



Griffith Health Precinct Master Plan

July 2023

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Contents

1. Executive Summary	2
2. Introduction	9
2.1 Opportunity and Purpose	9
2.2 Why are master planned precincts important?	10
2.3 Approach and Methodology	11
3. Background Analysis	12
3.1 Introduction	12
3.2 Strategic Policy Framework	13
3.3 Griffith Base Hospital Redevelopment	15
3.4 Population and Demographics	16
3.5 Economy	17
4. Site Analysis	18
4.1 Introduction	18
4.2 Locational Context	19
4.3 Urban Form	21
4.4 Road Network and Movement	29
4.5 Services Infrastructure	32
5. Stakeholder Engagement Sessions	33
6. Benchmarking	36
7. Gap Analysis	38
8. Constraints and Opportunities	43
9. Design Charrette	52
10. Guiding Principles	56
11. Master Plan	64
11.1 Introduction	64
11.2 Master Plan Urban Design Framework	66
12. Structure Planning & Implementation Directions	71
12.1 Introduction	71
12.2 Structure Planning Guidance	72
12.3 Implementation Directions	73

1. Executive Summary

Purpose

The Griffith City Council, in partnership with the NSW Government, has prepared this Health Precinct Master Plan to:

- shape, coordinate and guide future development
- leverage the NSW Government's investment of \$250M into the Griffith Base Hospital Redevelopment
- drive investment, employment and growth
- support additional specialist medical and health services in the locality,
- stimulate additional and supportive housing and short-term accommodation
- attract additional commercial facilities to support health uses, training, and education services
- provide a strategic direction for the management of competing land uses and development pressures within the Health Precinct including the two Schools
- identify and facilitate suitable reuse of buildings for health and allied health practices
- maximise opportunities for complimentary activities including hospitality and some retail services

Key Strategic Policy Directions



Master Planning Implications

The following planning priorities have informed the master planning process:

- **Planning Priority 1:**
Strategy 1.1: Implement the recommendations of the Griffith Housing Strategy 2020
Strategy 1.2: Develop the former railway lands in the CBD
- **Planning Priority 8:**
Strategy 8.1: Establish a Health Precinct
Strategy 8.2: Encourage the expansion of existing TAFE and tertiary education facilities and the location of new facilities
- **Planning Priority 11:**
Strategy 11.1: Public Private Partnerships (PPP) with Housing Providers to increase affordable Housing
Strategy 11.2: Promote housing diversity to be implemented in new developments



Master Planning Implications

The 20-Year Health Strategy has informed the Master Plan by aiming to achieve:

- a network of infrastructure that supports the complete patient journey
- a culture of innovation where learnings are shared across the state
- a places framework that defines Health places, precincts and approach to place-based planning including a framework for strategic partnerships and investments

Stakeholder Engagement

Key summary points from the comprehensive stakeholder engagement process are provided below:

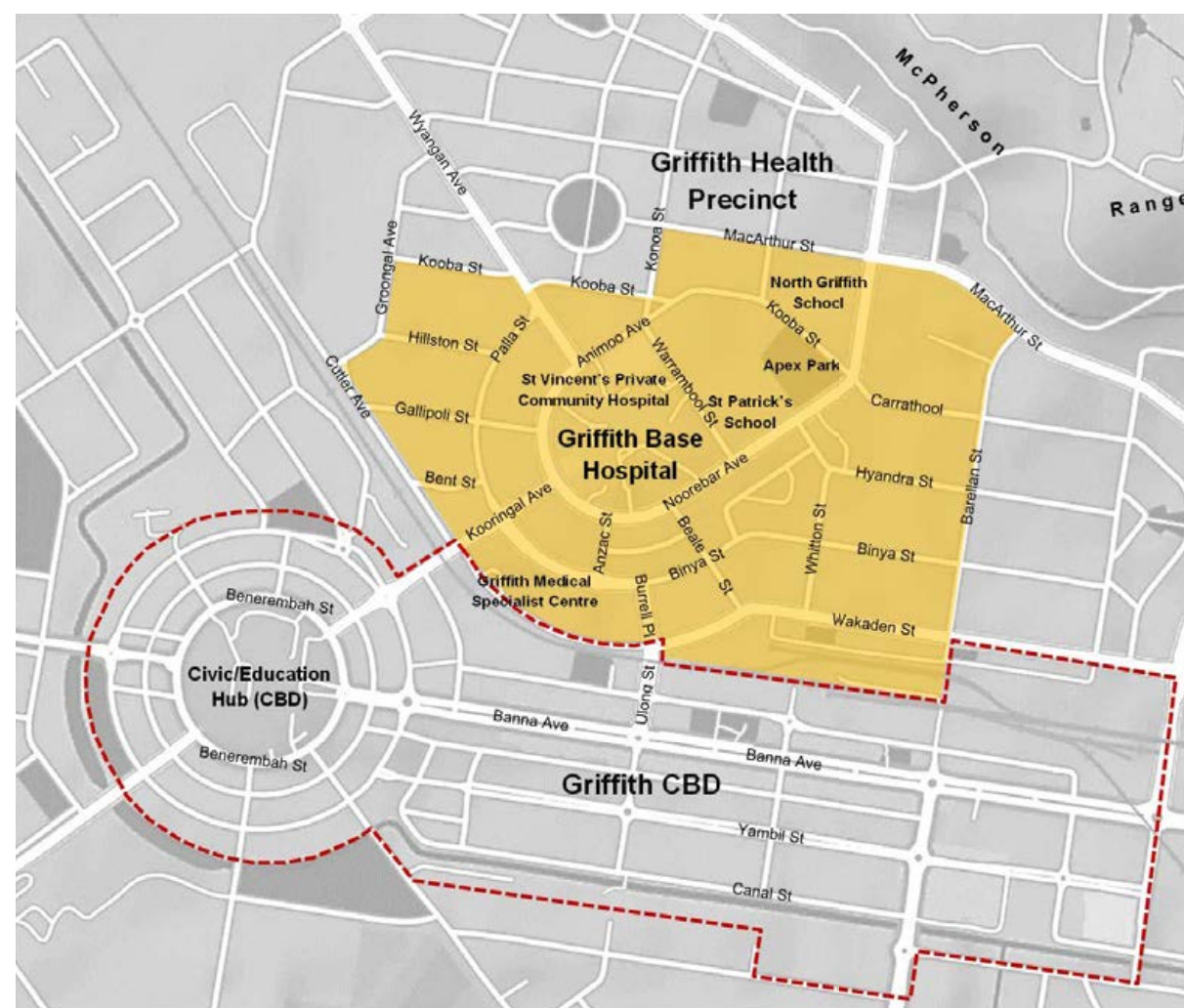
Future Growth

- The Base Hospital redevelopment will cater for foreseeable growth and there is further site capacity stages for long term growth
- Most stakeholders saw growth capacity based on population growth and growth triggered by the Base Hospital expansion
- All stakeholders had future growth expectations linked to their core services goals and strategies
- Growth opportunities tied to accommodation and housing, aged care and aged housing were seen as strong by many stakeholders
- Targeted funding opportunities and tailored public/private partnerships recognising the shared needs of the partners, were seen as critical

Future Success Factors

- Integration of services to provide a continuity of care for patients across agencies and services – exceptional health outcomes – one stop location for integrated services
- People provided choices and opportunities to lead fuller lives – ‘no one falls between the cracks’ – building wellbeing
- ‘Closing the Gap’ outcomes relating to Aboriginal health and wellbeing as well as meaningful training and job opportunities for Aboriginal communities
- The community ‘owns’ the precinct and has a ‘sense of pride’ and advocates for the precinct – skilling opportunities for the local community – services supported by a network of dedicated volunteers
- A precinct that welcomes people in – a community-based precinct – a community focus and meeting point – young people focus – community drop in facilities and meeting places
- Strong and enduring strategic partnerships built on shared systems and services integration, shared technologies, resources and excellent facilities – partnering and integration across hospital services, education, research, specialist and general medicine, social and community services

- Smart precinct built on technology and specialisations in telehealth, virtual care and remote learning (VR and AR)
- Broad range of adjunct services – childcare, cafés, meeting places, fitness, before and after school learning
- Attracting and retaining exceptional staff, students, specialists and an increasing local population – sustaining stability and opportunity – creating an attractive lifestyle focus
- Safe and accessible places – strong linkages to the CBD
- Attractive place making, a vibrant precinct with high quality amenity
- Broad range of housing and accommodation options and choices helping attract and retain people in the community and support the precinct
- Strengthened Griffin Plan



Analysis – Issues, Constraints & Opportunities

The background and site analysis identified the following key master planning issues and constraints:

Health Infrastructure

- Current planning policies do not support suitably scaled health infrastructure
- Tightly held, small sites not suitable for appropriately sized health developments
- Differing delivery models between public and private providers can constrain partnering opportunities
- Some key health services located outside the precinct

Place Making

- Limited areas of open space within the study area
- Quality and range of existing open space poor
- General streetscape amenity disjointed, inconsistent and poor quality
- Significant opportunities to strengthen the Griffin Plan vision through innovative urban design, land-use and built form initiatives

Community Focal Point

- A lack of wellbeing focussed public community and ‘drop in’ facilities within the precinct supporting existing health services
- A lack of walkable convenience, café and other facilities (e.g. fitness) to support a growing worker and residential population

Education & Research

- Extremely limited tertiary teaching campus facilities within the Health Precinct
- Only limited research programs conducted within the hospitals and tertiary institutions

Housing & Accommodation

- Current planning policies do not support medium and high density residential development
- Acute lack of affordable housing choices close to CBD, with the Health Precinct providing a key locational opportunity
- Chronic lack of short term accommodation close to the CBD and Health Precinct
- Limited emergency accommodation does not match demand for this service within the community

Aged Care & Independent Living

- Limited independent living facilities close to the Health Precinct facilities
- Limited aged care facilities close to the Health Precinct facilities

Access, Parking & Services Infrastructure

- Designated B-Double Route runs through Health Precinct
- Inconsistent and disjointed pedestrian environment
- Limited off-street public car parking
- Inappropriate and inadequate school drop-off and pickup facilities
- Some electrical and sewer services are located at the rear of properties constraining larger development sites

Collaboration, Strategic Partnering & Governance

- The Precinct operates strong cross-sector and intra-sector delivery partnerships and some intra-sector collaborative forums
- Governance is generally organisationally based
- Delivering the Master Plan Vision will require a cross-sector Precinct Governance Model



Master Plan Guiding Principles 1-4

Guiding Principle 1 – Wellbeing Centric

An integrated precinct, anchored by the Griffith Base Hospital, and delivering high quality, coordinated health services to the region.

