

Not Relevant

6 **Cabinet Notes for Discussion**

601 PLANNING APPROACH FOR THE MARJORIE JACKSON-NELSON HOSPITAL
(Paul Holloway) - NOTED

Not Relevant



CABINET NOTE

CN MUDP 07/028

TO: THE PREMIER FOR CABINET TO NOTE

RE: PLANNING APPROACH FOR THE MARJORIE JACKSON-NELSON HOSPITAL

1. PROPOSAL

- 1.1 That Cabinet note the planning approach for the Marjorie Jackson-Nelson Hospital (MJNH).

2. BACKGROUND

- 2.1 The Government announced the development of the MJNH as part of the 2007-2008 Budget. The hospital will replace the Royal Adelaide Hospital - becoming the single largest hospital development of its kind in Australia.
- 2.2 The MJNH will be located on land commonly referred to as the 'railway yards' located west of the Morphett Street bridge, south of the River Torrens, a distance west of the train line located near Gaol Road and north of North Terrace and Port Road (see map at Attachment A).
- 2.3 The subject site is located within the Adelaide City Council Development Plan Park Lands Zone and more specifically within Policy Area 37 – River Torrens West Policy Area.
- 2.4 Under the Adelaide City Development Plan, a hospital is a non-complying form of development within the Park Lands Zone.

3. DISCUSSION

Site Selection

- 3.1 A range of sites were proposed for the MJNH, including the Clipsal site at Bowden and the Keswick Barracks. The following criteria were used in site selection:
- 3.1.1 A Central Business District location that integrates with a range of nearby public and private sector activities, which would provide a high level of accessibility to users of the hospital.
- 3.1.2 A large hectare site that would accommodate current requirements and provide future expansion opportunities.
- 3.1.3 A site that is highly accessible to a range of transport modes.

- 3.1.4 A site that is in proximity to universities and other allied educational and health services.
 - 3.1.5 A site that has the ability to be environmentally regenerated.
 - 3.1.6 A locality that 'adds value' to contemporary hospital planning, focussing on wider issues of wellness and wellbeing. That is, a building and a location that contribute to patients' wellbeing.
- 3.2 Only the railway yards site met all the criteria (Refer to **Attachment B** for details about the proposed treatment of the site.).

Planning Framework Options

- 3.3 There are a range of options that can be considered to facilitate the development of the hospital. The following provides a summary of these options.
- 3.3.1 Projects such as this could, under usual circumstances, be considered for **Major Development status**, however, section 46 (3a) of the *Development Act 1993* excludes the application of the Major Development process for proposed developments within the Adelaide Park Lands and therefore cannot be used on this site.
 - 3.3.2 Similarly, Section 49(18) of the Act does not allow a **Crown Development** to be processed in the Adelaide Park Lands, except within the Institutional Zone. Given that the railway yards are located within the Park Lands, but not in the Institutional Zone, the Crown Development provisions cannot be used on this site.
 - 3.3.3 A **non-complying development application** based on the current zoning for the site could be pursued. However, as this involves the proposal not being supported by current planning policy, this approach would provide a high level of risk for a 'public private partnership' procurement process.
 - 3.3.4 A **Bill could be introduced into Parliament** overriding the Adelaide City Council Development Plan policy. This approach provides a high level of certainty and has been successful in its application at Golden Grove (*Golden Grove Indenture Ratification Act 1984*) and is being proposed at Penola (*Penola Pulp Mill Authorisation Bill 2007*). This process is however often construed as being less transparent by the general community than are other process (e.g. the Development Plan Amendment process) and therefore requires a high level of political support.

Note: The Development Act could also be amended to enable either a major development or crown development process to occur.

3.3.5 A **Ministerial Development Plan Amendment (DPA)** (formerly termed a Plan Amendment Report) could be initiated for the site, pursuant to section 24(1)(g) of the *Development Act 1993*, which states that the Minister can initiate a DPA where he 'considers that an amendment to a Development Plan is appropriate because of a matter which in the opinion of the Minister is of significant social, economic or environmental importance'. The DPA would investigate policies to support the MJNH and would provide a high level of certainty.

Planning Authority

3.4 In accordance with Part 4A Schedule 10 of the *Development Regulations* the Development Assessment Commission is the planning authority for development undertaken by a State Agency within the Park Lands, or where a development is initiated or supported by a State agency for the purposes of the provision of public infrastructure (a hospital is public infrastructure).

Ministerial DPA and Master Plan Process

3.5 To maximise the strategic benefits of the rail yard site, the Government has committed to prepare a master plan. The master plan, which is to be prepared in collaboration with the Adelaide City Council and key government agencies, will consider a range of interrelated issues such as transport, urban design, streetscape, linkages with the north-west precinct and access to the adjoining River Torrens and Adelaide Park Lands

3.6 Concurrently, the Government will explore the opportunities associated with the Royal Adelaide Hospital (RAH) site. The opportunities of the RAH site will be considered through a separate but inter-related master planning process.

3.7 It is recommended that if the Ministerial DPA process is chosen, the following process should be followed:

3.7.1 A Ministerial DPA is initiated by me, as the Minister for Urban Development and Planning, following the formal request from the Minister for Health (**Attachment C**).

3.7.2 A draft master plan is prepared with community and government agency input that acts as a vehicle to consider a range of relevant spatial issues including West Adelaide Precinct interface issues (e.g. the Convention Centre and the Linear Park).

