

Final Report

*Ballarat Health
Precinct Study*

Prepared by:

Regional Innovation Pty Ltd

Urbanomics Pty Ltd

March 2006

Table of Contents

1.	<i>Introduction</i>	4
2.	<i>The Study Area</i>	5
2.1	<i>General Description</i>	5
2.2	<i>Overview of current uses within the precinct</i>	6
3.	<i>The Study</i>	7
4.	<i>Land Use and Planning Context</i>	8
4.1	<i>Planning background</i>	8
4.2	<i>Amendment C27</i>	9
4.3	<i>Land zoning within the precinct</i>	10
4.4	<i>Car parking requirements</i>	11
4.5	<i>Local Planning Policy Framework</i>	11
4.5.1	<i>Municipal Strategic Statement</i>	11
4.5.2	<i>Specific provisions in the Municipal Strategic Statement</i>	12
4.5.3	<i>State Planning Policy Framework</i>	14
4.5.4	<i>Local Planning Policies</i>	14
4.5.5	<i>VCAT Decisions</i>	15
4.6	<i>Present Uses and Location</i>	16
4.6.1	<i>Medical and other non-residential uses</i>	16
4.6.2	<i>Location Dependency Considerations</i>	25
4.7	<i>Major Planning Issues</i>	29
4.7.1	<i>Car Parking and Traffic</i>	29
4.7.2	<i>Residential amenity</i>	32
5.	<i>Ballarat Economic Development Strategy</i>	34
6.	<i>Future health needs and directions</i>	37
6.1	<i>Introduction</i>	37
6.2	<i>Population and age projections</i>	38
6.2.1	<i>The Ballarat West ODP</i>	43
6.2.2	<i>The Canadian Valley ODP</i>	44
6.2.3	<i>Lake Federation Development</i>	44
6.3	<i>Health service trends</i>	45
6.4	<i>Hospital planning activities</i>	46
7.	<i>Conclusions</i>	47
8.	<i>Planning scenarios</i>	49
8.1	<i>Introduction</i>	49
8.2	<i>Criteria and principles underpinning scenarios</i>	49

8.3	<i>Non-residential uses in residential areas</i>	50
8.4	<i>The planning and land use scenarios</i>	51
8.5	<i>Brief analysis of the scenarios</i>	53
8.5.1	<i>Scenario One</i>	53
8.5.2	<i>Scenario Two</i>	54
8.5.3	<i>Scenario Three</i>	56
8.5.4	<i>Scenario Four</i>	58
8.5.5	<i>Scenario Five</i>	60
9.	<i>Recommendations</i>	62
	<i>Attachments</i>	63
	<i>Attachment One - The Historic residential/hospital precinct</i>	63
	<i>Attachment Two - Proposed Policy - Non residential uses in residential zone</i>	64

1. Introduction

Ballarat is a significant regional provider of health and medical facilities. The region includes Western Victoria, the Central Highlands region and the Wimmera, as well as Ballarat. The major medical and health facilities are Ballarat Health Services and St John of God Hospital.

The Ballarat Economic Development Strategy (2003) identified the importance of the health sector to Ballarat and the Central Highlands region, and in particular the positioning of Ballarat as a “*creative community*”. The most recent population projections for Ballarat, the Central Highlands region and the Wimmera region confirm population growth up to 2031 with a substantial increase in the proportion of people aged 60 years and over. Detailed population projections have recently been completed by the City of Ballarat. These project population growth of 20,254 over a 20-year period (between 2001 and 2021), with the population estimated to increase from 83,599 in 2001 to 103,853 in 2021.

Through in-migration, natural population growth, an ageing population, increasing elective surgery and Ballarat’s important regional role, demand for primary and allied health services will increase over the next decade, and beyond. At the same time facility locational requirements will change as Ballarat grows and delivery methods change. There will be a continuation of the trend for more treatments and surgery, shorter hospital stays and increased home based care.

The Ballarat City Council commissioned Regional Innovation and Urbanomics to review the future provision of health services and facilities in Ballarat and specifically to determine whether future provision is dependant on location close to the major hospitals. The review is the result of a long history of land use conflict within the historic central residential area of Ballarat in which the hospitals are located. This area was surveyed in 1852 and zoned for residential use in 1855. Some time later the Ballarat Hospital (Ballarat Health Services) was relocated from Camp Street to its present site at Drummond Street North. In 1950 St John of God Order purchased the Bailey Mansion at the corner of Drummond Street North and Mair Street. The first Ward was constructed on the site in 1950. The residential use of the area preceded the development of the hospitals and the proliferation of medical and health related uses. However the hospitals have been located in the area for in excess of 50 years.

Other medical service providers have been attracted to the general locality of the hospitals. This has created conflict between residential and medical related uses. The Ballarat City Council has attempted to introduce planning controls to regulate (and prohibit) additional medical practices close to the hospitals. Planning disputes have resulted. These disputes have been played out in various planning tribunals, most recently through VCAT decisions.

This review is the most recent attempt to reconcile:

- The economic development and social imperative of providing quality, accessible health and allied health services to the Ballarat and regional communities;
- The desire to protect high quality residential environments; and
- The achievement of greater planning certainty.

A key question for resolution is:

“Does the future provision of health and allied health facilities and services to Ballarat and regional communities depend on those services and facilities being located close to Ballarat Health Care and St John of God hospitals?”

As a dynamic regional service centre Ballarat must be able to provide quality health and medical services to the Ballarat and regional communities. In addition, as an attractive and rapidly growing regional city, Ballarat must be able to provide a diversity of quality living and recreating environments. Part of Ballarat’s appeal directly relates to its historic residential buildings, which characterize the building stock in the residential area close to the hospitals. Ballarat’s history, the rapid growth of Ballarat, previous facility location decisions, the growth of health and well-being disciplines, the regional role of Ballarat and the highly desirable living environments and built from within the historic residential areas of Ballarat lend to inescapable tension regarding competing land use and neighbourhood amenity. The Ballarat City Council, the Ballarat health sector and the broader community require that these tensions be resolved through achieving greater land use planning certainty, without compromising health care and medical capacity, or residential amenity. That is the conundrum.

2. The Study Area

2.1 General Description

The study logically requires consideration of health service and facility provision within the entire urban area of Ballarat. However it is necessary to consider the issue of health service and facility provision within a hierarchy of locations, in order that the basic question of locality dependence can be addressed, and therefore the planning implications of any locality issues.

Within this framework:

1. The specific study area comprises the “*the historic residential/hospital precinct* which is located to the west of the central business area, extending west towards Lake

Wendouree and south to the Queen Victoria Hostel, as detailed the attached plan (*Attachment 1*); and

2. The more general study area comprises the remaining urban areas of Ballarat.

2.2 Overview of current uses within the precinct

The historic residential/hospital precinct incorporates one of Ballarat's most historic residential areas. It contains a mix of residential properties including many stately Gold Rush period mansions and miners cottages, within wide treed streetscapes. *The historic residential/hospital precinct* has been a residential neighbourhood since Ballarat's settlement. *The historic residential/hospital precinct* was initially a residential area with the hospitals and medical uses following later.

The Ballarat campus of Ballarat Health Services, the St John of God Private Hospital, the Queen Elizabeth Hostel, the Australian Catholic University and Clarendon College are located in the *historic residential/hospital precinct*.

Residents value the residential architecture, ambience and amenity of the *historic residential/hospital precinct*. However, in parts of the precinct residential ambience and amenity has been eroded. The hospitals, medical, health and well-being practices attract visitors to the precinct resulting in more traffic and greater parking pressure. The Catholic University, Clarendon College and the proximity of the precinct to the Central Business Area exacerbate these issues. In addition the Country Fire Authority Headquarters are located in Talbot Street.

Medical centres, and other health related services and facilities have primarily located in the former Residential/Office Zone (in the pre-VPP format Ballarat Scheme). A detailed location analysis is undertaken later in this report.

The *historic residential/hospital precinct* also incorporates a section of Sturt Street. Sturt Street is the major arterial road through Ballarat. It is zoned Business 1 and is used for a variety of commercial activities, including a small number of medical and allied health practices.

The eastern section of the *historic residential/hospital precinct* is adjacent to Ballarat's Central Business Area. The Central Business Area is predominantly a commercial zone immediately to the east of Lyons Street. Anecdotal evidence points to some people who work in the Central Business Area parking in the *historic residential/hospital precinct*, which further compounds traffic and parking problems.

3. The Study

The objectives of the study are to:

- Identify the impact of a local planning policy that would prevent existing non-medical properties within the precinct from being converted to medical use (would this negatively impact health services delivery?).
- Identify inadequacies in the medical infrastructure and the future issues that will inhibit growth on the existing sites and the impacts on the surrounding residential and commercial areas.
- Examine the impact of the introduction of new medical centres and offices on existing residential and commercial properties in relation to parking, traffic management, hours of operation, residential security, amenity and streetscapes and re-assess the need to provide parking spaces in relation to the establishment of new medical centres.
- Examine the priority of need of medical centres to be in close proximity to the hospitals
- Examine the impact of the Municipal Strategic Statement (MSS) on location of suburban medical centres.
- Identify potential medical centre / residential co-location scenarios in immediate and secondary areas to hospitals.

This study has involved:

- Review of previous strategies and reports and the relevant provisions of the Ballarat Planning Scheme.
- Assessment of VCAT decisions regarding applications for use of premises for medical related uses within the *historic residential/hospital precinct*.
- Assessment of the current residential and non-residential uses in the *historic residential/hospital precinct*.
- Discussions with medical practitioners regarding locational requirements.
- Discussions with Ballarat Health and St John of God Hospital regarding future development plans and locational requirements.
- Discussions with residents within the *historic residential/hospital precinct* through one-on-one discussions, workshops and a public forum.
- Assessment and testing of *historic residential/hospital precinct* scenarios.
- Recommendation of a preferred scenario and identification and development of policies and planning tools to support the adopted scenario.
- Development of recommendations to support the preferred outcomes.

4. Land Use and Planning Context

4.1 Planning background

Some properties within the *historic residential/hospital precinct* are subject to a Heritage Overlay which was introduced to protect heritage places of natural or cultural significance. The Ballarat Central Business Area Urban Design Framework (2005) identifies 6 precincts, with the Sturt Street precinct, which is one of the six precincts, including parts of the *historic residential/hospital precinct*. The Urban design Framework addresses issues of future urban design and public transport in Central Business Area. It has a strong focus on the retention of heritage values in the precincts and protection of residential areas.

The *historic residential/hospital precinct* has been the subject of a number of planning studies and planning scheme amendments. Through these Council has attempted to address the conflict between residential use and amenity and medical related uses.

In 1983 the Council introduced a control that applied a Residential/Office zone to part of the land within the *historic residential/hospital precinct* ("the control"). The control required that no more than 50 percent of properties in any street within the designated area be used for non-residential purposes. This has been referred to as "the 50 percent rule". In addition a maximum floor area of 150 m² was to apply to non-residential uses within the designated area.

These controls came into effect in 1987, with the designated area reduced from that proposed by the Council in 1983. Once the 50 percent occupation was reached the Council undertook a further study culminating in a 1995 report prepared by Ratio Consultants and others ("the Ratio Report"). Planning Scheme Amendment L1 was prepared following the Ratio Report. It proposed:

- The removal of the office component from the zone;
- The removal of medical centres, as of right, east of Drummond Street and on the north side of Mair Street;
- The prohibition of medical clinics in other parts of the designated area;
- Retention of 150m² limit on non-residential use floor space; and
- The introduction of a Code of Practice as a framework in which to consider planning applications.

To reflect the above matters a *Medical Exclusion Policy* was prepared.

As a result of the introduction of the New Format Planning Scheme, Amendment L1 was abandoned. However the New Format Planning Scheme included a *medical exclusion*

area in the Residential 1 Zone (being the area covered by the *historic residential/hospital precinct*), with:

- An Incorporated Plan Overlay; and
- The Ratio Report as an incorporated document within the Scheme.

A Planning Panel was appointed to consider submissions on the New Format Planning Scheme. It decided the above approach was not an appropriate way to deal with land use and planning tensions in the *historic residential/hospital precinct*. The Planning Panel fixed 30 November 1999 as the sunset date for the *Medical Exclusion Policy* due to a number of concerns, including:

- The apparent inconsistency between:
 - The stated importance of health care services for the region and the strategic importance of the health sector to Ballarat; and
 - The restriction on establishment of health facilities and services within a significant area around the hospitals.
- The potential impact on residential character and amenity of further development of health facilities and services.

The Incorporated Plan Overlay identified the area to which the policy related. The Panel concluded:

“The Incorporated Plan Overlay is inconsistent with Council's strategic objective and that consideration should be given to its removal and replacement by a local policy dealing with residential character and amenity rather than artificial restrictions on the land use itself”.

The Council then prepared Amendment C27, which sought to fill the Planning Scheme vacuum created by the expiry of the *Medical Exclusion Policy*.

4.2 Amendment C27

Amendment C27 was developed to:

- Address the concerns of the Panel expressed during the review of the New Format Planning Scheme; and
- To provide an alternative planning mechanism within the *historic residential/hospital precinct* to replace the expired *Medical Exclusion Policy*.

In March 2000 Council placed Amendment C27 on public exhibition. The exhibited Amendment was similar to a previous Council policy 22.09-2. It sought to prevent establishment of more medical centres within the Medical Centre Exclusion Area (which was specified in the policy), in areas other than:

- The hospital grounds; and
- The former Residential/Office Zone to the east of the hospitals.

As a result of submissions to the Amendment C27 Council included the former Residential/Office Zone to the east of the hospitals, as part of the area from which further medical centres were to be excluded.

The Planning Panel that considered Amendment C27 recommended its abandonment, due to insufficient strategic basis as required by its Strategic Assessment Guidelines. The Panel noted:

“The Responsible Authority has still not reconciled a fundamental contradiction in their views to the promotion of medical and health facilities with the protection of the residential amenity and urban character”.

The Panel recommended that, “an economic study be undertaken to provide a sound strategic basis for the medical and allied health sector”. However the Panel stated that further widespread agglomeration of medical offices would be undesirable and counter to the primary objectives of the Residential Zone. The Panel concluded that while being sympathetic to the desire of those who wished to protect the area, the mechanism and the drafting of the local policy failed in that:

- ⇒ It was not strategically driven; and
- ⇒ It purported to override zoning provisions by prohibiting medical centres within the residential zone.

The Panel concluded that the Amendment did not develop the Code of Practice into a sound performance based mechanism for assessing applications for medical practices. It concluded that resolution of these matters would require major changes to the MSS and the local policy, and therefore recommended the abandonment of Amendment C27.