Opportunities

- Prepare a revised LEP Land Zoning Plan to reflect the recommendations of the Master Plan
- Encourage a Master Plan led, market based land amalgamation and packaging of key development sites in opportunity zone
- Explore different Public-Private interface overlays to improve partnering opportunities
- Explore opportunities to relocate key health services into the precinct



Wellbeing Centric

Guiding Principle 2 – Authentic + Engaging

A distinctive place with a compelling and engaging identity, embracing its past and confident of its future.

Opportunities

- Develop new open space guidelines for the precinct based on needs, wellbeing and biophilic principles
- Develop streetscaping standards for the precinct to reinforce the Griffin Plan urban design structure, improve pedestrian amenity and safety and embrace sustainability principles
- Opportunities to create new and upgraded public open space
- Public art opportunities including local Aboriginal and European story telling
- Biophilic Benefit: reduced stress, improved comfort, enhanced mood and prompt healing



Authentic + Engaging

Guiding Principle 3 – Community Focussed

A welcoming, mixed-use community focal point broadens the wellbeing appeal of the precinct and acts as a local destination.

Opportunities

- Create a local community focal point, building on existing facilities in the area between the hospital and CBD, and incorporating community, drop in and youth facilities, convenience retail, cafes and fitness, etc
- Establish a pedestrian focus and improved amenity within the focal point



Community Focussed

Guiding Principle 4 – Inspiring + Innovative

A shared tertiary campus and Research and Innovation Hub creates expanded learning and research opportunities and helps train and retain local skills.

Opportunities

- Shared tertiary campus within the Health Precinct providing shared facilities and bespoke facilities for each partnering institution
- Shared, campus style Research and Innovation Hub within the Health Precinct



Inspiring + Innovative

Master Plan Guiding Principles 5-8

Guiding Principle 5 – Home for Locals + Visitors

A broad range of new living opportunities, affordable housing and expanded accommodation options help reinvigorate the health precinct and the CBD.

Opportunities

- Delivery a full range of affordable housing options of varying density close to the CBD and Health Precinct and consider social housing options for precinct based workers
- Provision of high density housing options including student housing
- Provision of a range of short term accommodation options within the Health Precinct
- An expanded emergency accommodation facility
- Consider government led land packaging to facilitate new housing forms



Home for Locals + Visitors

Guiding Principle 6 – Caring

The precinct is recognised as home to a range of caring organisations providing aged care, independent living, pastoral care and help for the homeless and disadvantaged.

Opportunities

- A range of aged care opportunities within the precinct taking advantage of close proximity to health and allied health care
- A range of independent living opportunities within the precinct taking advantage of close proximity to health and allied health care and a diverse range of community, commercial and retail activities
- Expanded care and support opportunities for those in need



Caring

Guiding Principle 7 – Accessible + Safe

A walkable precinct that redirects through traffic and focuses on safe local access, convenient public transport and adequate parking.

Opportunities

- Divert B-Double Route away from the Health Precinct
- Develop and integrate pedestrian environment design principles as part of unified pedestrian strategy
- Identify off-street public car parking opportunities
- Integrate an agreed school drop-off and pick-up strategy into the Master Plan



Accessible + Safe

Guiding Principle 8 – Partnering + Collaborative

The long term success and resilience of the Health Precinct is driven by a shared vision and a spirit of ongoing partnership and collaboration.

Opportunities

- Establish an agreed, precinct based, cross-sector strategic partnership and collaboration model based on shared goals and ambitions
- Establish an agreed Precinct based cross-sector governance body, with broad representation, to drive the ongoing development and management of the Health Precinct



Partnering + Collaborative

Master Plan Urban Design Framework


The Master Plan urban design framework (opposite) is intentionally bold and progressive to strengthen and reinterpret the power of the Griffins' vision for Griffith (below) and to provide a guiding framework to inspire the future development of the Health Precinct, consistent with the Guiding Principles and the suggested revision of the LEP Land Zoning Plan. However, the Master Plan is indicative only and not intended to be an exact blueprint for action.

Importantly, the Master Plan is intended to highlight a range of relevant land-use and built form typologies (health and allied health, education, housing, care and social infrastructure facilities, accommodation, retail and mixed-use) and showcase those development opportunities that will create a truly transformative redevelopment of the precinct, in support of the CBD and the broader Griffith community.


In addition, the Master Plan is intended to emphasise the importance of revisiting and reinforcing Griffin's bold geometry, urban form and built form expression. This includes strong tree lined boulevards with built form reinforcing this geometry and celebrating the shaping of a vibrant public realm. An early commitment to, and delivery of, a comprehensive and consistent public realm rejuvenation will establish a consistent precinct brand as the redevelopment evolves.



Key



Properties unlikely to be redeveloped in the medium term because of institutional uses, community titling or new building.



Showcased potential development and urban form choices and to inspire the future redevelopment of the Health Precinct

Structure Planning

It is proposed that Council's preliminary land use framework diagram, as informed by this Master Plan report, should form the basis of the structure planning to guide Council's future LEP Land Zoning Plan amendment process for the Health Precinct. However, the author recommends that that part of the Opportunity Zone within the bounds of Noorebar Avenue, Beale Street, Binya Street, Whitton Street and Hyandra Street be extended south (as shown below) to Binya Street to better facilitate mixed-use development scale close to the hospital. Structured land use guidance is provided in the report.



Implementation Directions

Implementation objectives

- Maximise the outcomes of the Griffith Health Precinct.
- Ensure the planned, staged and timely implementation of the precinct, with high priority components taking precedence without limiting the full development of the precinct over the longer term.
- Achieve progressive and organic, market based, growth that facilitates a transition to higher density development over time.
- Support the retention and growth of existing businesses.
- Ensure all stakeholders are consulted and are genuine participants in the evolution of the precinct to ensure an effective and innovative partnership approach

Precinct governance

It is proposed that a **Precinct Steering Committee** be established to fulfil the following role:

- Leading the on-going consultation with key stakeholder, specialists and the community
- Contributing to the on-going development, promotion, governance and coordination of the Health and Knowledge Precinct
- Contributing to the development and implementation of specific projects within the precinct
- Providing advice and comment to Council, as requested, on the ongoing promotion, governance and co-ordination of the precinct
- Contributing to the sourcing, securing and co-ordination of funding opportunities that will support the on-going development of the precinct, as guided by the Health Precinct Guiding Principles, Urban Design Framework and Council's future LEP Land Zoning Plan and policies

2. Introduction

2.1 Opportunity and Purpose

Opportunity

Griffith is the regional centre of the Western Riverina, and the focal point for population and housing growth in the region. It provides higher-order services including business, office and retail uses, arts, culture, accommodation, recreation and entertainment serving a hinterland of approximately 50,000 people.

In 2020 the NSW's Government committed to a significant and transformative redevelopment of the Griffith Base Hospital which, together with the St Vincent's Private Community Hospital and supporting health and educational facilities, serves the broader Griffith community.

Purpose

Coordinated with this significant health investment, and in support of the current and projected population growth, the Griffith City Council has prepared this Health Precinct Master Plan to:

- shape, coordinate and guide future development
- leverage the NSW Government's investment of \$250M into the Griffith Base Hospital Redevelopment
- drive investment, employment and growth
- support additional specialist medical and health services in the locality,
- stimulate additional and supportive housing and short-term accommodation
- attract additional commercial facilities to support health uses, training, and education services
- provide a strategic direction for the management of competing land uses and development pressures within the Health Precinct including the two Schools
- identify and facilitate suitable reuse of buildings for health and allied health practices
- maximise opportunities for complimentary activities including hospitality and some retail services



2.2 Why are master planned precincts important?

What are planned precincts?

Planned precincts are destination places with a defined purpose. That purpose is supported by a clear and enduring vision, which guides and shapes the precinct's development and operation.

At the heart of all great precincts are the stakeholders, communities, and businesses they serve. They have helped define the special purpose and continue to participate to ensure the vision is fulfilled.

Planned precincts gain their meaning not by the aggregation of the physical infrastructure within the precinct but by the community and organisational context of the infrastructure.

That is, it is the networks of partnerships and community linkages across the precinct, the balance of varied land uses and activities and the role of the precinct as a community focal point, with the resultant activation, that establishes the meaning of the precinct as a place of community importance and pride.

Objectives and benefits

Precincts vary greatly in size from central activity areas, town centres and regional destinations to main streets, neighbourhoods and special purpose areas, but they all aim to achieve one or more of the following objectives and benefits:

- Focus on their defined purpose
- Stimulate sustainable growth and opportunity
- Deliver high quality services to their communities
- Promote social equity and accessibility
- Provide a focus for coordinated action
- Adapt organically to our rapidly changing world, while preserving the vision

Planned precincts are designed, managed and curated to drive greater collaboration between public and private stakeholders, generate better placemaking outcomes and coordinate land use and infrastructure planning and investment.

Griffith Health Precinct

The Griffith City Council, in partnership with the NSW government, has developed this Health Precinct Master Plan to secure these benefits for the participating stakeholders and the broader residential and business communities.



2.3 Approach and Methodology

Approach

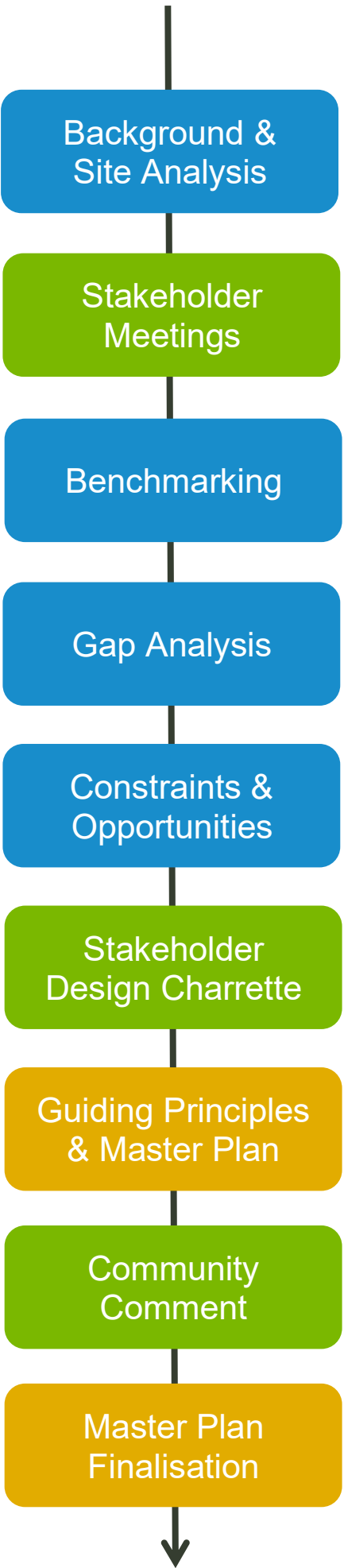
The Master Plan has been prepared with a primary focus on comprehensive stakeholder engagement and community consultation. This has been underpinned by detailed research and analysis and guided by a vision-based design approach.