3.7.3 The draft master plan informs but is independent of the DPA process.

3.7.4 The draft master plan is considered from a whole of Government perspective and supported by Cabinet.

3.7.5 A Ministerial DPA is then released for public, agency and council consultation. The DPA would investigate updating the Adelaide City Council Development Plan to provide maximum flexibility for the development of the hospital.

3.8 This approach has the following advantages. It:

3.8.1 Enables the Ministerial DPA to establish the broad framework for development, focusing on core issues.

3.8.2 Allows community and government agency input into the master planning process without having to manage this through a Ministerial DPA, which is a more legislatively rigid process. (Master plans are better communication tools than DPAs as they include concept plans and diagrams that show how the site may look in the future, whereas a DPA includes development plan policies that will be used in the assessment of a proposal).

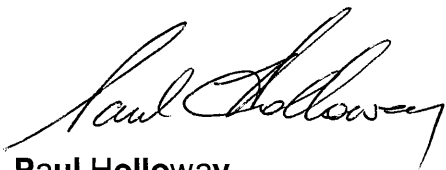
3.8.3 Allows a greater level of design flexibility – acknowledging that the final details of the MJNH design may change through the PPP procurement process.

3.9 Given the timeframes for the MJNH, a DPA should be initiated in January 2008 and released following the completion of the draft Master Plan (expected to be by the end of November 2007), and based on draft documentation provided by Health. The DPA will need to be completed by mid-October 2008 to enable the procurement process to commence (a draft timeline is provided in Attachment D).

4. RECOMMENDATIONS

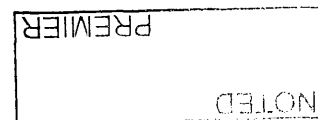
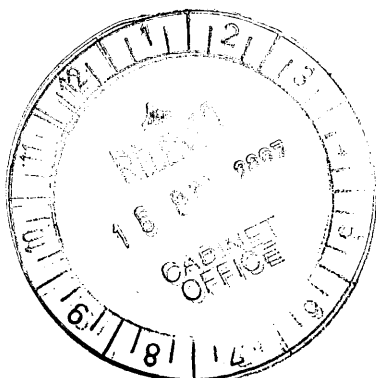
It is recommended that Cabinet note:

4.1 The planning approach for the Marjorie Jackson-Nelson Hospital as described in this briefing.



Paul Holloway
Leader of the Government in the Legislative Council
Minister for Police
Minister for Mineral Resources Development
Minister for Urban Development and Planning

Date: 15/10/2007



22 OCT 2007

In Cabinet

22 OCT 2007
In Cabinet
PREMIER

22 OCT 2007



Proposed Marjorie Jackson-Nelson Hospital Site



The Marjorie Jackson-Nelson Hospital (MJNH) – proposed treatment of selected site

The MJNH on the selected site will result in:

- (a) remediation of the contaminated railway yard site
- (b) handing back land as Park Land (eg land located opposite the Adelaide High School ovals to the north of Port Road)
- (c) the development of pedestrian linkages from North Terrace via the reclaimed Park Land site to the River Torrens
- (d) acting as a catalyst to support of the continued renewal of the Adelaide West end
- (e) improved traffic infrastructure on the corner of North Terrace and Port Road
- (f) a highly accessible CBD location with a high level of amenity that fosters patient wellbeing
- (g) compliance with the objectives of the Planning Strategy for Metropolitan Adelaide in regard to locating high traffic-generating uses in areas with high levels of public transport. Specifically, it meets the following policies contained in the Strategy:

2. Match location and delivery of health and community services and facilities with the needs of the community.

- (a) *Locate health and community services and facilities to ensure equitable access by identifying areas lacking services or those with greater need and building collaborative arrangements to provide these facilities and services.*
- (b) *Encourage the location of health and related services and facilities in or adjacent to activity centres and co-locate these with community facilities, hospitals, health centres and schools, where there is good access to the public transport network. Encourage the development of a complementary mix of uses at existing large facilities.*
- (c) *Encourage development of new large, single-use health facilities in or adjacent to activity centres.*
- (d) *Encourage a variety of housing options in locations within easy access to activity centres that make it possible for the aged and those with disabilities to live independently.*
- (e) *Plan for future health and community services and facilities to be adaptable to different forms of use and in a manner that promotes social justice, integration of services with community facilities, cost-effectiveness, and consumer engagement.*
- (f) *Improve community access and delivery of health and community services and facilities, particularly in areas with disadvantaged communities.”*

ATTACHMENT C

Steps	Weeks (base)	Completion Date
Initiation Preparation	1 week	11 October 2007
Initiation Decision	2 weeks	25 October 2007
DPA and Consultation Preparation	10 weeks	3 January 2008 (subject to the finalisation of the Master Plan)
Consultation (and interim operation) Decision	3 weeks	24 January 2008
Consultation Set-up	3 weeks	14 February 2008
Consultation	8 weeks	10 April 2008
Display Submissions	2 weeks	24 April 2008
Development Policy Advisory Committee Public Hearing	2 week	8 May 2008
Post Consultation preparation	3 weeks	29 May 2008
Development Policy Advisory Committee Advice	6 weeks	10 July 2008
Approval Preparation	1 week	17 July 2008
Approval Decision	3 weeks	7 August 2008
Gazettal	2 weeks	21 August 2008

Draft only: Subject to timing of the Master Plan