4.3 Land zoning within the precinct

The Ballarat Campus of Ballarat Health Services is located on land zoned Public Use 3 [Health and Community]. The St John of God Hospital site is zoned Residential 1. Residential and semi commercial areas around the hospital, the Catholic University and Clarendon College are zoned Residential 1. Land fronting Sturt Street is zoned Business 1. The Residential 1 zone allows medical centres, subject to a permit.

A medical centre is defined as:

Land used to provide health services (including preventative care, diagnosis, medical and surgical treatment, and counselling) to outpatients only.

Subject to a permit, the additional following uses may be permitted in a Residential 1 zone:

- *Car Wash*
- *Convenience Restaurant*
- *Convenience Shop*
- *Plant Nursery*
- *Service Station*
- *Take Away Food Premises*
- *Veterinary Clinic*

All other uses (including offices), are prohibited in Residential 1 zones (other than certain home based occupations).

4.4 Car parking requirements

The Table to Clause 52.06 of the Ballarat Planning Scheme requires the provision of 5 car spaces for each practitioner in a medical centre. Alternatively, a parking precinct plan can be prepared by the responsible authority, which may specify different requirements to those set out in the Table to Clause 52.06. A parking precinct plan has not been completed. The car-parking requirement is therefore 5 spaces per practitioner. This is more onerous than car parking requirements for commercial uses within commercial zones.

4.5 Local Planning Policy Framework

4.5.1 *Municipal Strategic Statement*

The Municipal Strategic Statement (“MSS”) provides a concise statement of the key strategic planning, land use and development objectives for Ballarat. It identifies strategies and actions to facilitate the stated objectives being achieved. The MSS provides the strategic basis for the application of planning zones, overlays and the specific Planning Scheme provisions. It underpins decision-making by the Responsible Authority on planning applications and land use issues.

The MSS was reviewed in 2004/2005 and incorporated into the Ballarat Planning Scheme. The MSS is presented within themes of *Settlement, Environment and Economic Development*. The MSS identifies key issues within each of the themes, and details objectives and strategies to achieve the objectives. Within the MSS the Settlement and Economic Development themes are relevant to health facility and service provision within the City of Ballarat. Following is a summary of the relevant provisions.

4.5.2 *Specific provisions in the Municipal Strategic Statement*

21.05 SETTLEMENT

21.05-1 Key Issues – Settlement

Liveability (Overview)

“There are land uses within zones that without adequate management, have the potential to create conflict and lead to a reduced quality of life, (eg. hotels in residential areas). The Council will seek to ensure that this potential conflict is controlled through permit conditions, where such opportunity exists, and through codes of practice, agreements and education.”

21.05-2 Settlement Objectives

Objective 4 – Liveability

To ensure that changes in established urban areas take place without reducing the existing quality of life that the area provides

Objective 5 – Liveability

To make services and facilities available and accessible to support the needs of the city’s existing and future community

21.05-3 Settlement Strategies

Liveability

- ⇒ Allow the establishment of land uses in residential areas that provide the surrounding neighbourhood with daily convenience services without being of detriment to the quality of life enjoyed in the area.
- ⇒ *Provide for the establishment of medical facilities in proximity to the hospitals only when existing residential amenity is not reduced.*
- ⇒ *Require non-residential land uses that provide services of daily convenience to cluster in neighbourhood and local convenience centres throughout the urban area, including but not restricted to general medical practitioners*

21.06 ECONOMIC DEVELOPMENT

21.06-1 Key Issues – Economic Development

Overview – Retail/Commercial

“The City of Ballarat has adopted a hierarchical approach to the location of commercial floorspace with the hierarchy consisting of:

- Regional – “...the central business district sits at the top of the hierarchy as the primary center of retail, commerce and entertainment serving the western region”
- Sub – regional (such as Wendouree Village)
- District (Sebastopol, Howitt Street are examples)
- Neighbourhood – group of convenience outlets serving daily and more than once a week shopping trips

21.06-2 Economic Development Objectives

Objective 9 – Retail/Commercial

To facilitate access to commercial services through the development of regional, sub-regional, district and neighbourhood commercial centres

Objective 10 – Retail/Commercial

To recognise, enhance and facilitate the function of the Ballarat Central Business District as the dominant administrative, commercial, financial, cultural, recreational, tourist, and entertainment centre within the City and surrounding region.

21.06-3 Economic Development Strategies

Retail/Commercial

- ⇒ Require new commercial floorspace to be appropriately located within the commercial hierarchy.
- ⇒ *Encourage the establishment of medical facilities not serving a local neighbourhood within existing commercial centres, particularly the Central Business District.*
- ⇒ *Require non-residential land uses that provide services of daily convenience to cluster in neighbourhood and local convenience centres throughout the urban area.*
- ⇒ *Encourage the establishment of new commercial centres (of a neighbourhood centre status) within Alfredton and Delacombe to serve the growing population in these areas.*
- ⇒ Prevent the expansion of the Central Business District beyond existing boundaries by maintaining the current area of Business 1 Zone within the city centre.
- ⇒ Require the provision of sufficient onsite car parking spaces to meet demand within new commercial developments.

4.5.3 State Planning Policy Framework

The local planning instruments and provisions of those instruments must be read within the context of the State Planning Policy Framework, which contains the following provisions relating to health facilities and services.

18.06-1 Objective

To assist the integration of health facilities with local and regional communities.

18.06-2 General implementation

- Planning and responsible authorities should facilitate the location of health-related facilities (including acute health, aged care, disability services and community care facilities) with consideration given to demographic trends, the existing and future demand requirements and the integration of services into communities.
- Consideration should be given to planning public and private developments together and to including some degree of flexibility in use.
- Hospitals and other large health service facilities should be located in areas highly accessible to public and private transport.
- Adequate car parking facilities should be provided for staff and visitors.

4.5.4 Local Planning Policies

The City of Ballarat Planning Scheme refers to a *residential development local policy* (clause 22.01), a *commercial land use and development local policy* (clause 22.03) and a *health facilities local policy* (clause 22.09), which has expired.

Clause 22.01 (residential development local policy) recognises the need to:

- Provide for a wide range of housing choice, diversity, form and affordability including infill and multi-unit development;
- Facilitate urban consolidation within older established areas; and
- Protect residential areas identified as being of historic and conservation value.

Clause 22.03 (commercial land use and development local policy) highlights the need to discourage the loss of existing housing stock by conversion to, or redevelopment for, non-residential uses.

Clause 22.09 (Health Facilities Policy – *Medical Exclusion Policy*) ceased to have effect from 30 November 1999.

The Policy recognised the importance of the health sector and related specifically to the locations of new health and medical facilities. It provided:

- That general practitioners (especially single practitioners) be encouraged to locate in neighbourhood centres or in buildings adjacent to such centres, particularly in those poorly serviced residential neighbourhoods.
- That medical practitioners be encouraged to locate within the Ballarat Central Business Area, particularly where the practitioner is serving more than a single neighbourhood.
- That further clustering of medical facilities within the vicinity of the hospitals be discouraged, particularly where this results in the loss of residential land use in the area.
- That new medical facilities be permitted to locate within the vicinity of the hospitals, on the east side of Drummond Street between Sturt and Webster Streets or on the north side of Mair Street between Drummond and Little Raglan Streets.
- That new medical centres not be permitted to establish on any land included in the Residential Zone within the area bounded generally by Eyre Street, Ripon Street, Wendouree Parade, Mill Street, Loch Avenue, Creswick Road, Claxton Streets, Davey Street, Mair Street and Lyons Street (as shown in Map 1 to Clause 22.09) (Health Facilities Policy – *Medical Exclusion Policy*). This however does not apply to:
 - ⇒ Land on the east side of Drummond Street between Sturt and Mair Streets and land on the north side of Mair Street between Drummond and Little Raglan Streets; or
 - ⇒ Purpose built medical centres located within the hospital grounds.
- Any application for medical centres must be assessed using the Medical Centre Code of Practice (October, 1995).

Following the expiry of the *Medical Exclusion Policy*, which discouraged the clustering of medical centres near the hospitals, there have been no specific locational restrictions on the establishment of medical centres within residential zoned areas of Ballarat. Planning applications are assessed according to the Medical Centre Code of Practice (October 1995).

4.5.5 VCAT Decisions

A number of planning applications for medical centres (uses) within the *historic residential/hospital precinct* have been considered by VCAT.

The decision of VCAT in *Hargreaves v Ballarat City Council* [2004] VCAT 980 (24 May 2004) supported the retention of residential areas and protection of residential amenity as a priority.

It provided:

While a Residential 1 Zone may accommodate a limited range of non-residential uses, they must be appropriately located and serve a local community need. The apparent intention behind the accommodation of other non-residential uses is that they add to the enjoyment and functionality of residential areas, and add to the residential nature of the areas. Examples would include:

- *Residents having quick and convenient access to the services of a doctor or other health provider.*
- *Residents having convenient access to a milk bar to purchase basic items such as bread, milk and newspapers.*

Such non-residential uses can enhance the amenity of a residential area, making them more pleasant and convenient places in which to live. The challenge is to assess when the benefits of such proximity outweigh the benefits delivered and adversely affect the residential amenity. When residential amenity is eroded rather than enhanced by such non-residential uses, the implicit purpose of the zone is undermined.

This decision adopted the approach that:

- ⇒ Medical clinics in residential zoned areas must service the needs of local residential communities.
- ⇒ Protection of residential amenity is paramount in residential areas.
- ⇒ The residential zone provides for uses that enhance residential living and residential amenity and where other uses erode residential amenity the implicit purpose of the zone is undermined.

This is consistent with the existing provisions of the Municipal Strategic Statement.

4.6 Present Uses and Location

4.6.1 *Medical and other non-residential uses*

In looking at the future planning and land use scenarios within the *historic residential/hospital precinct*, we first need to consider the current situation. This section focuses on the current uses within part of the *historic residential/hospital precinct*, to the

north of Sturt Street, to the south of Webster Street, west of the Central Business District and east of Pleasant Street. This is the area of Ballarat in the immediate vicinity of the two major hospitals and is the area most densely populated with medical practices. It is also the area most subject to applications for residential premises to be used for medical related purposes. It is also part of the most historic residential area of Ballarat. Within this report it is referred to as the *residential/medical conflict node*.

A visual analysis has been undertaken of the *residential/medical conflict node*, together with other inquiries regarding land use. An assessment has been made of:

- ⇒ The number of premises (houses) used for commercial and medical practices;
- ⇒ The number of medical practices operating from the premises;
- ⇒ The estimated number of medical and health professionals engaged in the medical practices;
- ⇒ The density of medical practices, medical premises and health professionals within Zones (refer to later comments), within the *residential/medical conflict node*.

This enables an assessment of whether the current pattern of location of medical practices provides any illumination regarding overall location dependency with hospitals or other medical facilities, and whether future land use planning can be informed by the current pattern of medical practice location.

The following Table categorises the medical practices within the *residential/medical conflict node*. Within the *residential/medical conflict node* there are approximately 63 premises used for non-residential purposes (including medical clinics and other commercial activities). Of these 63 premises there are approximately 84 businesses (medical practices and other commercial businesses) (see the notes to the Table below). Of the 63 premises, 60 are used for medical related practices (referred to as “medical practice premises”) and 3 are used for other commercial uses.

Of the 84 businesses 78 are medical related business and 6 are non-medical businesses (architect, lawyer, financial and business planning). Therefore within the *residential/medical conflict node* there are approximately 78 medical practices operating from 60 medical practice premises. The following Table provides a breakdown of the medical practice types and the estimated number of medical professionals (based largely on practice and name plates displayed on the premises, supplemented by other investigations). The medical professional numbers may not be absolutely accurate, however they are sufficiently robust for the purpose of the following discussion.

Medical Practice Types and Estimate of Practitioner Numbers

Description	Number of Practices	% of total Practices	Estimate of Practitioners	% of Practitioners
General Medical Practices	15	19%	50	30%
Chiropractic	5	6%	6	4%
Surgeons/Specialists	13	17%	42	25%
Dental	11	14%	23	14%
Psychologists/Counsellors	6	8%	11	6%
Physiotherapists/Massage	6	8%	13	8%
Psychiatrists	1	1%	1	1%
Alternative Medicine	3	4%	6	4%
Miscellaneous allied health & well-being (Speech Pathology, Hand Therapy, Yoga, Rheumatology, Nutrition, Hearing, Hair Removal, Podiatry, Body Therapy)	10	13%	14	8%
Support Services*	8	10%	NK	NK
Total (Medical and Medical Related)	78	100%	166	100%
Commercial (Lawyer, Business Advice, Financial Planning, Architect)	6		NK	

Notes:

- Practitioners are either practice principals or professionals within the practice identified by name plates on premises or advertising/name signage
- The statistics are based on visual observation of properties with business numbers based on advertising signs and practice plaques
- Estimates of health professionals are based on professional plaques displayed on premises and advertising boards
- Surgeons/specialist have not been treated as separate businesses where they share accommodation, unless noted specifically on building exteriors
- The figures include 2 medical premises on Webster Street, which are not included in the later commentary
- These figures do not include practitioners operating from premises with hospital facilities or grounds
- *Support Services include services such as Ballarat Maternal and Child Health, Ballarat Community Health Care, Leukemia Foundation Accommodation, Dunvegan– Melbourne University, Menzies Suite Lymphaision Centre, Ballarat and District Division of General Practice, Residential Accommodation Services and Disability Attendant Support

The dominant medical practices and practitioners in the *residential/medical conflict node* are general medical practitioners (30% of the total practitioners and 19% of medical related practices) and medical specialists (25% of total practitioners and 17% of total practices). The next ranking in the *residential/medical conflict node* are dentists.

These figures represent a high percentage of the total number of specialists and general practitioners in Ballarat. The following Table compares the numbers of general practitioners, specialist and psychologists within the *residential/medical conflict node* (excluding specialists and doctors engaged by the hospitals), with the total number of specialists, general practitioners and psychologists in Ballarat. The Ballarat figures are based on information from the Ballarat and District Division of General Practice, current at November 2004.

General Practitioners, Specialist and Psychologists

Description	Total number of practitioners in Ballarat#	Total number of practitioners in historic residential/hospital zone#	% of practitioners in residential/medical conflict zone
Surgeons/specialists	44	42	95%
General Medical Practitioners	84	50	59%
Psychologists	22	11	50%

#This does not include doctors and specialists engaged by the hospitals

The 84 general practitioners in Ballarat operate from 25 medical practice premises. Of these 15 are located in the *residential/medical conflict node*, representing 60% of all medical practice premises in Ballarat. Of the total of 84 general practitioners in Ballarat it is estimated that 50 are located in the *residential/medical conflict node*. This represents almost 60% of all general practitioners.

