response (iii) to R4 to R24 above is relevant. The imposition of the BHRs on the representation site is to address concerns on the urban design aspect of the HKSKH's proposal as raised by the Board when considering the s.12A application (No. Y/H4/12) in August 2018.</p>

有關《中區分區計劃大綱草圖編號 S/H4/17》的申述人名單

**List of Representatives in respect of  
Draft Central District Outline Zoning Plan (OZP) No. S/H4/17**

申述編號 Rep. No. (TPB/R/S/H4/17-)	「申述人」名稱 Name of 'Representer'
1	Government Hill Concern Group
2	Kei Yan Primary School Alumni Concern Group
3	The Foreign Correspondents' Club, Hong Kong
4	Chan Tanya
5	Lee Cheuk Hei
6	Stephen Yang BARRY
7	Michelle Ga-Yun Lee
8	Lee Ho Wah, Hoover
9	Martin Allan MERZ
10	Hui Ka Siu Cassio
11	TERRY Edith Buchanan
12	TANG LAI MUI ROSEMARIE
13	Liu Wai Kei Ricky
14	Mak Hin Shing Ian
15	Sam Leung Tat Shun (梁達遜)
16	Gary Law Wai Ho
17	Yvonne Tsai (Tsai Yuen On Yvonne)
18	FONG YUEN WING
19	TANG Ho Yin
20	Kay Mei Ling, BEADMAN
21	Lung Chau Yue Tony
22	Wong Yeuk Ting
23	Lonneke Van Zundert
24	Chan Chi Keung Barry 陳志強
25	The Incorporated Owners of Glenealy Tower
26	TST Residents Concern Gp
27	伍凱欣
28	中西區區議員鄭麗琼
29	Mary Mulvihill
30	Chan Ping Yiu Alain
31	Hong Kong Sheng Kung Hui Foundation
32	Pao Ping Wing
33	Central & Western District Council

有關《中區分區計劃大綱草圖編號 S/H4/17》的提意見人名單

**List of Commenters in respect of  
Draft Central District OZP No. S/H4/17**

意見編號 Comment No. (TPB/R/S/H4/17-C)	「提意見人」名稱 Name of 'Commenter'
1	Kei Yan Alumni Concern Group
2	Tanya Chan
3	Lee Cheuk Hei
4	Mary Mulvihill
5	Law Ngar Ning Katty
6	Christine Lai Jing Wong
7	Brewer, John Robert
8	Sjoerd Aukes Hoekstra
9	Ho Yuen Ping
10	Genevieve James Moore
11	Wilhelmina Evelyn Moore
12	John Douglas Moore
13	Melanie Ann Moore
14	Roger Leslie Christian Emmerton
15	許智峯 Hui Chi Fung
16	TST Residents Concern Group
17	The Incorporated Owners of Glenealy Tower
18	Midgley, Jonathan Nicholas
19	Benny C.H. Chia
20	Mak Hin Shing Ian
21	Ricky Fong
22	Grace Ming Yan Kwong

**Provision of Major GIC Facilities and Open Space in Central and Western District**  
**中西區主要政府、機構或社區設施及休憩用地的供應**

Type of Facilities 設施種類	Hong Kong Planning Standards and Guidelines (HKPSG) 《香港規劃標準與準則》	HKPSG Requirement (based on planned population) 《香港規劃標準與準則》要求 (按規劃人口計算)	Provision 供應		Surplus/ Shortfall (against planned provision) 剩餘/短缺 (按照已計劃的供應計算)
			Existing Provision 現有供應	Planned Provision (including existing provision) 已計劃供應 (包括現有供應)	
Regional Open Space 區域休憩用地	No set standard (ha) 無既定標準 (公頃)	-	0	5.1	-
District Open Space 地區休憩用地	10 ha per 100,000 persons# 每 100,000 人 10 公頃#	26.15 ha 公頃	39.99	43.58	+17.43 ha 公頃
Local Open Space 鄰舍休憩用地	10 ha per 100,000 persons# 每 100,000 人 10 公頃#	26.15 ha 公頃	17.59	20.83	-5.32 ha 公頃
Secondary School 中學	1 whole-day classroom for 40 persons aged 12-17 每 40 人屬於 12-17 歲年齡組別 1 間全日制課室	263 classrooms 課室	335	365	+102 classrooms 課室
Primary School 小學	1 whole-day classroom for 25.5 persons aged 6-11 每 25.5 人屬於 6-11 歲年齡組別 1 間全日制課室	305 classrooms 課室	410	470	+165 classrooms 課室
Kindergarten/ Nursery 幼兒班與幼稚園	34 whole-day classrooms for 1,000 children aged of 3 to under 6 每 1,000 人屬於 3-6 歲年齡組別 34 間全日制課室	85 classrooms 課室	216	222	+137 classrooms 課室
District Police Station 警區警署	1 per 200,000 to 500,000 persons 每 200,000 至 500,000 人 1 間	0	2	2	+2
Divisional Police Station 分區警署	1 per 100,000 to 200,000 persons 每 100,000 至 200,000 人 1 間	1	2	2	+1