Project stakeholders have been directly involved in establishing the master planning vision, which has captured the knowledge and creativity of the precinct community and helps build ownership of the urban design outcomes.

Methodology

The adjacent methodology diagram depicts the step-by-step evolution of the Master Plan and shows the various stakeholder engagement and community consultation events (in green) initiated by detailed stakeholder interviews, followed by a stakeholder design charrette (stakeholder vision and design workshop) and finally a period of broader community comment.

Prior to engaging with the precinct stakeholders, the master planning team prepared desk-top and site based research and analysis (in blue) which informed the engagement process and subsequently guided the vision development and master planning processes (in orange).



Griffith Health
Precinct Master
Plan Methodology
Diagram

3. Background Analysis

3.1 Introduction

This section presents the detailed research and analysis of a range of background reports, documentation and data relevant to the master planning task.

The analysis covers:

- Strategic policy documentation guiding the master planning process
- An overview of the current Griffith Base Hospital Redevelopment proposal
- Population data providing growth forecasts and potential demand expectations
- Economic statistics and growth forecasts in key service areas

The presentation format includes a brief overview (where appropriate) of the relevant documentation, research or data, followed by a summary of the master planning implications of the analysis.

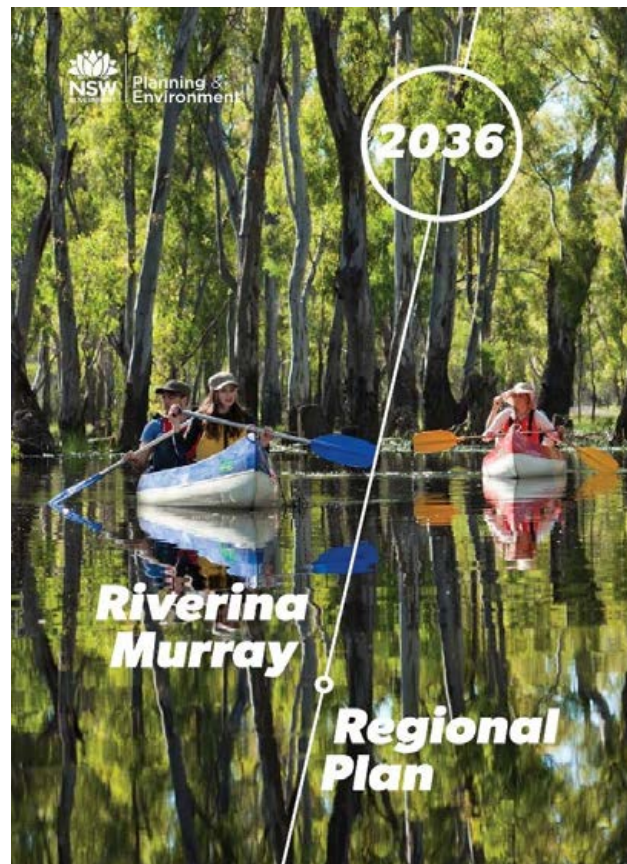


Griffith Community Vision

‘Griffith is a thriving regional capital with a vibrant lifestyle and diverse economy; embracing community, heritage, culture and the environment.’

Guiding Griffith 2040

3.2 Strategic Policy Framework



RMRP 2036

Master Planning Implications

RMRP 2036 provides the strategic & funding imprimatur to drive the project:

- **Goal 1: A growing and diverse economy**
Direction 5: Support the growth of the health and aged care sectors
Direction 6: Promote the expansion of education and training opportunities
- **Goal 4: Strong, connected and healthy communities**
Direction 22: Promote the growth of regional cities and local centres
Direction 23: Build resilience in towns and villages



GUIDING GRIFFITH 2040

Master Planning Implications

The following strategic aims have informed the master planning process:

- **AIM 4: Griffith is a great place to live**
4.1 Enable accessible diversity in housing choice
- **AIM 5: Encourage a healthy and active lifestyle**
5.1: Develop partnerships to improve local access to health, mental health and allied health services
- **AIM 6: Encourage our local economy to grow**
6.2: Promote opportunities for businesses to establish in our community and assist existing businesses to grow
- **AIM 7: Encourage a skilled workforce with employment opportunities**
7.2: Develop partnerships to build on quality education and training opportunities



GROWING GRIFFITH TO 2045

Master Planning Implications

The following planning priorities have informed the master planning process:

- **Planning Priority 1:**
Strategy 1.1: Implement the recommendations of the Griffith Housing Strategy 2020
Strategy 1.2: Develop the former railway lands in the CBD
- **Planning Priority 8:**
Strategy 8.1: Establish a Health Precinct
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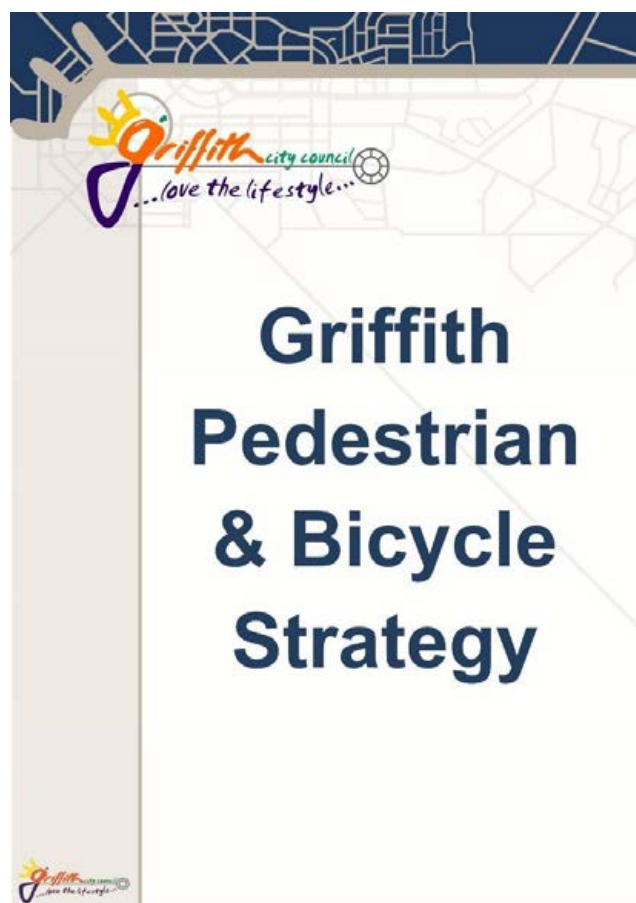


GRIFFITH CBD STRATEGY

Master Planning Implications

The CBD sits on the southern boundary of the Health Precinct with the following strategies impacting the master planning process:

- **1. Responsive Streets:** creating a hierarchy of streets that merge directly with the CBD
- **2. North-South connection:** continuing the CBD North-South connection as a key gateway into the Health Precinct
- **3. City full of places:** creating diversity in the public realm that integrates with the CBD
- **4. Celebrated heritage:** respecting the heritage landmarks and places to underpin amenity and authenticity
- **6. Green city:** continuing a comprehensive and consistent street tree framework

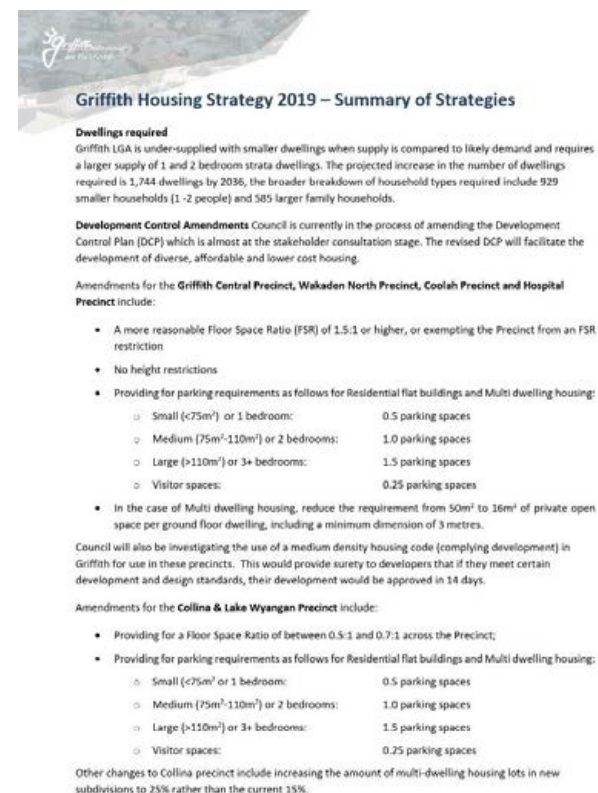


GRIFFITH PEDESTRIAN & BICYCLE STRATEGY 2021

Master Planning Implications

The following matters have been relevant to the master planning process:

- The GPDS does not recognise the Health Precinct as a key pedestrian attractor or generator – the Master Plan reinforces this role
- The GPDS establishes a more comprehensive pedestrian and cycle network through the Health Precinct which is reflected in the streetscaping treatments
- The GPDS establishes standards and guidelines that are reflected in the Health Precinct Master Plan



GRIFFITH HOUSING STRATEGY 2019

Master Planning Implications

The following GHS 2020 findings have guided the master planning process:

- Griffith is undersupplied for smaller dwellings (1 to 2 bedrooms) relative to likely demand
- Overall housing supply will need to increase by 1,744 dwellings by 2036, with the number of dwellings for smaller households (1 to 2 people) needing to increase by 929 over the same period
- Newer affordable housing models, such as new generation boarding houses, are encouraged
- The revised DCP will facilitate the development of a diverse range of lower cost and affordable housing

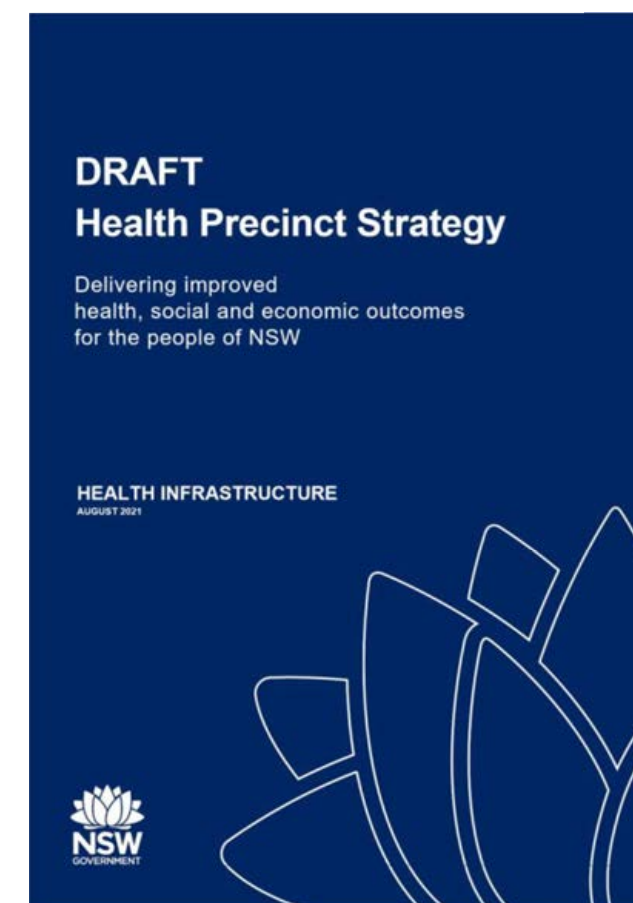


NSW 20-YEAR HEALTH INFRASTRUCTURE STRATEGY 2020

Master Planning Implications

The 20-Year Health Strategy has informed the Master Plan by aiming to achieve:

- a network of infrastructure that supports the complete patient journey
- a culture of innovation where learnings are shared across the state
- a places framework that defines Health places, precincts and approach to place-based planning including a framework for strategic partnerships and investments



NSW DRAFT HEALTH PRECINCT STRATEGY August 2021

Master Planning Implications

The Draft Health Precinct Strategy has informed the Master Plan by:

- Differentiating the roles of 'Health Innovation Precincts' and 'Health and Community Precincts'
- Reinforcing:
 - a place-based approach
 - strategic partnerships, collaboration and investment
 - integrated planning principles
 - strong and inclusive governance models

3.3 Griffith Base Hospital Redevelopment

Overview

The redevelopment of the Griffith Base Hospital significantly increases capacity by providing modern, expanded facilities. The development will replace outdated facilities with modern innovative spaces to support expanded clinical and non-clinical services.

The NSW government expects the \$250M project will:

- Deliver all key clinical services under one roof in a new, purpose designed building to support contemporary models of care
- Better support the healthcare needs of Griffith and surrounding communities now and into the future
- Help attract and retain high quality staff in an environment that supports excellence in clinical practice and education.
- Maximise the functionality of the new facility through improved functional relationships between the various departments and clinical clusters.

Master Planning Implications

The redevelopment will:

- Provide a focal point and integrating activity hub for the entire Health Precinct
- Set the scale and built form quality benchmark for subsequent surrounding developments
- Drive growth and investment within the precinct
- Increase collaboration and research opportunities
- Generate employment, education and training growth



Courtesy Djrd Architects

3.4 Population and Demographics

Current Population

The Griffith City population forecast for 2021 is 27,321 and is forecast to grow to 30,507 by 2036.

Age-Sex Profile

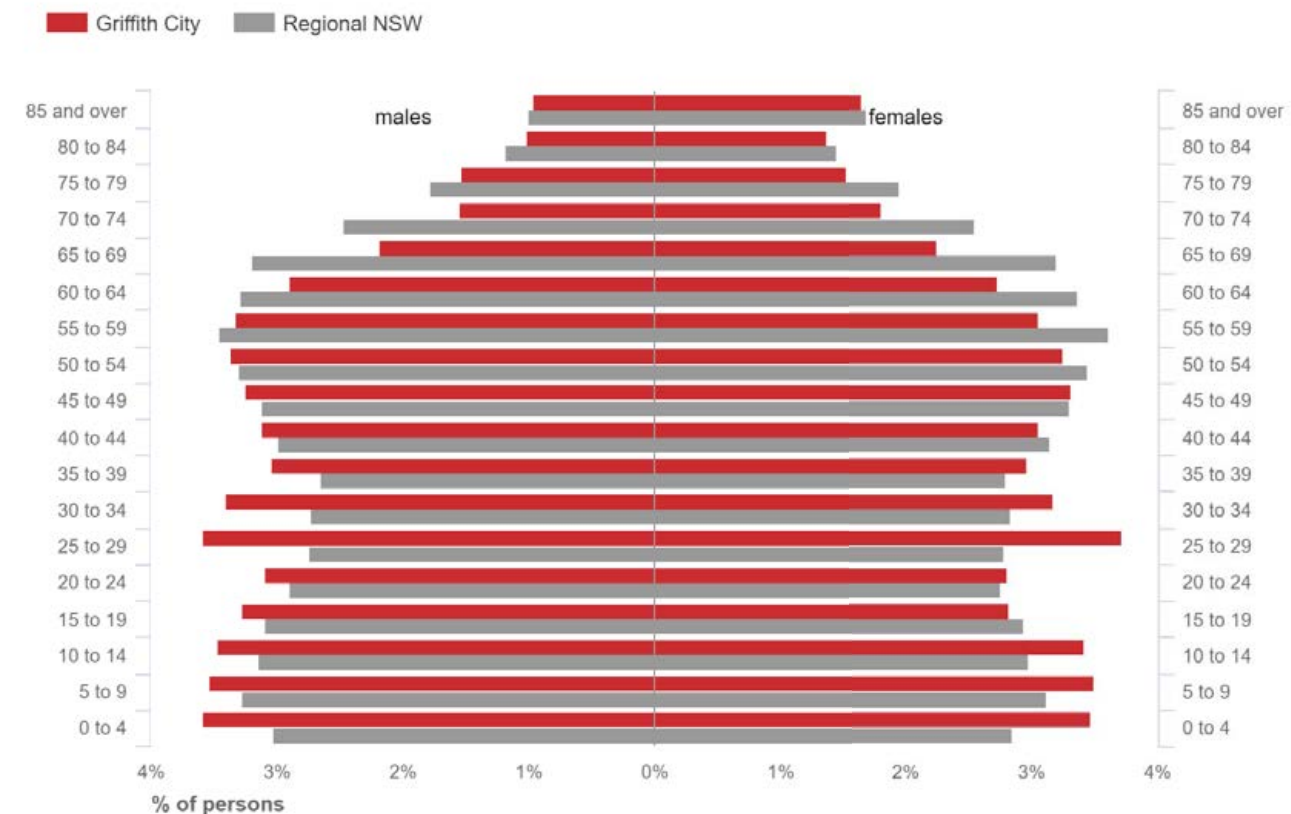
The age-sex pyramid opposite compares the age-sex profile of Griffith with broader regional NSW. The diagram clearly shows that Griffith is generally younger in age profile across both sexes and particularly for the education years from 0 to 24 and the household formation and key employment years of 20 to 39.

Population Forecasts

Between 2016 and 2036, the population for Griffith City is forecast to increase by 4,081 persons (15.44% growth), at an average annual change of 0.72%.

Year	Forecast Population
2020	27,155
2026	28,306
2031	29,372
2036	30,507

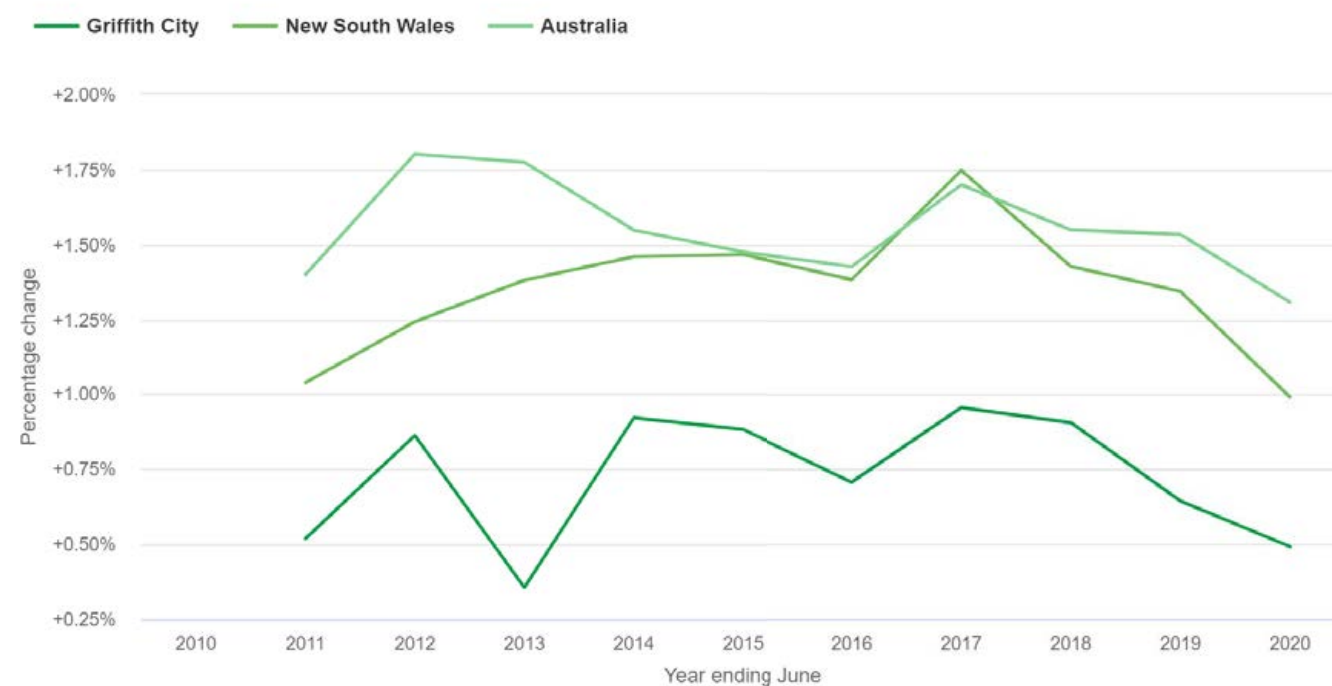
Age-sex pyramid, 2016



Source: Australian Bureau of Statistics, Census of Population and Housing, selected years between 1991-2016 (Enumerated data). Compiled and presented in profile.id by .id (informed decisions).

.id informed decisions

Estimated Resident Population (ERP)



Source: Australian Bureau of Statistics, Regional Population Growth, Australia (3218.0). Compiled and presented in economy.id by .id (informed decisions).

.id informed decisions

Master Planning Implications

- The City of Griffith regional population is forecast to grow by 15.44% from 27,155 in 2020 to 30,507 in 2030 suggesting a steady growth in health and residential services demand through the period
- The age-sex pyramid from 2016 shows a generally younger population when compared to the rest of regional NSW suggesting relatively higher demand for family-based health services and pointing to the relative importance of the Griffith Health Precinct in regional NSW for these types of services

3.5 Economy

Overview

The economic overview shown opposite details several recent economic statistics relevant to this master planning study and portrays a thriving regional capital built on steady economic and population growth and a diversified economy.