As at November 2004 there were approximately 62 specialists in Ballarat. Of these 18 were located within the hospitals, 2 were located at Howitt Street and approximately 42 were located in premises in the *residential/medical conflict node*. This represents 95% of non-hospital engaged specialists. Also a large proportion of Ballarat's psychologists are located in the *residential/medical conflict node*. These figures point to an apparent correlation between location of certain medical related practices and hospitals in Ballarat.

It is interesting to note the location of the medical practices within the *residential/medical conflict node*. This illustrates the actual proximity of the practices to the hospitals, the density of the practices within various zones and the pattern of location for similar types of medical practices. To facilitate this assessment we have split the *residential/medical conflict node* into three sub-zones, comprising:

- ⇒ Zone 1 - The area to the west of the hospitals bounded by Webster Street, Sturt Street and Pleasant Street
- ⇒ Zone 2 - The area immediately to the east of the hospitals bounded by Drummond Street, Sturt Street, Raglan Street (though to an imaginary connection with Webster Street), and Webster Street (this zone includes uses in Raglan Street)
- ⇒ Zone 3 - The area to the west of Dawson Street/ Yuille Street and the boundary of Zone 2, bounded by Sturt Street and Webster Street

We have calculated the number of medical practice premises, as a percentage of the total number of "houses" within streets in the sub-zones. Later this is broken down into

medical practice categories and numbers, to determine if there is a pattern of location of specific types of medical practices, which may inform future decision-making. In addition we have calculated the number of street car parks within the streets and the sub-zones, which we use in the car-parking section of the report.

Sub-zone 1 Assessment

<i>West of hospitals to Pleasant Street (bounded by Sturt and Webster Streets)</i>				
<i>Street</i>	<i>Number of Medical Premises</i>	<i>Total Number of Houses</i>	<i>Percentage Medical Premises</i>	<i>Car Parks</i>
<i>Anticline Lane</i>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	18
<i>Ascot Street</i>	0	23	0%	96
<i>Talbot Street North</i>	1	19	5%	96
<i>Ripon Street (South of Mair)</i>	0	15	0%	62
<i>Ripon Street (North of Mair)</i>	0	17	0%	40
<i>Mair Street</i>	6	37	19%	201
<i>Sturt Street (Drummond to Pleasant)</i>	3	NA	NA	80
Total	10	111	XXXXXXXXXX	XXXXXXXXXX
Total (excluding Sturt Street)	7	111	6%	513

Notes: Corner houses have been counted within the street that they face

The calculations do not include:

-Commercial "nodes at Sturt Street end of each street

-Webster Street

-Any houses that face the lane ways

-Two medical premises in Webster Street that are within/adjoin St John of God Hospital

Within sub-zone 1 there are 10 medical practice premises, comprising 6% of the total "housing" stock. Within this sub-zone the major proliferation of medical practice premises is between Anticline Lane and Ascot Street, where three medical practice premises are located. Otherwise the medical practice premises are located towards the western end of the sub-zone, further away from the hospitals.

Most of the medical practice premises are located in Mair Street (6 of 10), with the medical practice premises in Talbot Street (1), being at the corner of Mair Street. The remaining three medical practice premises are in Sturt Street.

The concentration of medical practice premises in sub-zone 1 is far less than in sub-zones 2 and 3, to the east of the hospitals. Various planning applications within sub-zone 1 have been refused, recognising the relative integrity of the residential area of sub-zone 1. Also there seems to have been a longstanding focus on activity to the east of the hospitals, possibly linked with a sub-conscious extension of commercial activities to the west of the Ballarat Central Business Area, the hospital orientation which has traditionally been towards the east and the quality of the housing stock including location and value. In any case, the concentration of medical practice premises in sub-one 1 is

low, with the residential integrity of the sub-zone remaining substantially intact. The major concentration is immediately to the west of hospitals along Mair Street to Talbot Street. Future planning needs to account of this residential integrity and residential amenity of sub-zone 1, particularly to the west of Talbot Street.

Sub-zone 2 Assessment

<i>East of Hospitals to Raglan Street Nth (bounded by Sturt and Webster Street)</i>				
<i>Street</i>	<i>Number of Medical Premises</i>	<i>Total Number of Houses</i>	<i>Percentage Medical Premises</i>	<i>Car Parks</i>
<i>Drummond Street North</i>	11	20	55%	50 (W) 55 (E)
<i>Everard Street North</i>	7	20	40%	78
<i>Raglan Street North</i>	5	20	25%	81
<i>Little Raglan</i>	0	11	0%	20
<i>Mair Street</i>	8	17	47%	85
<i>Sturt Street</i>	3	N/A	NA	18
Total	34	87	XXXXXXX	XXXXXXX
Total (excluding Sturt Street)	31	87	36%	387

Notes: Corner houses have been counted within the street that they face
 Includes all properties (east and west) in Raglan Street
 The calculations do not include:
 -Commercial "nodes at Sturt Street end of each street
 -Other commercial uses (lawyers, accountants, business advisors etc)
 -Webster Street

This sub-zone has the greatest concentration of medical practice premises. 36 % of all premises are used for medical related purposes. The greatest concentration is in Drummond Street (55%), directly opposite the hospitals. Other than for parking congestion, this is the most convenient location, in close proximity to the hospitals enabling quick and convenient access to medical professionals and facilities. The other major concentrations are in Everard Street and Mair Street. In these streets, medical practice premises concentrations are 40% and 47% respectively.

Sub-zone 2 experiences traffic congestion and parking issues, as expressed by residents during consultations. This results from the combination of proliferation of medical practices and parking by patients and visitors to the hospitals. This is notwithstanding the general abundance of parking close by, particularly in Webster Street.

Sub-zone 3 Assessment

<i>East of Dawson Street to Zone 2 (bounded by Sturt and Webster Streets)</i>				
Street	Number of Medical Premises	Total Number of houses	Percentage of Medical Premises	Car Parks
<i>Lyons Street (South of Mair Street)</i>	3	9	44%	75
<i>Lyons Street (North of Mair Street)</i>	1	17	6%	24
<i>Mair Street</i>	8	19	44%	72
<i>Sturt Street</i>	2	N/A	NA	32
Total	14	45	XXXXXXXXXX	XXXXXXXXXX
Total (excluding Sturt Street)	12	45	27%	203

Notes: Corner houses have been counted within the street that they face
 The calculations do not include:
 -Commercial "nodes at Sturt Street end of each street
 -Other commercial uses (lawyers, accountants, business advisors etc)
 -Davey Street, Webster Street, Dawson Street or Yuille Street

Although closer to the Ballarat Central Business Area sub-zone 3 has a lower concentration of medical practice premises, compared with sub-zone 2. It has 14 medical practice premises, compared with 34 in sub-zone 2. This sub-zone contains fewer houses, with the medical practice premises comprising 27% of the housing stock. Of these, 8 of the medical practice premises are in Mair Street. Although only a short distance from the hospitals, this sub-zone is clearly less appealing than sub-zone 2.

Following is an assessment of the number of medical premises, medical practices and medical professionals within each zone, and expressed as a percentage of the total number of medical premises, medical practices and medical professionals within the residential/medical conflict node.

Specific Concentrations within Zones

Area	No. of Medical Premises in each Zone	% of Medical Premises in each Zone	No. of Medical Practices in each Zone	% of Medical Practices in each Zone	Est No. of Medical Professionals in each Zone	Est % of Medical Professionals in each Zone
<i>Sub-zone 1</i>	10	17%	13	17%	33	23%
<i>Sub-zone 2</i>	34	59%	44	58%	77	53%
<i>Sub-zone 3</i>	14	24%	19	25%	34	24%
Total	58	100%	76	100%	144	100%

Notes: Does not include 2 practices in Webster Street on or adjoining St John of God site

Well in excess of 50% of the medical premises, medical practices and medical professionals are located with sub-zone 2. Sub-zone 1 has the lowest percentage across all categories and sub-zone 3, which adjoins sub-zone 2, has the second highest proliferation across all categories.

The raw numbers are now further broken down into specific medical practices with the sub-zones to determine if there is a correlation between medical practice and location.

Sub-zone 1 – Medical Practice Description

<i>Description</i>	<i>Number of Practices</i>	<i>% of total Practices</i>	<i>Estimate of Practitioners</i>	<i>% of total Practitioners</i>
<i>General Medical Practices</i>	3/15	20%	14/41	34%
<i>Chiropractic</i>	2/5	40%	3/6	50%
<i>Surgeons/Specialists</i>	1/13	8%	4/29	14%
<i>Dental</i>	0/11	0%	0/23	0%
<i>Psychologists/Counsellors</i>	0/6	0%	0/11	0%
<i>Physiotherapists/Massage</i>	2/6	33%	7/13	54%
<i>Psychiatrists</i>	0/1	0%	0/1	0%
<i>Alternative Medicine</i>	0/3	0%	0/6	0%
<i>Miscellaneous allied health & well-being</i>	4/10	40%	5/14	36%
<i>Support Services</i>	1/8	12.5%	NK	-
<i>Other Commercial</i>	0/6	0%	NK	-
Total (Medical and Medical Related)	13/76		33/144	

Sub-zone 1 has a relatively small proportion of medical practices (20%), but accounts for 34% of the estimated number of general practitioners. This results largely from the size of the Mair Street General Medical Practice. The general medical practices in sub-zone 1 are located in premises in Mair Street (between Anticline Lane and Talbot Street) and Sturt Street, immediately adjacent to the hospitals.

The other substantially represented medical related uses in sub-zone 1 are chiropractic, allied health and well-being, and physiotherapy. These practices are located further to the west, at Ripon Street and beyond.

Given the level of access required by doctors to hospital patients, it is understandable that the General Medical Practices in sub-zone 1 are close to the hospitals. This is consistent with the earlier comments regarding the indicators of location dependency.

Sub-zone 2 – Medical Practice Description

<i>Description</i>	<i>Number of Practices</i>	<i>% of total Practices</i>	<i>Estimate of Practitioners</i>	<i>% of total Practitioners</i>
<i>General Medical Practices</i>	10/15	67%	25/50	61%
<i>Chiropractic</i>	2/5	40%	2/6	33%
<i>Surgeons/Specialists</i>	11/13	85%	22/29	76%
<i>Dental</i>	5/11	45%	10/23	43%
<i>Psychologists/Counsellors</i>	3/6	50%	5/11	45%
<i>Physiotherapists/Massage</i>	2/6	33%	4/13	31%
<i>Psychiatrists</i>	1/1	100%	1/1	100%
<i>Alternative Medicine</i>	1/3	33%	1/6	17%

Miscellaneous allied health & well-being	6/10	60%	7/14	50%
Support Services	1/8	12.5%	NK	-
Other Commercial	2/6	33%	NK	-
Total (Medical and Medical Related)	46/76		77/144	

As previously indicated, sub-zone 2 is the sub-zone most heavily populated with medical practice premises, medical practices and medical practitioners. This sub-zone, which abuts the hospitals and extends for 2 blocks towards the Ballarat Central Business Area, is home to:

- ⇒ 85% of practices of Surgeons and Medical Specialists and 76% of the total number of these practitioners.
- ⇒ 67% of the General Medical Practices and 61% of general practitioners.
- ⇒ 60% of Allied Health and Well-Being practices and 50% of practitioners.
- ⇒ The only identified psychiatry practice.
- ⇒ 50% of practices associated with Psychology and Counselling and 45% of these practitioners.
- ⇒ A high percentage of Dental and Chiropractic practices and these practitioners.

Surgeons, medical specialist, doctors and psychiatry, are highly represented in this sub-zone. This is generally consistent with what might be expected, taking account of the factors that are likely to influence location decisions. It is understandable, based particularly on service convenience that they would locate close to the hospitals. This does not confirm an actual location dependency, rather a greater propensity (and logic) to locate close to the hospitals, when compared with other medical practices.

Sub-zone 3 – Medical Practice Description

Description	Number of Practices	% of total practices	Estimate of Practitioners	% of total Practitioners
General Medical Practices	1/14	7%	3/41	7%
Chiropractic	1/5	20%	1/6	17%
Surgeons/Specialists	1/13	8%	3/29	10%
Dental	6/11	55%	13/23	56%
Psychologists/Counsellors	3/6	50%	6/11	55%
Physiotherapists/Massage	2/6	33%	2/13	15%
Psychiatrists	0/1	0%	0/1	0%
Alternative Medicine	2/3	66%	4/6	66%
Miscellaneous allied health & well-being	0/10	0%	0/14	0%
Support Services	3/8	38%	2/NK	-
Other Commercial	4/6	66%	NK	-
Total (Medical and Medical Related)	23/76		34/144	

Sub-zone 3 is most heavily populated with Dental practices, Alternative Medicine practices and Psychology/Counselling practices and less populated with General Medical practices, Surgeons/Specialist Medical practices and Allied health and Well-Being practices. Sub-zone 3 is 2 blocks from the hospitals. The sub-zone is dominated by Dental Practices with over 56% of estimated dentist professionals within the *residential/medical conflict node* operating from within sub-zone 3. Only one General Medical practice (of 14) operates in the sub-zone and only 1 surgeon practice (of 13) operates from the sub-zone. This confirms the preponderance of General Medical Practices (sub-zones 1 and 2) and Surgeon/Specialist Medical Practices (sub-zone 2), within 2 blocks of the hospitals, with most of the practices within one block of the hospitals.

Following is a break down of the number of practices and professionals in General Medical Practice and Surgeons/Medical Specialists within one block of the hospitals (excluding the Webster Street Suite).

Medical Practice/Surgeons/ Specialists – 1 block from the hospitals

<i>Description</i>	<i>Number of Practices</i>	<i>% of total Practices</i>	<i>Estimate of Practitioners</i>	<i>% of total Practitioners</i>
<i>General Medical Practices</i>	9/14	64%	17/41	41%
<i>Surgeons/Specialists</i>	10/13	77%	20/29	69%
<i>Psychologists/Counsellors</i>	2/6	33%	2/11	18%
<i>Psychiatrists</i>	1/1	100%	1/1	100%

The figures confirm the high concentration of Surgeons and Medical Specialists (practices 77% and practitioners 69%) and the high concentration of General Medical Practices (64%), however representing less than 50% of the doctors, within one block of the hospitals.

4.6.2 *Location Dependency Considerations*

A broad range of medical and allied health providers operate from within the *historic residential/hospital precinct*. They include general practitioners, dentists, podiatrists, medical specialists, imaging, physiotherapists and chiropractors.