Hospital 醫院	5.5 beds per 1,000 persons 每 1,000 人 5.5 張病床	1,612 beds 床位	811	811	-801 beds 床位
Clinic/Health Centre 普通科診療所/ 健康中心	1 per 100,000 persons 每 100,000 人 1 間	3	3	3	0
Magistracy (with 8 courtrooms) 裁判法院 (8 個法庭)	1 per 660,000 persons 每 660,000 人 1 間	0	1	1	+1
Child Care Centre 幼兒中心	To be based on the estimated demand, socio-economic factors, district characteristics and the provision of other child care support services for the area 視乎個別地區的估計需求、社會經濟情況、地區特色，以及所提供的其他幼兒支援服務而定	-	1,660	1,660	-
Integrated Children and Youth Services Centre 綜合青少年服務中心	1 for 12,000 persons aged 6-24 每 12,000 人屬於 6-24 歲年齡組別 1 間	3	4	4	+1
Integrated Family Services Centre 綜合家庭服務中心	1 per 100,000 to 150,000 persons 每 100,000 至 150,000 人 1 間	2	3	3	+1
District Elderly Community Centres 長者地區中心	One in each new development area with a population of around 170,000 or above* 每個人口約為 170,000 人或以上的新發展區設一間*	-	2	2	-
Neighbourhood Elderly Centres 長者鄰舍中心	One in a cluster of new and redeveloped housing areas with a population of 15,000 to 20,000 persons, including both public and private housing* 每個人口為 15,000 人至 20,000 人的新建和重新發展的住宅區(包括公營及私營房屋)設一間*	-	8	8	-



Community Care Services (CCS) facilities^ (including Day Care Centres/Unit for the Elderly and Integrated Home Care Services) 社區照顧服務設施 (包括長者日間護理中心/單位及綜合家居照顧服務)	17.2 subsidised places per 1,000 elderly persons aged 65 or above^* 每 1,000 名年滿 65 歲或以上的長者設 17.2 個資助服務名額^*	1,515	405	405	-1,110
Residential Care Homes for the Elderly 安老院舍	21.3 subsidised beds per 1,000 elderly persons aged 65 or above^* 每 1,000 名 65 歲或以上的長者設 21.3 個資助床位^*	1,877 beds 床位	979	979	-898 beds 床位
Library 圖書館	1 district library for every 200,000 persons 每 200,000 人 1 間	1	3	3	+2
Sports Centre 體育中心	1 per 50,000 to 65,000 persons 每 50,000 至 65,000 人 1 間	4	6	6	+2
Sports Ground/ Sports Complex 運動場館/運動場	1 per 200,000 to 250,000 persons 每 200,000 至 250,000 人 1 個	1	0	0	-1
Swimming Pool Complex 游泳池場館	1 complex per 287,000 persons 每 287,000 人 1 個	1	1	1	0
Post Office 郵局	Accessible within 1.2km 1.2 公里範圍內	-	6	6	-

Note: The planned population of Central and Western District is about 261,455 (2036 estimate). If including transient population, the overall figure is about 293,078.

備註：中西區的規劃人口預計約為 261,455 人(2036 估算)。如包括流動居民在內，規劃人口預計約為 293,078 人。

# The requirements exclude planned population of transients and the provision is based on the information as at September 2019 有關要求不包括流動居民，相關供應的資料截至 2019 年 9 月

^ The planning standard of community care services (CCS) facilities (including both centre-based and home-based) is population-based. There is no rigid distribution between centre-based CCS and home-based CCS stated in the Elderly Services Programme Plan. Nonetheless, in general, 60% of CCS demand will be provided by home-based CCS and the remaining 40% will be provided by centre-based CCS.

社區照顧服務設施(包括中心為本及家居為本)的規劃標準是以人口為基礎。《安老服務計劃方案》對中心為本及家居為本的社區照顧服務的分配沒有硬性的規定。不過，一般來說，家居為本的服務及中心為本的服務分別滿足六成和四成社區照顧服務方面的需求。

\* This is a long-term goal and the actual provision would be subject to the consideration of the SWD in the planning and development process as appropriate.

此乃長遠目標，在規劃和發展過程中，社會福利署會就實際提供的服務作出適當考慮。