Master Planning Implications

- Strong GRP, underpinned by a diverse regional economy and a growing population, indicates increasing demand for the Health Precinct's diversified services
- Low unemployment, increased working from home, relatively lower residential prices and an attractive 'tree-changer' lifestyle are likely to drive further intra-country migration to regional capitals such as Griffith, adding to services demand
- Significant employment growth in the health and social services sector in Griffith over the past 5 years, suggests a significant growth in services levels for the sector, as evidenced by the \$250M investment in the Griffith Base Hospital Redevelopment
- The growth in the median residential prices for units and houses from 2014 to 2018 (26% and 28% respectively of a relatively low base) indicates solid demand growth, supported by construction growth of 68% from 2015 to 2020



Economic Overview

Griffith City's Gross Regional Product (GRP) is estimated at \$1.87 billion, which represents 0.29% of the state's Gross State Product (GSP).

GRP: \$1.87 Billion (NIEIR 2020)

Population: 27,155 (ABS ERP 2020)

Local Jobs: 14,198 (NIEIR 2020)

Unemployment: 3.9% (ID Dec 2020)

Health/Social Services Jobs: 1,456 – second largest behind manufacturing and has grown 31% in 5 years (2nd behind construction at 68%) (NIEIR 2020)

Median Residential Growth 2014-2018: Houses 28% to \$340,853, Units 26% to \$277,353 (Hometrack 2014-2018)

4. Site Analysis

4.1 Introduction

This section presents the detailed research and analysis of the site and its context relevant to the master planning task.

The analysis covers:

- locational and climate context
- urban form influences including:
 - topographic information impacting the Health Precinct and adjacent areas
 - the town planning heritage of the Griffin Town Plan
 - built form analysis
 - open space analysis
 - street character analysis
 - heritage places and precincts
- current LEP land use zoning
- active transport network
- road hierarchy
- public transport network
- services infrastructure

The presentation format includes a brief overview (where appropriate) of the relevant documentation, research or data, followed by a summary of the master planning implications of the analysis.



4.2 Locational Context

4.2.1 Location

Griffith is a major regional city located in the north-western part of the Riverina region of New South Wales, commonly known as the food bowl of Australia. It was established in the early part of the 20th century as the focal point of the Murrumbidgee Irrigation Area. The travelling distance from Sydney is about 1.5 hours by air and 6.5 hours by road (refer diagrams opposite).

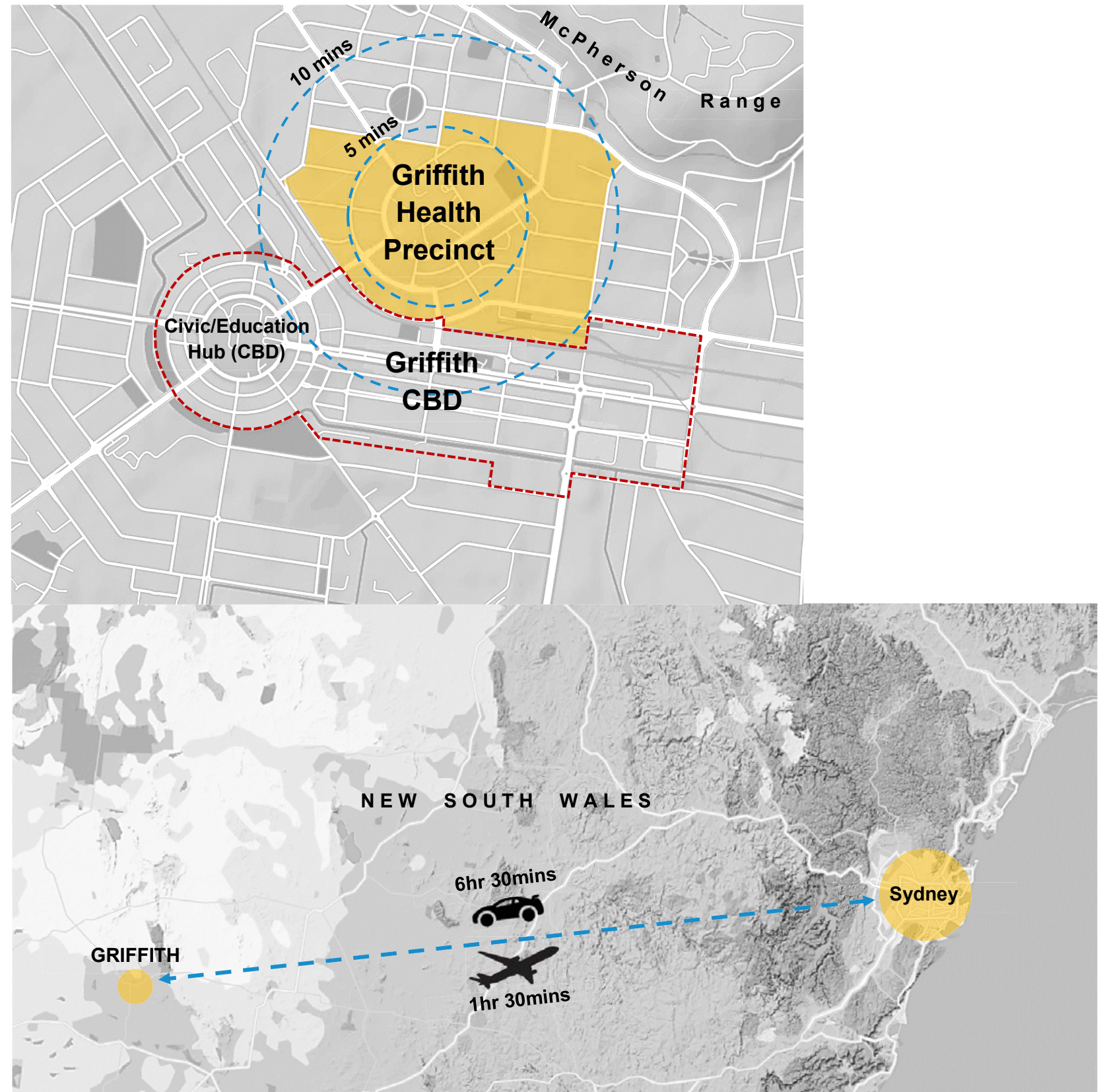
The Griffith Health Precinct sits to the north of the CBD on the rising land below the McPherson Range. The centre of the precinct is about a 10 minute walk to the CBD and Civic/Educational Hub (refer diagrams opposite). The Health Precinct is also separated from these two adjacent precincts by a railway line increasing the sense of isolation.

4.2.2 Climate

Griffith has a semi-arid climate with hot summers and cool to cold winters. It has a surprisingly uniform rainfall spread across the year with an average of about 33mm per month. Daily maximum temperatures can range up to 46C in summer down to daytime lows of 3.5C in mid-winter.

Master Planning Implications

- Explore ways to improve the connectivity and legibility between the Health Precinct and the adjacent CBD and Civic/Educational Hub
- Ensure any streetscaping treatments include improved weather protection such as shade and shelter on key pedestrian connections
- Incorporate passive climate control techniques in the master planning, such as building orientation and biophilic design techniques, to reduce building heat load and heat island effects



4.2.3 Griffith Health Precinct

The Griffith Health Precinct is a 95 Ha area immediately north of the Griffith CBD, with the main connection points between the two precincts being via Koorngal Avenue and Anzac Street/Burrell Place (refer to diagram adjacent).

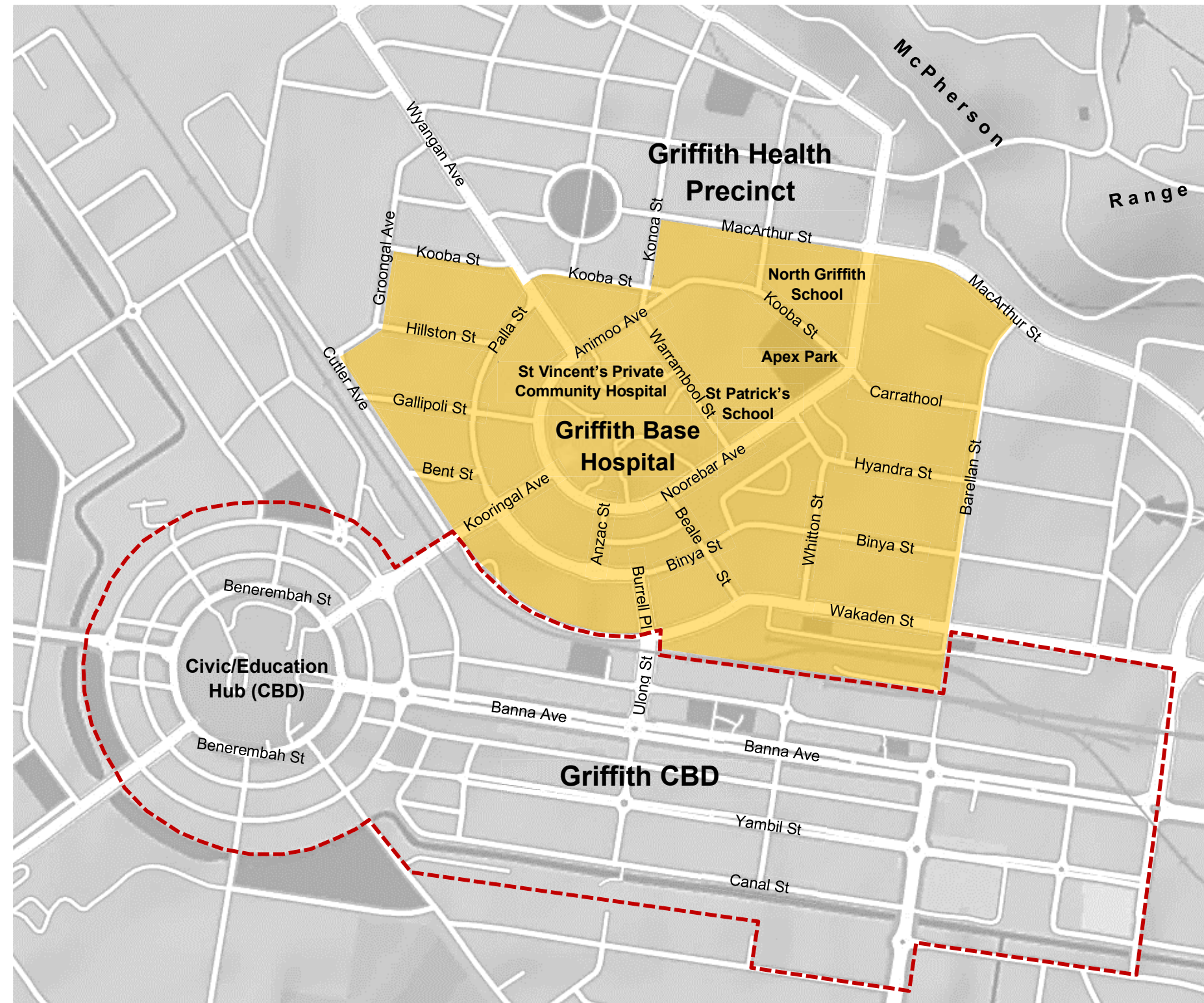
The road network retains the circular urban form of the Griffin Plan (refer to Section 3.3.2) which centres on the location of the Griffith Base Hospital, St Vincent's Private Community Hospital, St Patrick's School, the North Griffith Public Primary School and Apex Park.