As detailed earlier, information obtained through consultations with medical practitioners and representatives of the hospitals, points to a clear and understandable preference on the part of many health providers to locate close to the hospitals. This is confirmed by the assessment of location and medical use in previous sections of this report. The major identified drivers are practitioner and patient convenience. In the case of general practitioners and specialists this relates to the convenience of practitioners to attend to emergency consultations at the hospitals, access to hospital services and facilities, ease of service of patients staying in hospitals and convenience of access to hospital staff and

other specialists. In the case of patients it relates to convenience of access to a range of diagnostic facilities, specialists and treatment centres, a number of which may need to be accessed during a single visit to a treating doctor.

Location dependency is likely to relate to one of a number of criteria. Following discussion with practitioners and hospital management, it seems logical to apply the following criteria as a starting point, to initially assess location dependency. The criteria are:

- The need to regularly access/attend to patients within a hospital.
- The need to use/access diagnostic services, surgical units and other specialist facilities provided by the hospitals.
- The acuteness of conditions of patients likely to be treated (requiring longer term hospitalisation and more regular treatment and monitoring).
- The likelihood of patient referral to the hospital services (or vice versa), with the need for speedy access.
- The need to attend emergency situations in the hospitals.

Taking account of these criteria, the following table provides a brief assessment of location dependency of general practice and specialist services.

Category	Reasons	Comments
<i>Specialists and surgeons</i>	<i>Use of diagnostic facilities and services, surgical ward access and use, pre and post operation patient attendance during hospitalization Not servicing a local community Patients referred often for diagnostic assessment and surgical procedures, using hospital facilities</i>	<i>This accounts for high concentration of surgeons and specialists within close proximity to the hospitals Only a small number of specialists are located away from hospitals Less need or logic than other medical providers to be located in neighbourhood centres etc</i>
<i>Psychiatrists</i>	<i>Client referrals, treatment of clients in psychiatric ward</i>	<i>Often psychiatric patients require prompt attention within hospital environments</i>
<i>General Practitioners</i>	<i>Client attendance during periods of hospitalization Access to diagnostic facilities and services in hospital</i>	<i>High convenience component, where patients are in hospital Some general practitioners locate away from the hospitals, in communities they provide services to</i>

While a clear nexus between medical service provision and location close to a hospital can be seen, it is necessary to ascribe higher and lower degrees of location dependency, in order to achieve an understanding of the potentially more highly location dependant medical practices, compared with less location dependant medical practices.

If this above assessment of potential location dependency is accepted then 29 (37%) of the current medical practices may be able to claim some level of dependency,

representing 92 (56%) of health professionals in the *residential/medical conflict node*. Of these there would appear to be a greater location dependency argument for Specialist Medical/Surgeons and Psychiatrists.

Higher location dependant medical practices

<i>Category</i>	<i>No. of Businesses</i>	<i>% of total</i>	<i>No. of Practitioners</i>	<i>% of total</i>
<i>Specialists and surgeons</i>	13	17%	42	25%
<i>Psychiatrists</i>	1	1%	1	1%
<i>General Practitioners</i>	15	19%	50	30%
<i>Total</i>	29	37%	93	56%

This assessment does not equate to actual location dependency. It provides the capacity to more objectively assess medical practice/location dynamics. It provides an understanding of the significance of the location preference for various health service classes. Surgeons and Medical Specialists have availed themselves of opportunities to locate most closely to the hospitals, followed by General Medical Practices. As a percentage of total practitioners within Ballarat within the different medical fields, Surgeons and Medical Specialists are the most highly represented within the *residential/medical conflict node*, and particularly with one block of the hospitals. This appears to be linked with their regular engagement with patients that are in hospitals and the need to access services and infrastructure in the hospitals. This is further supported by the earlier analysis showing the very close proximity of the specialists to the hospitals. While this does not confirm absolute location dependence it is consistent with a logical link with ready access to diagnostic and surgery facilities and pre and post operation patient access. The general medical practices are not clustered quite so closely around the hospitals.

There is no definitive or totally objective basis for assessment of location dependency of medical practices and hospitals. It is clear there is a high degree of convenience for a range of practitioners. Whether this represents location dependency is unclear and is likely to vary between practitioners. The ultimate test is whether refusal to allow a medical practice to establish close to the hospitals would result in the medical practice not locating or operating from anywhere within Ballarat. There is no evidence to indicate that planning refusal for medical practice location within the *residential/medical conflict node* has resulted in the proposed medical services not being provided from an alternative location within Ballarat. However the high number of specialist and general practitioners within close proximity of the hospitals cannot be discounted and it cannot be confidently stated that location close to the hospitals will not be a key determinant for various areas of health service provision in the future.

There are other factors that have, and will in the future influence location decisions of medical practices. Some of these include:

- ⇒ Population and health service trends and the types of facilities and services needed into the future to service changing health needs and demands
- ⇒ Planning restrictions, which have generally restricted further location of practices in the *residential/medical conflict node*.
- ⇒ The highly competitive nature of medical practitioner attraction and the well-documented difficulty in attracting general practitioners and surgeons/specialists to regional centres and country areas.
- ⇒ The impact of technology including remote diagnosis and treatment.
- ⇒ Investment considerations.
- ⇒ Benefits of co-location with other medical and allied health providers.
- ⇒ Marketing and branding options associated with location in a health cluster.

As previously indicated, a number of medical service providers have commenced operation in Howitt Street, well away from the *residential/medical conflict node*. These include a privately run day procedure centre, an imaging centre and some specialist practitioners. Influences on the Howitt Street location include:

- ⇒ Cheaper land and buildings
- ⇒ Site availability
- ⇒ Better on-site parking and street parking
- ⇒ Easy road access
- ⇒ In some cases a competitive advantage in differentiating services being away from the hospitals
- ⇒ Easier planning and approval process

Other medical centres have located at Mt Clear, Woodmans Hill, Sturt Street and Ripon Street.

There is a broad range of medical, health and well-being providers that are not located within the *historic residential/hospital precinct* and which are not competitively disadvantaged as a result of location elsewhere in Ballarat. However the prior analysis of health service providers indicates a very high proportion Ballarat's general and specialists practitioners being located close to the hospitals.

Lack of location flexibility could become a barrier to attraction of medical practitioners and specialists in an increasingly competitive professional attraction environment. This issue cannot be overlooked. Given the aggressive competition for attraction of specialists, which is unlikely to abate, and the increasing health needs, the capacity to locate close to the hospitals needs to be an option available to medical specialists.

Similarly there an argument for ongoing capacity of general practitioners to locate close to the two major Ballarat and region hospitals, to ensure a diversity of location offerings that will provide the best opportunity for attracting practitioners to Ballarat.

4.7 Major Planning Issues

4.7.1 Car Parking and Traffic

Car parking is a major issue within the *historic residential/hospital precinct* and particularly the *residential/medical conflict node*. It is arguable that this is the single most important planning and amenity issue. This has been borne out by consultation. During consultation:

- ⇒ Local residents have expressed their frustration at being unable to find parking near their houses and a lack of parking for visitors; and
- ⇒ Some medical practitioners have expressed concern regarding parking and traffic congestion and the difficulty for patients finding parking.

As part of the assessment of the extent of medical use premises, a count was undertaken of on-street car parking and a count of off-street car parking at St John of God hospital, Ballarat Health Services, the Catholic University and Clarendon College. The following table details the car parking figures.

Sub-zone 1 car parking assessment

<i>Street</i>	<i>Number of Medical Premises</i>	<i>Total Number of Houses</i>	<i>Car Parks</i>
<i>Anticline Lane</i>	XXXXXXXXXX	XXXXXXXXXX	18
<i>Ascot Street</i>	0	23	96
<i>Talbot Street North</i>	1	19	96
<i>Ripon Street (South of Mair)</i>	0	15	62
<i>Ripon Street (North of Mair)</i>	0	17	40
<i>Mair Street</i>	6	37	201
<i>Sturt Street (Drummond to Pleasant)</i>	3	NA	80
Total	10	111	XXXXXXXXXX
Total (excluding Sturt Street)	7	111	513

Sub-zone 1 has the least problem with car parking. However parking issues do occur in Mair Street close to the hospitals and the Catholic University. This is due to the dominant location of the medical premises in the sub-zone, the proximity to the hospitals and the activities associated with the Catholic University. However, when compared with sub-zones 2 and 3 the parking issues in sub-zone 1 are relatively minor. When compared with the other sub-zones parking in sub-zone 1 is assisted by:

- The relatively small number of medical premises (and the low proportion of total houses taken up by medical premises)
- The relatively larger number of car parks in the sub-zone, with a greater ratio per tenement (1 house:4.6 on-street car parks)
- The sub-zone being at the “rear” of the hospitals

Sub-zone 2 car-parking Assessment

<i>Street</i>	<i>Number of Medical Premises</i>	<i>Total Number of Houses</i>	<i>Car Parks</i>
<i>Drummond Street North</i>	11	20	50 (W) 55 (E)
<i>Everard Street North</i>	7	20	78
<i>Raglan Street North</i>	5	20	81
<i>Little Raglan</i>	0	11	20
<i>Mair Street</i>	8	17	85
<i>Sturt Street</i>	3	N/A	18
Total	34	87	XXXXXXXXXX
Total (excluding Sturt Street)	31	87	387

Sub-zone 2 experiences parking issues. This is confirmed through consultation and observation. However, while there is an apparent parking shortage in the sub-zone there appears to be ample available parking in Webster Street, which is only a short walk away. The parking issues are a result of:

- The large number of medical premises in the sub-zone (and the relatively high proportion of houses used as medical premises – 36%)
- The high number of medical practitioners in the sub-zone
- The relatively smaller number of car parks in the sub-zone, with a ratio of (1 house:4.44 on-street car parks)
- The sub-zone being at the “front” of the hospitals
- People’s desire to park very close to their destination, rather than availing themselves of car parking in Webster Street

Sub-zone 3 car parking assessment

<i>Street</i>	<i>Number of Medical Premises</i>	<i>Total Number of houses</i>	<i>Car Parks</i>
<i>Lyons Street (South of Mair Street)</i>	3	9	75
<i>Lyons Street (North of Mair Street)</i>	1	17	24
<i>Mair Street</i>	8	19	72
<i>Sturt Street</i>	2	N/A	32
Total	14	45	XXXXXXXXXX
Total (excluding Sturt Street)	12	45	203

Sub-zone 3 also experiences parking issues. This is confirmed through consultation and observation. The parking issues are a result of:

- The proximity of the sub-zone to the Central Business area
- The relatively large proportion of houses taken up by medical premises – 31%
- The larger number of other commercial businesses in the sub-zone (closer to the Central Business Area)

Within the institutions the following car parking (approximately) is provided.

Hospitals and education car parking assessment

<i>Ballarat Health Services</i>	<i>St John Of God Hospital</i>	<i>Catholic University</i>	<i>Clarendon College</i>
392	499	120	25

The health services have indicated that they have complied with planning requirements for the provision of car parking. This has not been verified. The adequacy of on site parking is beyond the scope of this project and should be part of a detailed parking assessment, and precinct parking plan.

In areas where car parking time limits exists some residents had received parking tickets for parking in front of their house. The provision of additional off-street car parking has been a major theme during consultation, and this issue is clearly the major point of concern for residents.

Many residents are concerned that more medical clinics will increase on-street car parking pressure, which will further diminish residential amenity through daytime parking shortages and traffic congestion.

Residents also believe that car parking congestion is exacerbated by the proximity of the *residential/medical conflict node* to the Ballarat Central Business Area, with some employees parking within the *residential/medical conflict node*, to avoid parking fees within the Central Business Area.

Some people feel that car-parking problems are compounded by different car parking requirements for medical clinics compared with other commercial uses in commercial zones. Clause 52 of the Planning Scheme requires 5 car spaces for each medical practitioner in a medical clinic, whereas the car-parking requirement for office use is 3.5 spaces for each 100m² [net] of floor area. The car parking requirements for medical clinics is substantially more onerous than for other commercial uses within a commercial zone. This is almost certain to have a bearing on location decisions relating to medical centres being established away from more expensive commercial zoned locations, into less expensive residential areas.

While Ballarat Health Care and St. John of God hospital provide on site car parking for staff and patients, many residents feel that if the hospitals provided additional parking

this would ease the pressure on street parking. This would be the case. However, the hospitals have advised that they have satisfied planning requirements associated with the provision of car parking. The Catholic University and Clarendon College also create further pressure on car parking and traffic within the *residential/medical conflict node*.

The resolution of parking issues and availability for medical centres is a priority issue to be addressed. The issue of car parking requires a collective response from the health service providers and local government working with the state government.

It is beyond the scope of this project to undertake a more detailed analysis of car parking adequacy in the precinct. However some observations can be made.

- Car parking provision is a real issue in relation to residential amenity in sub-zones 2 and 3.
- Car parking may become a detriment to increasing health service activity in the zones
- Within the *residential/medical conflict node* traffic is busy during the daytime.
- The hospitals and the proliferation of medical centres and facilities in the *residential/medical conflict node* increase traffic movements and parking pressures beyond residential use levels.
- Further developments are likely to further exacerbate the problems.
- These issues are exacerbated by parking within the *residential/medical conflict node* by employees working in the Central Business Area.
- Irrespective of whether more medical centres are established in the *residential/medical conflict node*, with future health service needs, increasing patient numbers, increasing treatment levels etc the parking issue will not vanish. A solution needs to be found, which is likely to involve development of further car parking on the hospital site/s.

4.7.2 *Residential amenity*

Residential amenity is an important issue given:

- The concern of residents in the *historic residential/hospital precinct*, and particularly the *residential/hospital conflict node* regarding loss of residential amenity.
- The status of residential amenity in the Ballarat Municipal Strategic Statement.
- The importance of the historic residential areas to Ballarat's appeal as a regional city.

- Protection of residential amenity is a key plank of the State Planning Policy Framework, and an objective of the Residential 1 zone.

The major issues impacting residential amenity are:

- Reduced resident population and general people activity (particularly in the evenings, at night times and weekends), which poses potential safety and security issues and more general socialization impacts.
- Pressure on car parking availability associated with non-residential uses, and consequent inconvenience to residents.
- Increased traffic, particularly during the day and generally increased vehicle and people activity.
- The area adjacent to the Central Business Area has the potential to be largely engulfed by non-residential uses, which is a major concern for the residents of these areas. They have been most exposed to the reduction in the number of residential properties, replaced by commercial uses.

Residential amenity relates less to streetscape issues. The use of residential premises for medical clinics does not necessarily compromise the streetscape character. In many cases, other than through erection of a business sign, there is little to distinguish the altered property use. In some cases historic and stately residential properties have been restored, with a positive contribution to streetscapes. The streetscape is most noticeably impacted where parking is provided at the front of medical premises. There are a small number of examples of this occurring in the health precinct.

The MSS specifically provides that:

“The establishment of medical facilities in proximity to the hospitals will only occur when existing residential amenity is not reduced”.

It further provides for: -

- *Clustering of non-residential land uses that provide services of daily convenience in neighbourhood and local convenience centres throughout the urban area, including but not restricted to general medical practitioners.”*
- *Encouraging the establishment of medical facilities not serving a local neighbourhood within existing commercial centres, particularly the Central Business District.*
- *Encouraging the establishment of new commercial centres (of a neighbourhood centre status) within Alfredton and Delacombe to serve the growing population in these areas.*

The residential amenity in sub-zone 2 and 3 (previously referred to) is not as great as residential amenity in sub-zone 1. This has resulted from a number of factors including:

- Increased activity due to the presence of the hospitals.
- Proximity to the Central Business Area. Commercial or non-residential uses have spread through the *residential/medical conflict node*, either side of Mair Street from Lyons Street to Drummond Street. The spread of offices has resulted from the previous zoning of the land within the precinct for office/medical clinic uses.
- Increased activity due to the presence of medial practices (and other commercial businesses).
- Student arrival and departure from Clarendon College

The wording of the MSS in relation to the further medical premises in the proximity of the hospitals needs to be noted. It provides they can only occur when existing residential amenity is not reduced. Does this mean that no matter how diminished residential amenity might be, any further incremental diminution resulting from further medial premises would disqualify them being located in the vicinity of the hospitals? What is meant by proximity to the hospitals?

5. Ballarat Economic Development Strategy

The Ballarat Economic Development Strategy 2003 (“the strategy”) must be considered. The strategy focuses on how Ballarat can position itself in both the short and longer term to become a more creative, prosperous and highly innovative community. The strategy, amongst other things, deals specifically with the importance of urban form and functionality in the attraction and retention of creative and dynamic people, and the need for Ballarat to ensure that it is able to provide the health services required by a growing and ageing population. This particularly relates to the capacity of the hospitals to provide services and facilities within their sites, while recognising the growing issue of parking and traffic management in the vicinity of the hospitals.

At page 9 the strategy provides:

“that a key to economic success of cities lies in developing urban areas that are highly desirable places in which to live. The first step in revitalising a city is attracting more creative and talented people. Cities must have a level of amenity and attractive urban form that encourages people to live in them, and business to expand in or locate to”.

At page 13 it further provides:

“that the urban form of the City of Ballarat will have significant bearing on the future economic performance of the city. Many factors that determine people's choice regarding places they choose to live, and recent demographic changes across the state indicate a substantial shift in people's preferences to their place of residence. This has been particularly notable along the coastline of Victoria and also within the urban centres and settlements within reasonable proximity of the Melbourne metropolitan area”.

“Decisions of individuals and families regarding residence, and business location are influenced by the quality of the urban environments and amenity. A dynamic urban form can significantly alter the economic prospects of a city such as Ballarat, which is close to Melbourne and has key infrastructure and services available to satisfy current and future residents and business demands”.

In relation to health services and provision, at page 29 the strategy provides:

“With two major hospitals and extensive aged care facilities Ballarat has the most extensive medical and healthcare facilities outside Melbourne. In close proximity to the Ballarat Base and St John of God Hospitals co-located in Drummond St North, are approximately half of the city's medical and paramedical clinics, which have created some difficulties regarding parking for residents and patients. The health and related aged care sector is Ballarat's largest employer with an estimated 10-15% of the city's professional appointments. It employs approximately 14% of Ballarat's workforce. The range and quality of health care services available in Ballarat continue to attract new residents, including older and disabled people as well as new employees and their families. The provision of a quality healthcare system is essential to Ballarat's growth as well as the physical and mental well-being of the city's and wider region's population”.

“Over the next decade the demand for medical services in Ballarat's catchment region is expected to increase by 28%. Only 8% of this increased demand will be due to population growth the remainder a result of an ageing population and improvements in medical technology. The State Government's accreditation process is resulting in the reclassification of smaller hospitals in the region with an increased centralisation of acute health care and other specialist services in Ballarat. This development, with the increased proportion of elderly, single person's in the city's population needs to be taken into account in Council's planning for housing, public transport and the development of the historic residential/hospital node. However the critical health issue that the strategy needs to address is the region's future workforce needs in this area”.

“Because of the future growth in the sector it is essential that planning issues do not compromise the long-term development of the hospital. It is important that a comprehensive development plan for the hospital be undertaken to ensure that future expansion of this facility is not compromised”.

The strategy recommends that the Council:

Ensure that the health services precinct can expand to meet future city and regional health needs

The Ballarat health services are a very important component of the economic prosperity of the city and are an important employer. It is essential therefore that the long term development of the hospital is in no way compromised by planning issues that can be overcome in the short to medium term.

How	Responsibility
<i>With the hospitals review future projected physical and site requirements (including car parking) in the hospital precinct.</i>	<i>Business Ballarat Ballarat City Council Ballarat hospitals</i>
<i>Prepare a development plan for the precinct in consultation with nearby residents</i>	<i>Business Ballarat Ballarat City Council Ballarat hospitals Local residents and landowners</i>

The strategy identifies the need to create a people focussed urban environment and also ensure that the city is able to cater for future health needs. This creates an inherent conflict in the *historic residential/hospital precinct*, in that the proliferation of medical centres will reduce the number of premises that can be used as residences and will impact residential amenity and appeal through increasing traffic movements and pressure on car parking, and reducing activity during the evenings and weekends. On the other hand the strategy identifies the need to ensure that planning can facilitate future hospital expansion, and the ongoing servicing of the health needs of Ballarat and the region.

Within the *historic residential/hospital precinct* there are many historic and architecturally impressive residential areas. Many people are attracted to live in these areas. The loss of residential use of these areas will have an impact on the attractiveness of Ballarat as a place to live and work. While not everyone would like to, or can afford to live in these areas, areas such as the *historic residential/hospital precinct* do offer residential options that will be valuable in the attraction of creative and vibrant people to the city. This cannot be overlooked in determining future planning for these areas. While the overall contribution of historic residential areas to the economic performance of a city is extremely difficult to quantify, it is generally accepted that the retention of authentic urban areas is a positive factor in the attraction and retention of creative people. This is consistent with the thesis of Richard Florida in his recent book titled *The Rise of the*

Creative Class. Likewise the provision of quality health services is another component in the attraction and retention of people to regional centres.

It is not therefore appropriate only to assess planning considerations on the basis of health service provision. If health service provision is facilitated in residential areas, there needs to be an understanding that any trade-off in relation to residential use and amenity may negatively impact on the residential attractiveness of the city and therefore impact on the economic development and prosperity of the city in the medium to long term. Conversely, if medical service provision is locational dependant, and the preferred locations are not available for provision of medical services, it needs to be understood that medical service provision will be compromised which will also impact negatively on the attractiveness of the city as a place to locate to and live in, with consequent down sides for economic development and prosperity. With a growing population and increasing health service needs there is a strong argument that there needs to be capacity for future establishment of health service providers, particularly medical specialists, and also general practitioners, close to the hospitals.

6. Future health needs and directions

6.1 Introduction

A range of other issues impact on the demand for, and provision of health and health related services to the Ballarat region. They include:

- ⇒ The increasing population and the ageing of the population
- ⇒ The improved transport connection with Melbourne and the relative proximity of Ballarat to Melbourne
- ⇒ The attractiveness of Ballarat as a place for professionals to locate (including matters such as education facilities and services, culture and art, safety and urban design and functionality, transport convenience to Melbourne etc)
- ⇒ Professional development and advancement options
- ⇒ Financial and investment decisions
- ⇒ Business opportunities
- ⇒ Family considerations
- ⇒ Difficulty in attracting medical and other professionals to regional centres and country areas.

Following is a description of some major influences that need to be taken account of in planning for future health service provision.

6.2 Population and age projections

Ballarat is the third largest city in Victoria. Ballarat is the service centre for the Grampians health region, which extends from Bacchus Marsh to the South Australian border.

At the time of the 2001 Census Ballarat's population was 83,599. The average household size was 2.51. The population of Ballarat (and its region) is projected to grow substantially over the next 15 years. Ballarat's population projections are detailed in the following Table.

Ballarat's Population Projections 2001 - 2021

	2001	2006	2011	2016	2021
Total Population	83,599	88,137	93,700	98,804	103,853
Households	32,083	34,852	37,884	40,783	43,654
Dwellings	33,132	36,066	39,191	42,177	45,136
Average household size	2.51	2.44	2.38	2.33	2.28

Source www.ballarat.vic.gov.au (id consulting projections)

Between 2001 and 2021 Ballarat's population is projected to increase by 20,254, a 20% increase. At the same time household size is projected to reduce. The number of dwellings in Ballarat is projected to increase from 33,132 in 2001 to 45,136 in 2021, an increase of 36%. This will result in changes to Ballarat's residential footprint, transport patterns, neighbourhood service centre development and the role of the CAA and surrounding areas.

An increasing population will result in extra demand for health services. This will be exacerbated by an increasing demand for elective surgery and preventative surgery, with this type of surgery being demanded by, and provided to younger people as well as older people. Joint replacements and heart surgery is no longer the preserve of older people.

Population growth across Ballarat is projected to be non-uniform. The following table projects population growth by 'suburb', providing an insight into future development 'hotspots'.

Ballarat's Population Projections 2001 – 2021 by Area

	2001	2006	2011	Total	2016	2021	Total
Alfredton	4,902	+847	+1,674	+2,521	+1,378	+1,430	+5,329
Central Ballarat	6,309	+131	+162	+293	+116	+99	+508
Ballarat East – Brown Hill	7,704	-16	+59	+43	+120	+123	+286
Ballarat North – Invermay Park	5,399	+366	+406	+772	+318	+74	+1,164
Buninyong - Rural South	3,599	+51	+163	+214	+191	+148	+553
Delacombe	3,791	+369	+637	+1,006	+900	+1574	+3,480
Golden Pt – Mt Pleasant - Canadian	6,548	+175	+230	+405	+231	+171	+807
Lake Wendouree – Newington – Lake Gardens	5,143	+1257	+187	+1,444	-44	-36	+1,364
Miners Rest – Mitchell Park	1,925	+423	+816	+1,239	+586	+27	+1,852
Mount Clear – Mount Helen	4,963	+243	+543	+786	+546	+572	+1,904
Redan	3,179	-21	+18	-3	+8	+11	+16
Rural East	1,974	+214	+170	+384	+19	+15	+418
Rural West	2,716	+106	+129	+235	+148	+158	+541
Sebastopol	8,155	+206	+371	+577	+526	+757	+1,860
Soldiers Hill – Black Hill - Nerrina	5,530	+104	+58	+162	+88	-55	+195
Wendouree	11,763	+82	-73	+9	-54	-16	-61

Source www.ballarat.vic.gov.au (id consulting projections)

Between 2001 and 2021 the population growth is expected to be greatest (in order of magnitude) in Alfredton, Delacombe, Mount Clear/Mount Helen, Sebastopol, Miners Rest/Mitchell Park, Lake Wendouree/Newington/Lake Gardens and Ballarat North. For the period to 2011 population growth is projected to concentrate on Alfredton, Lake Wendouree/Newington/Lake Gardens, Miners Rest/Mitchell Park and Delacombe.

Population age structure is expected to change substantially over the same periods. This is consistent with reducing fertility rates (fewer births) and increasing life expectancy. The following table highlights the changes expected to the population age cohorts in Ballarat up to 2011.

Ballarat's Projections Age Structure 2001 – 2011

Age Structure	Forecast Years						
	2001	%	2006	%	2011	%	Total
5 year age groups							
0 to 4	5,637	6.7	5,125	5.8	5,114	5.5	-523
5 to 9	5,978	7.2	5,907	6.7	5,708	6.1	-270
10 to 14	6,167	7.4	6,439	7.3	6,530	7.0	+363
15 to 19	6,825	8.2	7,156	8.1	7,553	8.1	+728
20 to 24	6,219	7.4	6,242	7.1	6,606	7.0	+387
25 to 29	5,663	6.8	5,463	6.2	5,641	6.0	-22
30 to 34	5,660	6.8	5,558	6.3	5,631	6.0	-29
35 to 39	5,862	7.0	6,032	6.8	6,138	6.6	+276
40 to 44	5,992	7.2	6,258	7.1	6,525	7.0	+533
45 to 49	5,490	6.6	6,206	7.0	6,557	7.0	+1,067
50 to 54	5,162	6.2	5,576	6.3	6,270	6.7	+1,108
55 to 59	3,867	4.6	5,173	5.9	5,674	6.1	+1,807
60 to 64	3,341	4.0	4,072	4.6	5,270	5.6	+1,929
65 to 69	3,032	3.6	3,475	3.9	4,202	4.5	+1,170
70 to 74	3,055	3.7	3,038	3.4	3,494	3.7	+439
75 to 79	2,540	3.0	2,815	3.2	2,869	3.1	+329
80 to 84	1,655	2.0	2,090	2.4	2,290	2.4	+635
85 and over	1,453	1.7	1,510	1.7	1,632	1.7	+179
Total	83,598	100.0	88,135	100.0	93,704	100.0	

Source www.ballarat.vic.gov.au (id consulting projections)

Between 2001 and 2011 there is a projected reduction of 800 in the number of children aged 0 – 9 (11,615 in 2001 reducing to 10,822 in 2011). The major increase in population numbers is expected to occur in the 45 – 69 age groups. They will account for 7,081 of the increased population of 10,106 over that period (or 70% of the total population increase for the period). This has repercussions for health service delivery and the provision of other well-being related services to the population of Ballarat and its region.

The following table looks at the anticipated geographic distribution of people aged 45+ and 65+, in 2011.