The Griffith Medical Specialist Centre and the Your Health Medical Centre are located south of the hospital precinct and there is a range of other health and allied health facilities close to the hospitals within the Health Precinct.

The University of NSW has its Rural Clinical School within the Health Precinct on Noorebar Avenue and TAFE NSW is located in the Civic/Education hub.

Master Planning Implications

- Explore ways to improve the connectivity and legibility between the Health Precinct and the adjacent CBD and Civic/Educational Hub along Koorngal Ave and the Burrell Pl/Anzac St connection
- Improve pedestrian and bicycle connectivity between related facilities within the Health Precinct
- Ensure the availability suitable development land adjacent to the central hospital precinct



4.3 Urban Form

4.3.1 Topography

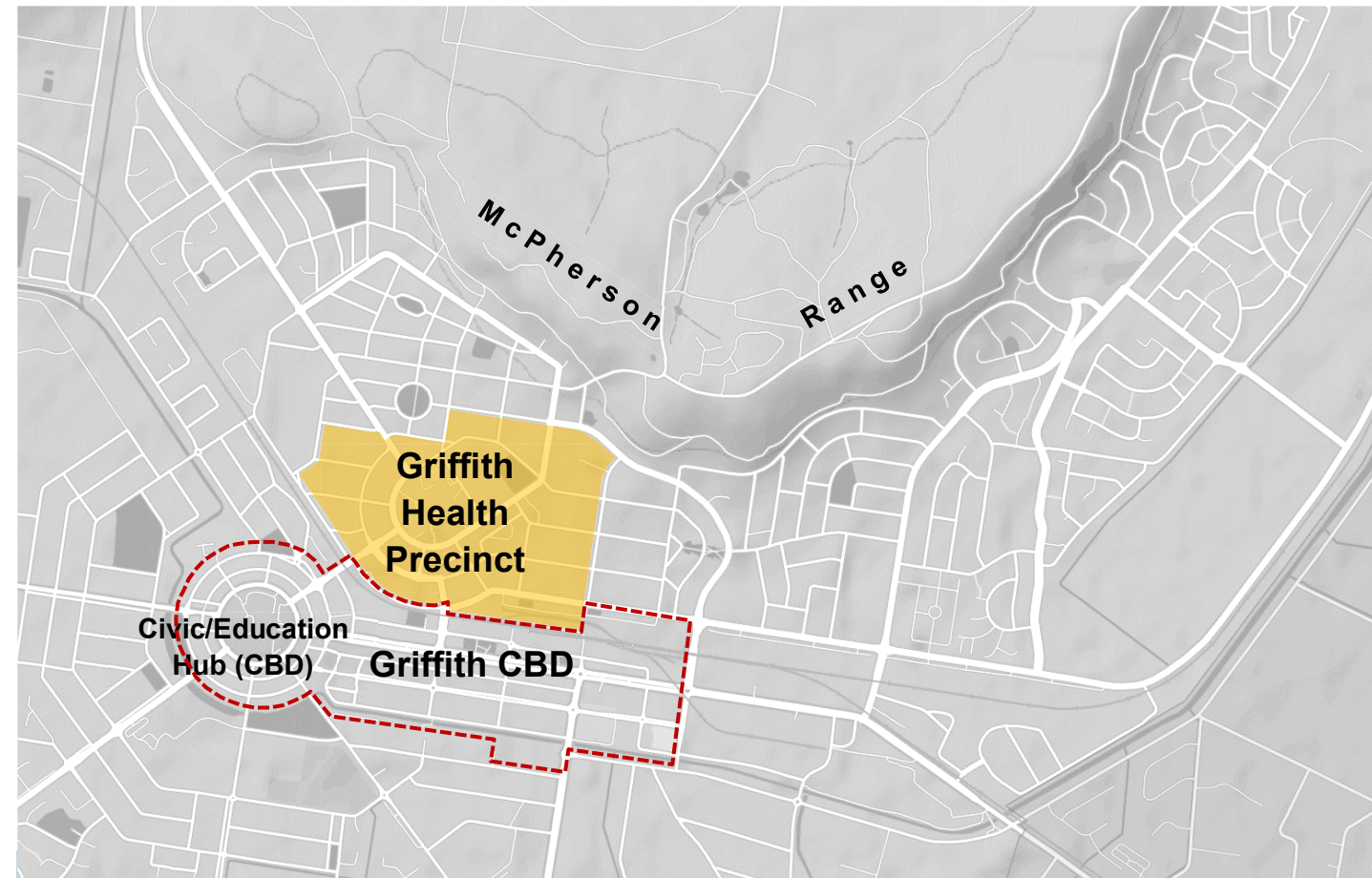
The primary topographic feature adjacent to the City of Griffith is the McPherson Range rising to a maximum height of approximately 200m AHD or about 70m above the Griffith CBD at 130m AHD.

The centre of the Health Precinct is at approximately 145m AHD making it about 15m above the Griffith CBD with the northern edge of the Health Precinct sitting at 155m AHD or 25m above the CBD.

The land within the Health Precinct has a grade ranging from approximately 1:80 to 1:40.

Master Planning Implications

- The topography across the Griffith Health Precinct should not present a significant barrier to the master planning task
- While the site grades are within acceptable limits for normal walking it may be necessary to incorporate rest spots, grade management and shade in parts of the master plan for those with a disability.
- Explore opportunities to take advantage of topography to enhance vistas and distant views



View of Griffith Town Centre from McPherson Range

4.3.2 Griffin Town Planning Heritage

Like the Australian capital, Canberra, the town of Griffith was designed by Walter Burley Griffin and Marion Mahony Griffin in 1914.

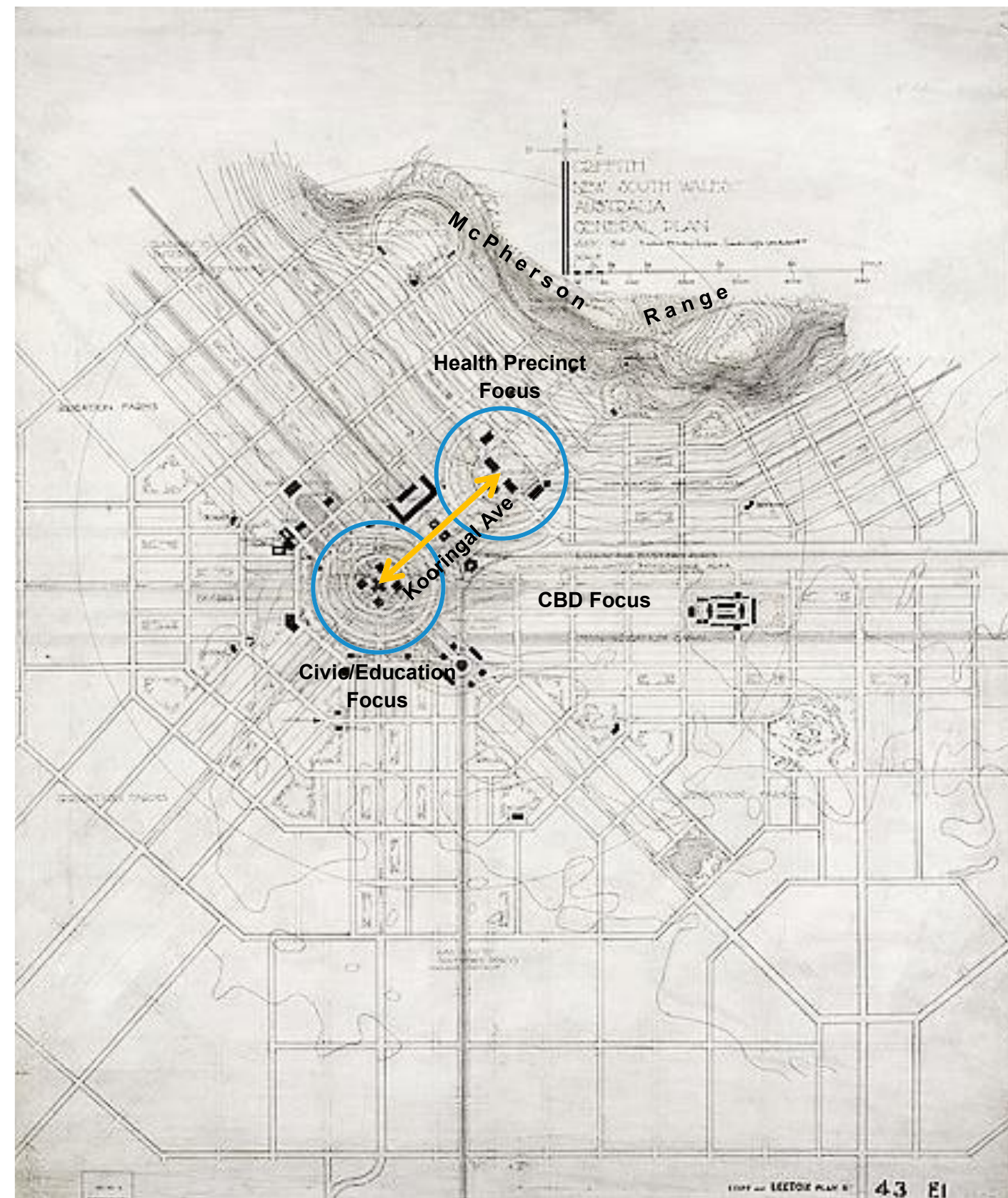
Echoing the strong geometry of Canberra, the Griffith Town Plan is based on a large octagonal form which is deformed within its NE quadrant allowing the town to nestle in against the rising topography of the McPherson Range.

The Griffith Health Precinct is anchored by the public and private hospitals which sit within the original circular road layout of the Griffins' Town Plan and acts as a counterpoint to the circular road form of the Griffith civic and educational hub (both forms still remnant today) and linked together by the formal Koorringal Avenue (refer to Griffith Town Plan opposite).

The current street layout connection between the Health Precinct and the heart of CBD is somewhat circuitous and indirect in the context of the bold geometry of the Griffin Town Plan. Making this legible and convenient will be required.

Master Planning Implications

- Respect and enhance the urban form and layout geometry of the Griffin Town Plan
- Explore opportunities to reinforce the primary Griffin Town Plan avenues with streetscape treatments and planting
- Establish clarity and legibility in the pedestrian and vehicular connection between the Health Precinct and the CBD



Griffith Town Plan, Walter Burley Griffin and Marion Mahony Griffin, 1914

4.3.3 Built Form

Most of the buildings within the Health Precinct boundaries are privately held, single storey dwellings (circa 20's to 50's) on traditional 1000m² individual residential titles, with more recent individual, single residences dotted through the area and sitting within wide road easements with a limited number of street trees (Refer to Section.3.3.5 Character Assessment).