Ballarat's Projections in 2011 by Area

	45+	%	65+	%
Alfredton	2,811	7.33%	863	5.95%
Central Ballarat	2,398	6.25%	797	5.50%
Ballarat East – Brown Hill	3,174	8.28%	1,332	9.19%
Ballarat North – Invermay Park	2,630	6.86%	1,064	7.35%
Buninyong - Rural South	1,731	4.51%	471	3.25%
Delacombe	1,633	4.34%	479	3.31%
Golden Pt – Mt Pleasant - Canadian	2,353	6.14%	779	5.38%
Lake Wendouree – Newington – Lake Gardens	3,075	8.03%	1,304	9.00%
Miners Rest – Mitchell Park	1,109	2.90%	327	2.26%
Mount Clear – Mount Helen	2,088	5.45%	663	4.58%
Redan	1,288	3.36%	505	3.49%
Rural East	1,045	2.73%	298	2.06%
Rural West	1,309	3.42%	443	3.06%
Sebastopol	4,092	10.69%	1,901	13.12%
Soldiers Hill – Black Hill - Nerrina	2,266	5.91%	821	5.67%
Wendouree	5,285	13.80%	2,438	16.83%
Total	38,287	100%	14,485	100%

Source www.ballarat.vic.gov.au (id consulting projections)

Population projections of an increasing population size and a substantial ageing of the population have major implications for future service needs, service delivery and potentially service locations. Much of the population growth will occur away from the central area of Ballarat. This will require the establishment of neighbourhood centres. These centres should house a range of services including retail, professional and health services. The MSS and various planning activities have identified the need for development of neighbourhood centres to service the needs of local residents. The future population growth and residential development will require comprehensive planning that deals with the range of facilities and services required within neighbourhoods around Ballarat. Some of the strategic planning has occurred. Of specific note are three bodies of work:

- The Canadian Valley Outline Development Plan (“CVODP”), covering the general areas of Mt Clear, Mt Helen and Buninyong

- Ballarat West Outline Development Plan (“BWODP”), covering the general areas of Alfredton, Delacombe and Sebastopol)
- Lake Federation development proposal (“LFP”).

The Department of Sustainability and Environment has recently released revised population and demographic projections to 2031 (Victoria in Future 2004). The figures project that the Ballarat region is expected to grow over the next 20-30 years. The dominant population and demographic trends for Ballarat, the Wimmera (Horsham, Stawell and St Arnaud) and the Central Highlands region (Ballarat, Bacchus Marsh and Ararat) are:

Ballarat

- Ballarat’s population will grow by approximately 1% per annum, from 83,599 people in 2001 to 111,319 in 2031. This is an increase of 27,270 over the 30-year period. This is projected to comprise natural increase of 5,179 and net migration of 22,541.
- Ballarat will maintain its present number of young adults.
- There will be substantial family movements to Ballarat, predominately from other regions.
- Within Ballarat the number of people in the 55+ demographic will increase dramatically. This age group will comprise an increasingly large percentage of Ballarat’s population.
- There will be an increase of 20,018 in people aged over 60, with the proportion of people aged 60 years and over, increasing from the current level of 18% of the population to 31.6% of the population by 2031.

Central Highlands

- Within the Central Highlands region the population will grow by approximately .9% per annum from 141,536 people in 2001 to 183,915 people in 2031. This is an increase of 42,379 over that period. Most of this increase is reflected in the Ballarat city figures (which is part of the Central Highlands region). This is projected to comprise natural increase of 7,359 and net migration of 35,021.
- Within the Central Highlands region in 2031 there will be fewer people in the 0-29 age group compared with 2001.
- There will be an increase of 36,292 people aged over 60, with the proportion of people aged 60 years and over increasing from the current level of 18.2% of the population to 33.7% of the population by 2031.

Wimmera

- Within the Wimmera region the population will decrease from 51,430 people in 2001 to 49,099 people in 2031. This equates to an annual decrease of 0.15% between 2001 and 2031.
- There will be an increase of 8,576 people aged over 60, with the proportion of people aged 60 years and over increasing from the current level of 23.4% of the population to 41.9% of the population by 2031.

The overall population growth in Ballarat and the region it serves (being predominately part of Central Highlands and Wimmera regions) will create additional demand for medical and health related services. However, to simply extrapolate future medical facilities and service requirements from overall population increase and demographic mix will not fairly reflect the future health and medical service needs for Ballarat and the region.

6.2.1 *The Ballarat West ODP*

Consistent with the above table, the BWODP identifies that Alfredton and Delacombe will have the highest population growth rates up to 2016, followed by Miners Rest – Mitchell Park and Sebastopol. The BWODP projects that Alfredton will host a large portion of Ballarat’s future population growth and that both Alfredton and Delacombe will have a relatively balanced population structure. It is anticipated they will have a large proportion of first home buyers and Sebastopol will have an older population, consistent with existing trends where “Sebastopol has attracted older adults with a large share of aged care facilities in the area.” An important issue identified in the BWODP is the need for a broad range of community services resulting from the size and age diversity of the population in Ballarat West, with a particular need for community services to be able to cater for families and older people. In relation to health facility and service provision the BWODP provides:

“Hospitals in Ballarat include Ballarat Base Hospital, Queen Elizabeth Centre and St John of God Health Care. There is at present no demonstrated demand for additional major health services in Ballarat West. It is expected that some medical centres will likely establish in the area (*Ballarat West*) as the market demands.”

It goes on to state that:

“Existing major health facilities are likely to cater for population growth in the next 10-15 years.”

It recognises that an implication for the ODP is to “ensure that the zoning of land allows for local medical centres in accessible locations.” It also recommends that community

facilities should be clustered in commercial activity nodes to boost a sense of community and accessibility.

6.2.2 *The Canadian Valley ODP*

This ODP relates to the areas generally described as Mt Clear, Mt Helen and Buninyong. In 2001 the population within Canadian Valley was approximately 7,700. In accordance with the previous table the population in Canadian Valley is projected to increase by approximately 1,700 people by 2016. The ODP identified future population growth of approximately 1,300 people by 2024. The capacity of this region to support residential growth is limited by environmental and landscape considerations, village character (Buninyong) and agricultural land values. The ODP, consistent with the MSS, does not recommend the creation of any further residential zoned land in the Canadian Valley. The future development of the Canadian Valley is therefore unlikely to greatly impact on future medical service provision. Adopting a ratio of 1 doctor for 1500 people (refer to Lake Federation development scenario) one further doctor over the period would cater for future general medical needs.

6.2.3 *Lake Federation Development*

The Lake Federation Resort (“LFR”), which proposes an integrated residential development (golf course, residential, community facilities etc), has been considered by a Planning Panel. The projected population at Lake Federation is between 6,000 and 11,000 people. Section 9.2 of the Planning Panel Report dealt with health service implications resulting from LFR. It is projected that the 55+ age group will dominate the LFR population. At page 77 the Planning Panel Report notes that the target demographic means that “impacts on health care and aged care services are likely to be greater than would normally be anticipated through existing population growth.”

The LFR proposal incorporates 2 medical centres within the development, with a total of 4-7 medical practitioners based on service ratios of 1 doctor for each 1,500 people (as specified by the Association of General Practitioners). The Planning Panel Report notes, “the proponents argued that the LFR would be able to attract GPs seeking the same ‘lifestyle’ advantages as other residents. If this does not occur, then the impacts on Ballarat’s existing medical centres could be significant.”

In relation to health services the Planning Panel concluded:

“If LFR is to be regarded as a self-contained community, it will be important the medical centres are appropriately staffed. The difficulty in attracting general practitioners to Ballarat is similar to that being experienced elsewhere in rural Victoria. However, the ‘lifestyle’ advantages being offered by LFR have the

potential to attract new doctors to the area and stabilise (or improve) the local GP:population ratio.”

6.3 Health service trends

While a growing population linked with an ageing population will increase health and well-being service demands, it is clear that the method of service provision and the types of services provided will continue to change. The Ballarat Economic Development Strategy estimates that over the next decade the demand for medical services in Ballarat’s catchment region is expected to increase by 28%. If current trends continue, this will manifest itself in less centralised models of health and aged care service delivery, with an increase in supported living environments that are unlikely to locate in central areas due to site constraints, land cost and amenity issues. In relation to hospital treatment it will manifest itself in more procedures being undertaken, however with a reduction in hospitalisation times. It will involve more day surgery activities, which will be undertaken at hospitals, but also in private day procedure centres, such as the Howitt Street centre. It will result in more home-based care and support activities, associated with the move away from hospitalisation and institutional care.

New medical techniques, procedures and interventions are changing the basis of health service provision, and the location from which health services are provided. Current trends include earlier and more active interventions, greater health awareness, increasing preventative health measures, increased home based care, less intrusive and traumatic medical procedures, more elective surgery, elective surgery to both younger and older people and advances in telemedicine which provide access to remote diagnosis and treatment. These trends have resulted in less patient recuperation time and reduced periods of hospitalisation, the establishment of new day procedure facilities (Howitt Street), the establishment of new forms of independent and semi-supported aged living environments and a higher number of medical procedures being undertaken in existing facilities. In 2002-2003 the average length of stay for acute hospital inpatients at Ballarat Health Services was 2.86 days compared with 3.17 days in 1997-98. Hospital management believe this trend will continue along with greater numbers of patients being treated in the hospital.

Anecdotal evidence points to an increase in access to alternative medicines and allied health and well-being providers, either as an alternative or adjunct to traditional medicine. There is no indication that this apparent trend will cease. From the previous location analysis there is no apparent location dependency between these types of services and the *historic residential/hospital precinct*. There may be some locational convenience being in the *historic residential/hospital precinct*, however it is unlikely that

location in the *historic residential/hospital precinct* would be a precondition to establishment.

At the time of preparation of this report there were shortages of some specialist services, particularly in the areas of:

- Gastro-entomology
- ENT surgery
- Ophthalmology
- Plastic surgery
- Oncology

Clearly there will be an ongoing demand for specialist services, with the types of specialist services likely to alter with the changing population age structures and health needs and demands. The previous location analysis points to a high location correlation between medical specialists and the hospitals, with the *residential/medical conflict node*.

6.4 Hospital planning activities

Ballarat Health Services and St John Of God hospitals are undertaking physical master planning. The Ballarat Health Services Master Plan has been completed, and the St John of God Master Plan is being completed. The Ballarat Health Services Master Plan has considered the adequacy of the existing site footprint for future health service needs. It has determined that the current site will accommodate future foreseeable building and facility needs. It is understood that the same findings apply to the St John of God hospital. Detailed service planning is being undertaken by Ballarat Health Services. This will plan future service needs and delivery, but will not impact on the current site footprint. Discussions have taken place with representatives of both hospitals regarding future anticipated health and allied health needs for Ballarat and the Ballarat region. The major immediate issues relevant to hospital master planning are:

- That the current hospital sites provide sufficient space for future hospital facilities and service needs.
- That the nature of health service provision is changing with:
 - Shorter hospital stays.
 - Better preventative health measures.
 - New surgery techniques leading to less invasive and aggressive surgery, which is reducing hospitalisation times and enabling recuperation away from the hospitals.
 - Continuing focus on home based care and support.

St John of God hospital has indicated it is considering the possible location of professional consulting suites on part of its land facing Drummond Street North. This is consistent with St John of God developments in other centres, such as Warrnambool, where they have developed consulting suites and attracted specialists to work from the hospital site. However, this cannot be finally confirmed. If this does occur it will provide an alternative to the establishment of specialist consulting suites in the residential areas within the *historic residential/hospital precinct* (or elsewhere), and therefore provide options within the *historic residential/hospital precinct* that will not directly impact on the residential amenity. Ballarat Health Services has indicated it does not intend to provide consulting suites on its site.

The critical issue from a planning perspective is that the hospitals are confident that future hospital based health services and facilities can be catered for within existing sites and they will not need to expand further within the *historic residential/hospital precinct*.

7. Conclusions

Following is a summary of the conclusions regarding future health service provision and locational needs.

- ⇒ The Ballarat and Ballarat region population will continue to grow with an overall ageing of the population.
- ⇒ Over the next 20 years health service needs will increase due to population growth, an ageing population and increasing opportunity for elective procedures.
- ⇒ There is a large number of medical practices and medical practitioners within the *historic residential/hospital precinct* as detailed in the earlier analysis and the vast majority of medical specialist in Ballarat are located in the *historic residential/hospital precinct*, and specifically within sub-zones 2 and 3 of the *residential/medical conflict zone* to the east of the hospitals.
- ⇒ The proliferation of medical centres and allied health services in the *historic residential/hospital precinct* (particularly close to the hospitals) has had an adverse impact on residential amenity in parts of the precinct.
- ⇒ Quality authentic residential environments are important to the further development of Ballarat and the attraction and retention of dynamic and creative people.
- ⇒ It is important that Ballarat be able to cater for a range of high quality health services, which will be required to service a growing and ageing population.

- ⇒ Although there is a trend to decentralised health service provision, supported living environments and home based care specialist hospital procedures, services and care will continue as a fundamental part of the health service provision.
- ⇒ In assessing location dependency and nexus close to the hospitals the most highly dependant health service sector appears to be medical specialists followed by general practitioners.
- ⇒ Future development of the St John of God site *may* provide location options within the *historic residential/hospital precinct* for new medical specialists.
- ⇒ Recent facility development away from the *historic residential/hospital precinct* points to competitive benefits in locating away from the hospitals and the *historic residential/hospital precinct*, for *some* health providers.
- ⇒ Because of parking constraints and traffic congestion close to the hospitals, the issue of patient convenience associated with medical centre location close to the hospitals is becoming increasingly problematic and the parking issues need to be dealt with.
- ⇒ In the future there may be medical services and facilities that need to be located close to the hospitals and this contingency needs to be catered for.
- ⇒ The impact on residential amenity of more medical practices can be dealt with in large part by the provision of further parking in the *residential/medical conflict node*.

8. Planning scenarios

8.1 Introduction

Five scenarios (options) have been developed to enable a more objective assessment of the planning and land use scenario impacts and outcomes. The scenarios have been developed against performance criteria that achieve the positive outcomes for Ballarat in relation to both medical and health service provision, residential amenity and appeal and overall economic performance for the city and the region. The criteria are detailed below. The criteria respond to the previous analysis and commentary regarding the balance between health and medical service provision, and the provision of high quality residential areas and the achievement of greater planning certainty. Within these scenarios an assessment has been made of the relative impacts of the scenarios in relation to health service provision and residential amenity.

8.2 Criteria and principles underpinning scenarios

Five scenarios have been developed and take account of the following identified principles and criteria. These are based on the previous commentary. The criteria and principles are:

- ⇒ Planning certainty needs to be achieved in relation to the *historic residential/hospital precinct* and also in relation to non-residential uses within residential area in Ballarat.
- ⇒ If possible, residential amenity and the integrity of residential areas need to be maintained. Residential amenity has been eroded by a proliferation of medical clinics and health related activities within the *historic residential/hospital precinct*, with the level of intrusion varying across the *historic residential/hospital precinct*, with the highest amenity loss close to the hospitals.
- ⇒ An ongoing threat to residential amenity across the *historic residential/hospital precinct* needs to be balanced with future health needs.
- ⇒ Within the *historic residential/hospital precinct* are high quality historic residential areas that should be preserved for residential purposes recognising that quality residential areas are vital to maintaining the

attractiveness of Ballarat as a regional centre, and in the attraction of skilled and creative people to the city.

- ⇒ It is convenient for medical clinics to be located near the hospitals to enhance access to a range of diagnostic and treatment services and facilities, without the need to travel between service providers and the value of this convenience in the retention and attractions of medical services cannot be disregarded.
- ⇒ In the future there may be medical facilities and services that are critical to Ballarat and the Ballarat region which may be locational dependant and which need to be close to the hospitals, and these need to be capable of being catered for.
- ⇒ Car parking and traffic congestion in the *historic residential/hospital precinct* is a significant problem which is impacting on residential amenity and enjoyment of the *historic residential/hospital precinct*, and also on location decisions for medical clinics.
- ⇒ The provision of new car-parking facilities may alleviate car parking and traffic congestion issues, which would remove one of the major impediments to further medical centre establishment in the *historic residential/hospital precinct*, and in particular close to the hospitals. However this is unlikely to occur in the short or medium term.
- ⇒ There are options for new clinics and medical facilities to establish away from the *historic residential/hospital precinct* (such as Howitt Street, Mt Clear and other locations) where on-site car parking can be provided and land and buildings are cheaper.
- ⇒ Not all beneficial health related uses can be accommodated within the discretions contained in the residential 1 zone (such as pharmacy).

8.3 Non-residential uses in residential areas

It is proposed that notwithstanding the scenario (option) that is adopted, that a new policy be included in the Planning Scheme to regulate the location, style and type of non-residential uses within residential zones. The purpose of this policy is to provide direction to Council, residents, developers and proponents of this type of use, to overcome the current uncertainty in the application of discretions to allow non-residential uses in residential zones.

This approach would not specifically exclude medical centres from the *historic residential/hospital precinct* or from other residentially zoned land in Ballarat, but it would

establish more stringent criteria for their establishment in these areas, which would underpin the maintenance of the residential amenity of the *historic residential/hospital precinct* and other residential areas. The policy will reduce the likelihood of medical clinics being established in residential streets around the hospital, other than where they are located on major roads such as Sturt Street or Drummond Street.

The proposed policy is attached to this report as *Attachment2*.

8.4 The planning and land use scenarios

SCENARIO 1

- ❖ Introduce a policy relating specifically to non-residential uses in residential areas within Ballarat.
- ❖ Maintain the current situation with no specific policy relating to medical centres within the current *historic residential/hospital precinct*.
- ❖ Rely on the current zoning provisions.

SCENARIO 2

- ❖ Introduce a policy relating specifically to non-residential uses in residential areas within Ballarat.
- ❖ Designate areas opposite the hospitals in Drummond Street North and between Mair Street, Lyons Street north and Sturt Street for medical uses
- ❖ Include those areas within a mixed-use zone.

SCENARIO 3

- ❖ Introduce a policy relating specifically to non-residential uses in residential areas within Ballarat.
- ❖ Designate areas opposite the hospitals in Drummond Street north adjacent to the hospitals for medical uses through a rezoning to mixed use
- ❖ Introduce a fifty/fifty policy for area between Mair Street, Sturt Street, Lyons Street and the rear of the properties in Drummond Street.

SCENARIO 4

- ❖ Introduce a policy relating specifically to non-residential uses in residential areas within Ballarat
- ❖ Designate areas opposite the hospitals in Drummond Street north as a *historic residential/hospital precinct* through a rezoning to mixed use
- ❖ Designate all other areas within the existing *historic residential/hospital precinct* as suitable for a limited medical clinic establishment (no more than 30% of tenements in each street)

SCENARIO 5

- ❖ Introduce a policy relating specifically to non-residential uses in residential areas within Ballarat
- ❖ Designate areas opposite the hospitals in Drummond Street North and on the south side of Mair Street between Lyons Street North and Talbot Street North, and the north side of Mair Street Between Drummond Street North and the CBA for medical uses through a rezoning to mixed use (excluding the property to at 710 Mair Street which incorporates a significant home, gardens and surrounds).
- ❖ Restrict the use of properties in all other areas within the existing *historic residential/hospital precinct* for non-residential uses (subject to the policy referred to in the first dot point).

8.5 Brief analysis of the scenarios

8.5.1 Scenario One

Maintain current controls, no specific restriction policy, introduce policy covering non-residential uses in residential zones

This option maintains the status quo in that there is no change to the current planning controls applying to the *historic residential/hospital precinct*. However a policy relating to non-residential uses in residential areas is proposed for all Residential 1 zoned land in Ballarat, which would include those areas of the *historic residential/hospital precinct* that are presently zoned Residential 1.

The policy would include specific site criteria for non-residential uses in residential areas, whereby those uses are limited to certain locations. This approach would not specifically exclude medical centres from the *historic residential/hospital precinct*, but it would establish more stringent criteria for their establishment in this area, which would underpin the maintenance of the residential amenity of the *historic residential/hospital precinct*. The policy would *reduce* the likelihood of medical clinics being established in residential streets around the hospital, other than where they are located on the major roads or in commercial zones such as Sturt Street.

Summary of implications of the scenario

Positive	Negative
<ul style="list-style-type: none"> ❑ <i>Spreads the medical activities across a broader geographic area</i> 	<ul style="list-style-type: none"> ❑ <i>Potential to transfer the amenity issues to another location in Ballarat.</i>
<ul style="list-style-type: none"> ❑ <i>Reduces the likelihood of medical clinics in small residential streets throughout Ballarat and particularly near the hospitals.</i> 	<ul style="list-style-type: none"> ❑ <i>Diminishes the capacity to provide a site for medical services that may be location dependant close to the hospitals (within the historic residential/hospital node).</i>
<ul style="list-style-type: none"> ❑ <i>Provides increased planning certainty regarding application for medical centres and allied health services.</i> ❑ <i>Provides a more understandable and enforceable protection of residential areas.</i> 	<ul style="list-style-type: none"> ❑ <i>Doesn't create the level of certainty that people want to see in the historic residential/hospital node, and particularly in the vicinity of the hospitals.</i>
<ul style="list-style-type: none"> ❑ <i>Retains flexibility for the Council if an unforeseen need arises.</i> 	

8.5.2 Scenario Two

Designate areas opposite the hospitals in Drummond Street north and between Mair Street, Lyons Street north and Sturt Street for medical uses through inclusion within a mixed-use zone.

This option recognizes the significant non-residential use of the area between the Ballarat Central Business Area and the hospitals along Mair Street and Sturt Street. It recognizes that a relatively high number of buildings within this area are used for medical and health related purposes (and other office and commercial uses).

The option will allow for the continued expansion of medical clinics through this area, strengthening the role of the hospitals and this precinct as the regional hub, while protecting the residential amenity and use of areas within the precinct, away from the designated medical areas. The zoning of the land to mixed use will allow for the continued use of properties for residential purposes but it would be expected that this would change over time with more commercial uses establishing in this area, diminishing the residential integrity and amenity of these residential areas. The residential use of the area would change.

Increasing commercial uses in this location will exacerbate the current car-parking problem, which will reduce the residential amenity of the area and over time may reduce the commercial viability of the area. The parking issue would need an overarching solution, which is referred to in later recommendations.

Summary of implications of the scenario

Positive	Negative
<ul style="list-style-type: none"> ❑ Concentrates the medical uses into specific areas close to the hospitals. 	<ul style="list-style-type: none"> ❑ Reduces and potentially removes the residential use of the areas designated for mixed use
<ul style="list-style-type: none"> ❑ Maintains options to brand and market the area as a historic residential/hospital node 	<ul style="list-style-type: none"> ❑ The medical areas become uninhabited after business hours.
<ul style="list-style-type: none"> ❑ Provides for future medical and medical related uses that may only locate in a position close to the hospitals 	<ul style="list-style-type: none"> ❑ Diminishes the appeal and liveability of the area that is converted to mixed use, which is an important central residential area
<ul style="list-style-type: none"> ❑ Allows for concentration of car parking facilities in and around the clinics. 	
<ul style="list-style-type: none"> ❑ Removes the conflicts between the residential use and medical use within the mixed-use zone. 	
<ul style="list-style-type: none"> ❑ Reduces the likelihood of medical clinics in small residential streets. 	
<ul style="list-style-type: none"> ❑ Reduces the non-residential use pressures on other residential areas 	



Scenario Two - Designate areas opposite the hospitals in Drummond Street and between Mair Street, Lyons Street north and Sturt Street (as detailed in the plan) for medical uses through inclusion within a mixed-use zone.

8.5.3 Scenario Three

Designate areas opposite the hospitals in Drummond Street north for medical uses and introduce a 50/50 rule for the area between Mair Street, Sturt Street, Lyons Street north and the rear of properties in Drummond Street north.

As with option 2 this option also recognizes the significant non-residential use of the area between the Ballarat Central Business Area and the hospitals along Mair Street and Sturt Street, but unlike option 2 it provides greater protection to residential uses within the designated area. It does provide options for future medical service expansion in the area, however placing an overriding protection on density of medical use, and therefore protection of residential use. The 50/50 rule when it last applied was generally well regarded by the residents, however Council had issues with the 50/50 rule due to lack of precision regarding its application and the development of workable mechanisms for ongoing monitoring to determine if the 50/50 ratio had been reached.

This scenario recognises the changing nature of the area to which the 50/50 rule is to apply, being close to the Central Business Area and the hospitals (effectively the bridge area between the two activity nodes). It provides protection to this area by placing a ceiling on the level of medical use, at the same time protecting other areas from medical facility encroachment through the adoption of the policy relating to non-residential uses in residential zones.

Summary of implication of the scenario

Positive	Negative
❑ Concentrates the medical uses within a specific area close to the hospitals.	❑ Continuing impact on residential amenity within the designated area.
❑ Provides opportunity for further medical clinics and facilities to be established in close proximity to the hospitals.	❑ Does not create the level of planning certainty that is required.
❑ Reduces the likelihood of medical clinics in small residential streets.	❑ Parking problems continue in the 50/50 area.
❑ Allows for concentration of car parking facilities in and around the clinics.	❑ Increased number of premises unused after business hours.
❑ Provides economic and marketing opportunities associated with the physically clustering of medical facilities and services.	❑ Difficult to define the 50/50 rule [is it per property or title?].
	❑ Administrative complexity with the 50/50 rule.



Scenario Three - Designate areas opposite the hospitals in Drummond Street north (as detailed in the plan) for medical uses and introduce a 50/50 rule for the area between Mair Street, Sturt Street, Lyons Street north and the rear of properties in Drummond Street north.

8.5.4 Scenario Four

Designate areas opposite the hospitals in Drummond Street north for medical use and designate all other areas within the existing historic residential/hospital node for a limited number of medical clinics in each street [around 30/70]

This option arose from a public meeting with residents of the current *historic residential/hospital precinct*. The residents of the area south of Mair Street were concerned that their residential area would be more saturated with medical clinics under scenario 3, compared with areas within the existing *historic residential/hospital precinct*. A view was expressed that a certain saturation of medical clinics was acceptable provided it was spread across the entire *historic residential/hospital precinct*.

The benefit of this approach is that one area is not overwhelmed by medical clinics but the opportunity exists for them to be spread more evenly across the entire precinct. It leaves open the option for the establishment of medical clinics close to the hospitals and the Central Business Area, subject to the density criteria.

The proposal would require the establishment of a ratio or some other basis for determining the maximum saturation across the *historic residential/hospital precinct*. The same issues arise as with the 50/50 rule relating to certainty of application and the logistics of monitoring.

Summary of implication of the scenario

Positive	Negative
<ul style="list-style-type: none"> ❑ <i>Eliminates the concentration of medical within small geographic areas</i> 	<ul style="list-style-type: none"> ❑ <i>Potential to transfer the amenity issue to another location in Ballarat.</i>
<ul style="list-style-type: none"> ❑ <i>Enables future development of medical clinics in the vicinity of the hospitals and the CBD</i> 	<ul style="list-style-type: none"> ❑ <i>Has the potential to continue the conflicts between the residential use within the designated area and issues arising from medical premises including car parking and lack of activity after business hours</i>
<ul style="list-style-type: none"> ❑ <i>Maintains a level of residential integrity across the designated areas</i> 	<ul style="list-style-type: none"> ❑ <i>Increases the likelihood of medical clinics in small residential streets.</i>
<ul style="list-style-type: none"> ❑ <i>Provides opportunity for further medical clinics and facilities to be established in relatively close proximity to the hospitals.</i> 	<ul style="list-style-type: none"> ❑ <i>Does not create the level of planning certainty that is required.</i>
<ul style="list-style-type: none"> ❑ <i>Better manages the conflicts between the residential use of the area and medical activity within the area.</i> 	<ul style="list-style-type: none"> ❑ <i>Difficult to define the 30/70 rule [is it per property or title?].</i>
<ul style="list-style-type: none"> ❑ <i>Provides potential economic and marketing opportunities associated with the physically clustering of medical facilities and services.</i> 	<ul style="list-style-type: none"> ❑ <i>Administrative complexity with the 30/70 rule.</i>



Scenario Four - Designate areas opposite the hospitals in Drummond Street north (as detailed in the plan) for medical use and designate all other areas within the existing historic residential/hospital node for a limited number of medical clinics in each street [around 30/70]

8.5.5 Scenario Five

Designate areas opposite the hospitals in Drummond Street north and Mair Street (as detailed on the plan) for medical use through a rezoning to mixed use and restrict the use of properties in all other areas for non-residential uses.

As per options 2 and 3 this option recognizes the significant non-residential use of the area between the Ballarat Central Business Area and the hospitals along Mair Street and Sturt Street, and like option 3 also acknowledges that there is a high quality residential area between Mair and Sturt Streets and that this should be preserved. It provides options for limited future medical service expansion in the area, however placing an overriding protection on density of medical use, and therefore protection of residential use.

The proposed non-residential zoning of the land on the south side and north side of Mair Street will create a pocket of residentially zoned land, which is not ideal but responds to the requirements of the residents of this area. It allows for expansion of the non-residential uses along Mair Street to the CBA. *It specifically excludes the property at 710 Mair Street which is a large allotment with a substantial historic dwelling and impressive garden and surrounds.*

Car parking is likely to remain a significant issue for residents and the users of the medical centres and the hospitals under this scenario. Council will need to provide residents with preferential treatment for on street car parking and to investigate the provision of additional parking in or around the hospital site.