More recent, higher density, single storey unit developments have occurred, particularly on the southern edge of the precinct close to the CBD and adjacent to the recent supermarket development.

Larger footprint buildings occur across the hospital zone (Griffith Base Hospital and St Vincent's Private Community Hospital), within land areas owned by the Anglican and Catholic Diocese, within the school areas (St Patrick's and North Griffith schools) and for specialised health and allied health developments.

The largest building within the Health Precinct will be the new, 3-4 storey Griffith Base Hospital which will set the scale and built form quality benchmark for subsequent surrounding developments (Refer also to Section 2.3)

Master Planning Implications

- Market based, and possibly government sponsored, site amalgamation and development site assembly will be required to support the larger developments required to grow the precinct
- Care will be required to manage the scale of larger developments particularly where they sit close to important heritage or character-based buildings and streetscape environments



4.3.4 Open Space and Street Tree Network

Parks

The precinct has two relatively small designated public parks. The Circle sits on the northern edge of the precinct, has an informal landscape and a playground. Apex Park is on the corner of Kooba St and Noorebar Avenue and serves primarily as adjunct open space for the Griffith North Public School with a small oval, netball rings and a playground. Danny Piccoli Park on the western edge of the Health Precinct provides a large area of sports ovals.

Street Trees

Despite the formal street layout provided by the Griffin plan and some small and limited stands of existing significant street trees, generally the street tree system is patchy, inconsistent and lacking structure at best and non-existent at worst (Refer also to Section 3.3.5 Character Assessment).

Remnant Vegetation

There is one small patch of remnant vegetation within the precinct on the corner of Binya Street and Koorungal Avenue comprising seven native trees.

Master Planning Implications

- Explore opportunities to improve existing parks and provide additional public open space where possible
- Establish an appropriate precinct wide street tree program as part of the Master Plan to reinforce the Griffin street layout and improve street amenity
- Integrate remnant vegetation within a formal street tree program



4.3.5 Character Assessment – Key Streets

SUB-ARTERIAL PRECINCT ACCESS – Koorungal Avenue

Koorungal Avenue is a primary access corridor within the original Griffin Plan and sits within a wide road easement. In its current form, it lacks the tree lined character intended within the Griffin Plan with inconsistent planting, while having isolated stands of significant trees and some remnant vegetation. The built form, which varies in presentation, scale, character and quality, is set well back from the road.

There are significant opportunities to create a grand boulevard gateway into the Health Precinct.



Koorungal Avenue looking NE



Koorungal Avenue looking SW



COLLECTOR PRECINCT ACCESS – Noorebar Avenue

Noorebar Avenue, like Animoo Avenue is a primary access road around the hospitals area and sits within a wide road easement. In its current form, it lacks the tree lined character intended within the Griffin Plan with inconsistent planting, while having isolated larger trees. The built form, which varies in presentation, scale, character because of varied land use, is set well back from the road.

There are significant opportunities to improve streetscape and pedestrian amenity and build consistent character.



Noorebar Avenue looking NE



Noorebar Avenue looking SW



SUB-ARTERIAL RESIDENTIAL – Palla Street

Palla Street is a primary access corridor through the precinct connecting to expanding northern suburbs and allowing large heavy vehicles. In its current form, it provides a tree lined character in isolated areas on the eastern edge but lacks a consistent character. The built form is predominantly single storey residential, which varies in presentation, scale, character and quality, and is set well back from the road.

There are significant opportunities to improve pedestrian and streetscape amenity and divert heavy vehicles.



Palla Street looking N



Palla Street looking S



**CBD-PRECINCT ACCESS –
Anzac Street**

Anzac Street is a primary access corridor (with Binya Street and Burrell Place) from the Health Precinct into the CBD. The existing limited prunus street tree planting provides an inappropriate streetscape, particularly in the context of the heritage setting of the Anglican Cathedral. Other built form elements do not complement this setting.

There are significant opportunities to improve navigation and streetscape amenity and create an important pedestrian gateway into the Health Precinct.



Anzac Street looking N



Anzac Street looking S



**CBD-PRECINCT ACCESS –
Burrell Place**

Burrell Place is a primary access corridor (with Binya Street and Anzac Street) from the Health Precinct into the CBD. There are good stands of jacaranda trees on both sides of the street and the tree-lined appearance will improve over time. The existing supermarket is appropriate (increasing residential and worker numbers) but the motor outlet is inconsistent with this direction.

There are significant opportunities to improve navigation and streetscape amenity and create an important pedestrian gateway into the Health Precinct.



Burrell Place looking N



Burrell Place looking S



**TYPICAL RESIDENTIAL STREET –
Gallipoli Street**

Gallipoli Street is a residential street typical of those parts of the Health Precinct that are likely to remain low density, single storey residential areas. In its current form, there are isolated and grouped areas of substantial street trees but it lacks the tree lined character intended within the Griffin Plan. The built form, which varies in presentation, scale, character and quality, is set well back from the road.

There are significant opportunities to improve pedestrian and streetscape amenity.



Gallipoli Street looking E



Gallipoli Street looking W



4.3.6 Heritage

The LEP Heritage Items map is shown opposite. The following items are situated within the bounds of the Health Precinct:

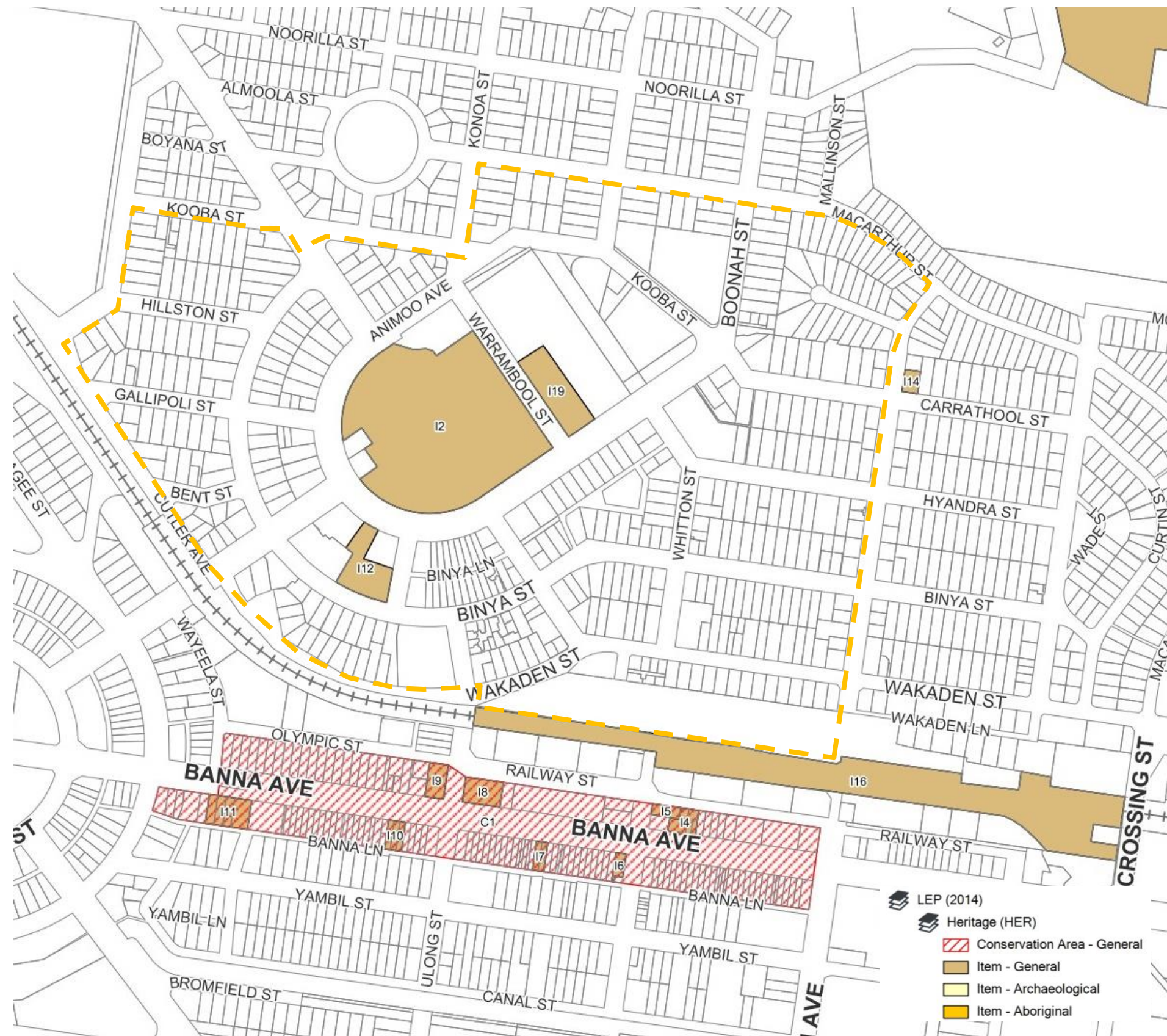
- Item 12: Former Matron's House and Nurses' Quarters at Base Hospital (it is understood this may be impacted by the proposed redevelopment of the Griffith Base Hospital)
- Item 112: St Alban's Anglican Cathedral and Hall
- Item 119: Sacred Heart Catholic Church, presbytery, convent and hall

Additionally, Item 116, the former railway buildings, sits immediately adjacent to the southern boundary of the Health Precinct.

The master planning process will need to respect the identified heritage places in the way it shapes the settings adjacent to the identified items.