Summary of implication of the scenario

Positive	Negative
<input type="checkbox"/> Concentrates the medical uses within a specific area close to the hospitals.	<input type="checkbox"/> Impacts on residential amenity within the mixed use zones
<input type="checkbox"/> Enables future development of medical clinics in the vicinity of the hospitals and the CBD	<input type="checkbox"/> Has the potential to continue the conflicts between the residential use within the historic residential/hospital node close to the hospital
<input type="checkbox"/> Maintains a level of residential integrity across the broader historic residential/hospital node	
<input type="checkbox"/> Reduces the likelihood of medical clinics in small residential streets.	
<input type="checkbox"/> Allows for concentration of car parking facilities in and around the clinics.	
<input type="checkbox"/> Manages the conflicts between the residential use of the area and medical activity within the area.	
<input type="checkbox"/> Provides potential economic and marketing opportunities associated with the physically clustering of medical facilities and services.	
<input type="checkbox"/> Creates relative planning certainty	



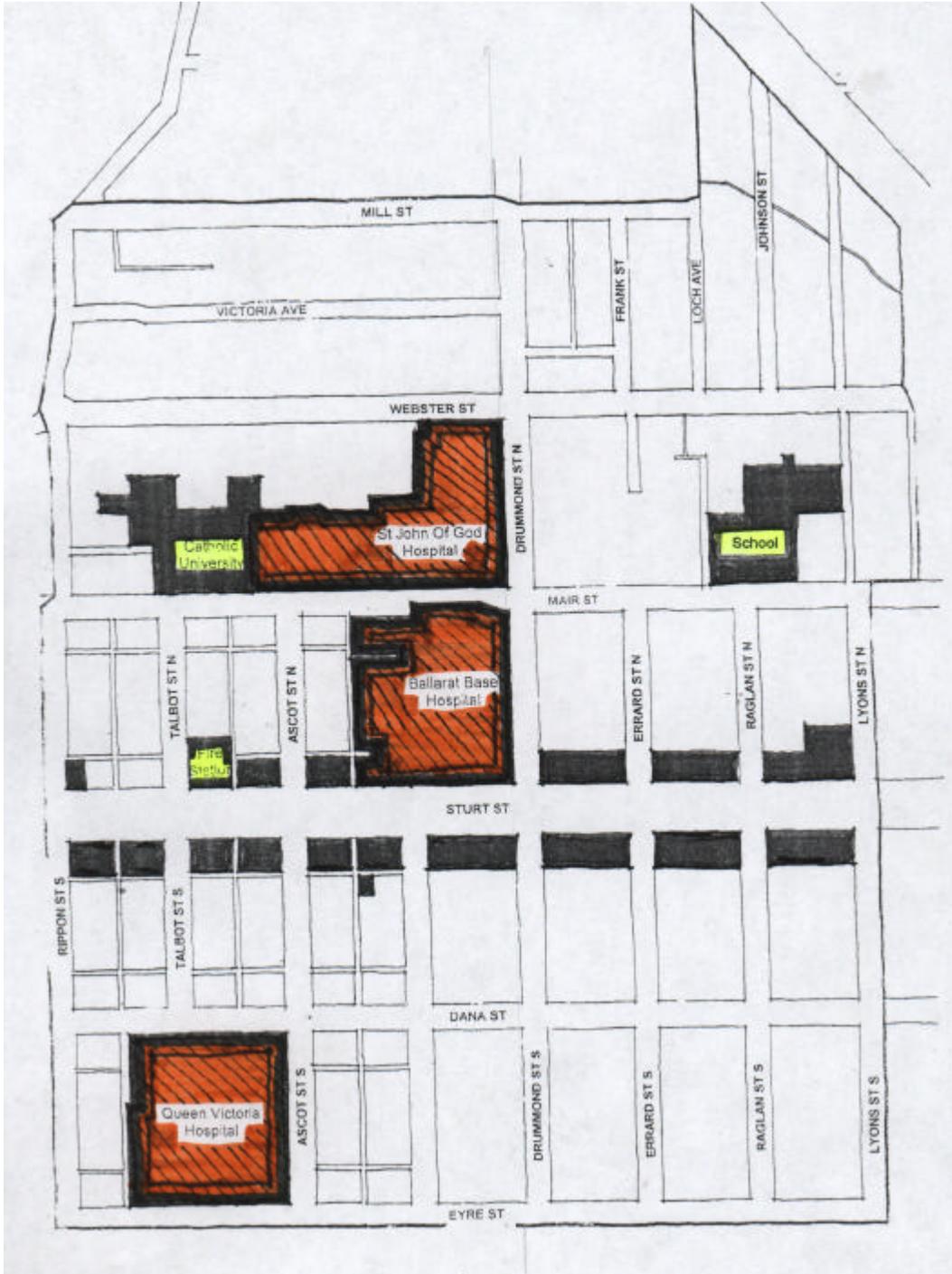
Scenario Five - Designate areas opposite the hospitals in Drummond Street north and Mair Street (as detailed in the plan) for medical use and restrict the use of properties in all other areas within the existing historic residential/hospital node for non residential uses.

9. Recommendations

- ❑ That Council adopt scenario five which allows medical clinics in and around the hospitals, within the clearly designated mixed-use zone which will be known as *“the Mair Street Medical Precinct”*.
- ❑ That Council proceeds with the recommended rezoning to mixed use zoning in accordance with scenario five.
- ❑ That clause 22.09 in the Ballarat Municipal Strategic Statement be deleted and replaced with a new policy titled *“Medical Centres in the Mair Street Medical Precinct”*.
- ❑ That Council inserts a new Local Policy into the planning scheme titled *“Non Residential Uses in Residential Areas”*, broadly in accordance with the attached Policy.
- ❑ That Clause 22.03 Map 1 (Ballarat CBA) is amended to refer to the Mair Street Medical Precinct within the Ballarat CBA.
- ❑ That St John of God hospital be rezoned from Residential 1 zone to Special Use Zone as a private provider of medical services.
- ❑ That Council prioritise completion of a parking precinct plan for the CBA and the Mair Street Medical Precinct
- ❑ That Council engage with the hospitals in the development of master plans for the hospitals and lobby for additional consulting facilities and parking facilities within the hospital grounds
- ❑ A new precinct for medical uses be identified in the Howitt Street area with a rezoning to take place to mixed use to overcome the inherent conflict between residential use and medical use.
- ❑ Car parking requirements for medical clinics in the Commercial zone be aligned with the requirements for offices (from 5 spaces per practitioner to 3.5 spaces per 100m² of floor area).
- ❑ That Council consider a resident priority parking system in residential streets within the Mair Street Medical Precinct.

Attachments

Attachment One - The Historic residential/hospital precinct



Attachment Two - Proposed Policy - Non residential uses in residential zone

Many planning schemes in Victoria have a policy that applies to the consideration of applications for non-residential uses within residential areas. The purpose of the local planning policy (LPP):

- ❖ *It is a tool for day-to-day decision making in relation to specific discretion in a zone or overlay. It helps the responsible authority and other users of the scheme to understand how a particular discretion is likely to be exercised.*
- ❖ *Enables a planning authority to give local expression to the wide discretion provided in many zones and overlays. Expression can be given to differing conditions or expectations between one area and another, even though the same zone and overlay may be used in both areas.*
- ❖ *Gives a planning authority an opportunity to state its view of a planning issue and its intention for an area affected by the exercise of discretion. It can help applicants and the community to understand how a proposal will be considered and what will influence decision-making.*

There is not a current policy applying to the establishment of medical clinics in Ballarat.

A policy regarding non-residential uses in residential zones is common across the State. It is appropriate for Ballarat to introduce a policy to provide a framework for decision-making on non-residential uses in residential zones across the entire municipality (not just within the *historic residential/hospital node*).

Following is a draft of the policy.

22.02 DISCRETIONARY USE POLICY IN RESIDENTIAL ZONES

22.02-1 CONTEXT OF POLICY

Application of Policy

The City of Ballarat has produced this Policy to guide non-residential development within residential areas. This Policy applies to residentially zoned land within the Ballarat Planning Scheme.

Policy Basis

While the primary purpose of a residential zone is to provide land for housing, the Planning Scheme acknowledges that there is a range of alternative uses that may be compatible with residential uses. The establishment of such uses in residential zones may contribute to the amenity of the locality provided the use is operated properly and regulated.

Policy Objectives

The Council's primary objectives in preparing this Policy include:

- ❖ To aid Council's decision-making.
- ❖ To provide a higher degree of certainty for developers and residents.
- ❖ To protect the existing residential character of the City by promoting and encouraging development in an orderly and proper manner.
- ❖ To ensure that development of discretionary uses cater for the needs of the community without unduly intruding on the existing residential amenity standards.

22.02-2 LOCATIONAL CRITERIA

This section of policy aims to clarify Council's philosophy towards the establishment of non-residential uses in residential zones. The following represents the basic locational criteria where non-residential uses are best located to both minimise the impacts on residential amenity and also provide greatest community benefit. These criteria are consistent with State Government Policy and State Planning Policy Framework.

Council will generally encourage the location of non-residential uses within existing shopping centres as they will complement surrounding uses, are able to share parking and other facilities, and can trade later into the evening.

Nonetheless, non-residential uses do have a place within residential precincts as they enhance the vitality, interest and service accessibility of the area. Where

they are to be located in residential areas the preferred locations for discretionary uses are:

- ❖ Corner sites that adjoin, or have access to, a road in Road Zone.
- ❖ Sites which abut non-residential (preferably commercial) land uses.
- ❖ Sites which are located on the periphery of commercial or industrial zones.

As Urban Consolidation is a major State Government Planning Policy (Section 14 – Settlement), the loss of any residential property for non-residential or housing purpose should be justified on the basis of:

- ❖ Community need or demand for the use;
- ❖ Inability to locate in a commercial zone;
- ❖ The site has a low residential amenity and is no longer suitable for residential use (eg some main road locations).

Council will not encourage the concentration of non-residential uses within a residential area, particularly if this results in the isolation of one or two residential properties, and the compounding of “off-site” effects will be of detriment to the surrounds.

Council encourages the use of existing dwellings and retention of their facade to preserve the site’s residential character. Where purpose built premises are justified, the buildings should:

- ❖ Portray a residential appearance,
- ❖ Be designed to a residential scale,
- ❖ Contribute to the residential streetscape and character.

The residential amenity enjoyed by the existing neighbourhood must be protected and any non-residential uses should make a positive contribution to the residential amenity. A non-residential use should not detract from the amenity in terms of privacy, traffic, parking or visual intrusion.

Non-residential uses should generally not be located in local residential streets and should be restricted to, or have access to, a road in Road Zone or within close access to public transport.

A master plan for significant non-residential uses within local residential streets, such as hospitals, schools and places of worship are encouraged, to provide a framework for future development of the site and consideration of planning applications.

22.02-3 GENERAL STANDARDS FOR ALL USES

Car Parking

There should be direct access from the car parking area to the reception area of the building.

The car parking area should be setback a minimum of 6.0 metres from the frontage of the site.

The access way to a car parking area should not impact on the amenity of the habitable rooms of adjacent buildings used for residential purposes.

Access to Building

Disabled access to be provided to the building.

Site Coverage

The building and car parking, driveway and hard standing areas on the site should not exceed 60% of the total site area.

Loading and Unloading of Vehicles

The loading and unloading of vehicles should not occur between the hours of 8.00pm and 8.00am.

Hours of Operation

The hours of operation of the premises should be only:

- Monday to Friday 8.00 am to 8.00 pm
- Saturday 8.00 am to 2.00 pm

Advertising

Proposed signage must be submitted to Council as a complete advertising signage package and must demonstrate that the signage will not cause detriment to the residential neighbourhood. Signage should not exceed a total of 0.2m².

Purpose Built Premises

Building design should be consistent with the overall scale and character of the residential area and prevent loss of privacy and amenity to abutting properties. For this reason, the use of existing dwellings is encouraged. However, where “purpose-built” premises are justified, they should be designed with consideration given to the following:

- ❖ Buildings should portray a residential appearance consistent with the scale and character of the surrounding area, particularly with regard to:

- Building and roof form
 - Fencing shall be consistent with the residential character of the area.
 - Building height and setback
 - Veranda and window placement/style
 - Building materials.
-
- ❖ The design of the premises should reflect the design features of surrounding dwellings to integrate with the neighbourhood. Council's Local Character Study will assist in this by detailing the most significant design elements for each local neighbourhood across the City.
 - ❖ Premises should be designed to a residential scale and massing and should generally be limited to one storey in height. A two-storey building may be considered appropriate if other two-storey structures contribute to the existing streetscape or complements an existing two-storey component of the building.
 - ❖ Buildings should not create overlooking or overshadowing. Overlooking may be prevented through the orientation of windows or through the use of opaque glass, highlight windows or effective screening.
 - ❖ Front setbacks of buildings should be consistent with the front setbacks of surrounding dwellings. This will maintain the residential character of the area and will provide adequate space for landscaping to contribute to the residential amenity. A reduction in the front setback may be permitted where setbacks on adjoining blocks are considered excessive, particularly where the site has frontage to a road in a Road Zone.

Amenity

The nature of the use should not cause detriment to occupants of nearby residential properties, particularly in the following manners:

- ❖ The noise generated by the use and the associated traffic should not be excessive or cause nuisance or disturbance to adjoining occupancies. Noise levels shall be in accordance with Environmental Protection Act (1970) and the Health Act (1958).
- ❖ All air-conditioning and heating units should be enclosed. Sound attenuation measures (eg acoustic fence, double glazing) may be required for some uses to restrict noise emission to adjoining properties.

- ❖ All external lighting is to be suitably baffled to ensure that any illumination is contained within the site and does not cause detriment to persons in adjacent or nearby properties or spillage to any roadway.

Trade Waste

Provision should be made for waste collection facilities. All areas set aside for waste collection facilities should be setback and suitably screened from the street and adjacent/nearby residential properties. The collection of trade waste and delivery of goods should not occur between the hours of 8.00 pm to 8.00 am on any day.

Landscaping

The introduction of discretionary uses into residential zones should not detract from the residential character of the neighbourhood. Existing trees contribute greatly to the residential character of an area, and to preserve the City's high quality residential environment Council will:

- ❖ Encourage the retention of existing mature trees.
 - ❖ Encourage additional planting to restrict the intrusiveness of discretionary uses.
 - ❖ Encourage a three metre landscaped setback from all side and rear boundaries to protect amenity of adjoining residential properties.
 - ❖ Encourage at least 40% site coverage for landscaping
-