Master Planning Implications

- Ensure the master planning process respects the identified heritage places in the way it shapes the settings adjacent to the identified items



4.4 Road Network and Movement

4.4.1 Active Transport

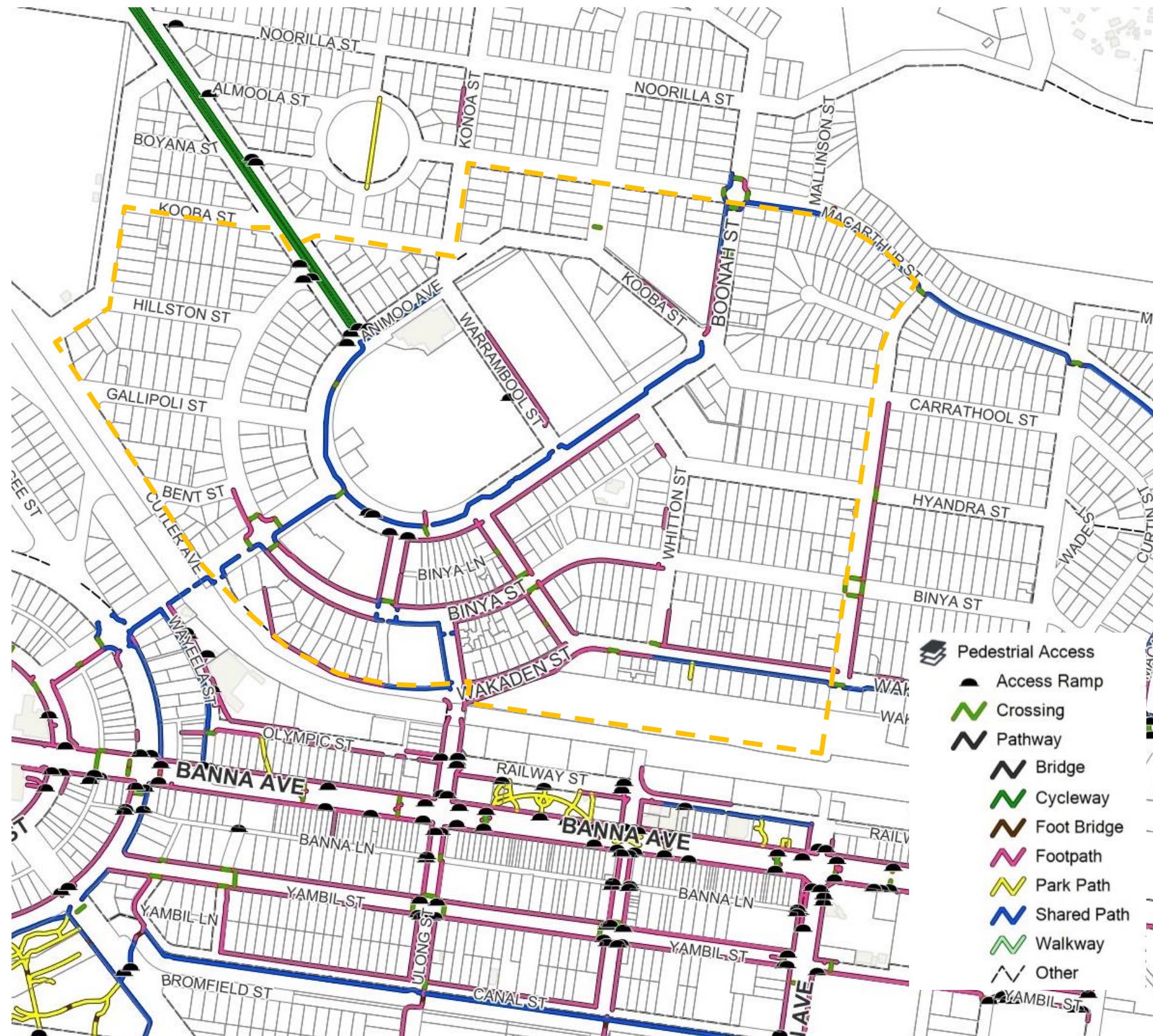
The pedestrian and bicycle access plan opposite shows the current structure of footpaths, park paths, crossings, access ramps, shared use paths and cycleways throughout the precinct. The structure is somewhat limited and discontinuous in several areas and provides limited accessibility for those with disabilities.

Council has produced an updated version of the Pedestrian and Bicycle Strategy 2021 (Section 2.2) which is recommending a revision of the current pedestrian and bicycle networks, and these will impact the precinct. These recommendations should be reflected within the Master Plan, together with other improvements recommended as part of this study.

The Griffin Plan road layout, while of a formal and circular layout that offers strong urban form to the precinct, provides a reasonable circuitous connection between the heart of the precinct at the Griffith Base Hospital through to the CBD. A more legible pedestrian access route should be explored.

Master Planning Implications

- Reflect the recommendations of the Griffith Pedestrian and Bicycle Strategy 2021
- Consider additional opportunities to improve general accessibility and pedestrian and bicycle amenity throughout the precinct
- Explore more legible pedestrian access route treatments between the Health Precinct and the CBD



4.4.2 Public Transport

The bus network plan opposite provides the structure of different bus services to and through the Health Precinct including general bus routes and school bus routes.

It shows that, because the precinct is on the way from the CBD to other parts of Griffith, the precinct is generally well serviced for precinct bus users with existing bus routes providing access to and from most parts of the precinct.

There may be opportunities to finesse the routes and bus stop locations and consider specialised local health precinct services to accommodate a growing worker and residential precinct population in response to the Master Plan recommendations.

Master Planning Implications

- Consider opportunities to finesse existing bus routes and bus stop locations in response to the Master Plan recommendations
- Explore opportunities for local precinct centric bus services to respond to the increased worker and residential populations initiated by the Master Plan



4.4.3 Road Structure

Road Hierarchy

The road hierarchy within and around the Health Precinct (as shown in the diagram upper opposite) covers arterial and sub-arterial arterial roads, collector roads and other local roads within the network.

The existing road hierarchy settings are based on existing traffic conditions. However, the growth of the Health Precinct and the planned significant growth of the northern residential suburbs, currently served by the sub-arterial running through the Health Precinct via Palla Street, have prompted Council to undertake a traffic study to ensure adequate access to the northern suburbs while not disrupting the development of the Health Precinct.

The traffic study process provided context to the master planning process.

Truck Network

The current truck network specifies a B-double truck route through the health precinct and the related residential zones (diagram lower opposite).

The maintenance of this route alignment is likely to be counter to the vision for the Health Precinct which will focus on an active, walkable mixed-use precinct with high amenity.

Opportunities should be explored to redirect B-double traffic around, rather than through, the Health Precinct.

Master Planning Implications

- Explore opportunities in the master planning process to redirect B-double traffic around, rather than through, the Health Precinct



4.5 Services Infrastructure

Water

The water distribution network diagram (opposite above) presents a comprehensive coverage of the precinct and appears to provide adequate future capacity. Augmentation may be required depending on the nature and scale of future development.

Sewer

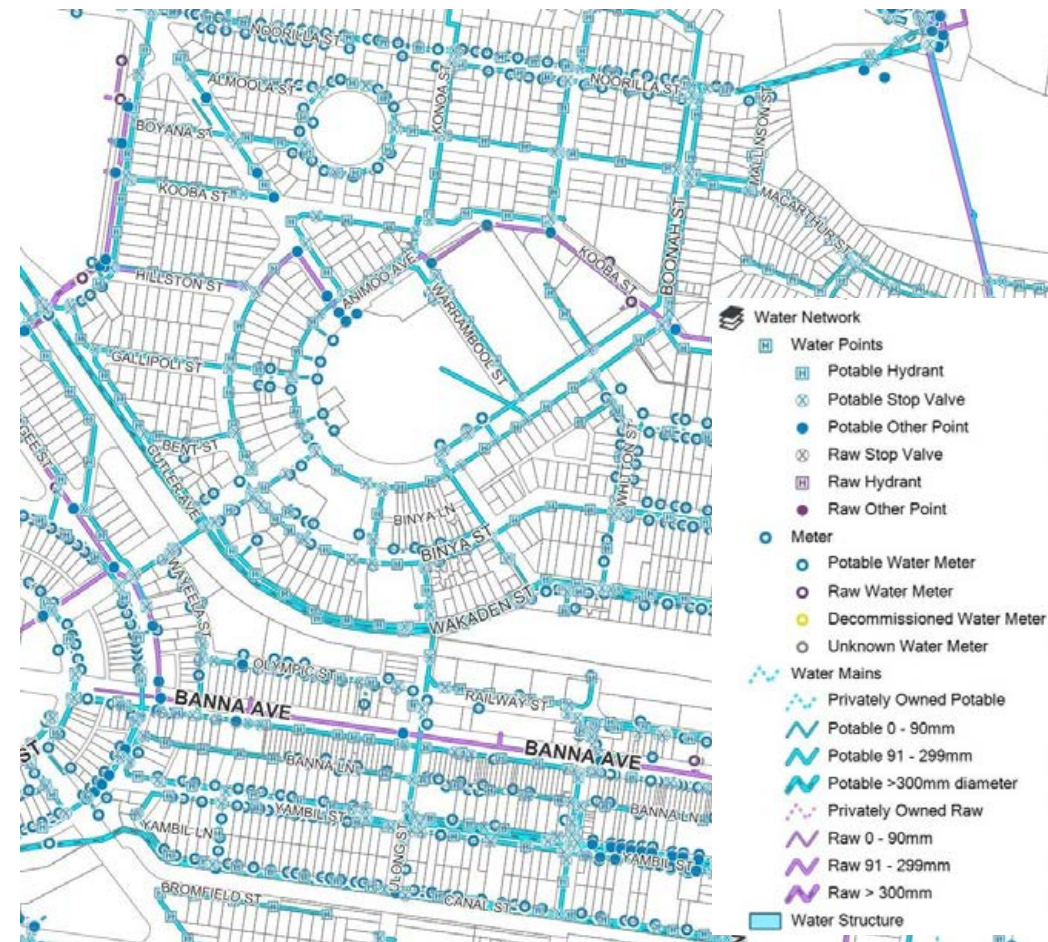
Unlike the water network, the sewer network (lower left opposite) primarily services the rear of each land title which is likely to involve some significant augmentation depending on the nature and scale of future development.

Electrical

Like the sewer network, the electrical network (lower right opposite) is accessed at the rear of most land titles. This will cause significant augmentation works where future larger developments required large, amalgamated sites.

Master Planning Implications

- The master planning process will have to rationalise the positioning and amalgamation of larger development sites to optimise the cost benefit of augmentation works (particularly electrical) for larger footprint future developments
- This may include optimising the need for full depth (road to road) and half depth development sites across the various future land use types



5. Stakeholder Engagement Sessions

Introduction

With a view to understanding specific issues, opportunities and constraints for the provision of high quality health services, increased economic growth and improved community services more generally within the Health Precinct, consultations with key precinct stakeholders were undertaken.

The aim of this consultation was to better understand existing and future planned investments and to better identify opportunities and constraints to future growth within the health precinct for social and physical infrastructure and with respect to current and future relationships between stakeholders. Consultation included the following stakeholders:

- Phil Harding, Griffith City Council
- Kelly McNicol, Griffith City Council
- Peter Badenhorst, Griffith City Council
- Graham Gordon, Griffith City Council
- Greg Balind, Griffith City Council
- Suchit Sanda, Griffith Base Hospital
- Cherie Puckett, NSW Ministry of Health
- Sonya Bull, Murrumbidgee Local Health District
- Nicolas Di Condo, NSW Health Infrastructure
- Nicky Seaby, NSW Health Infrastructure Precincts
- Gabrielle Wood, St Vincent's Private Community Hospital
- Stacey O'Hara, Griffith Aboriginal Medical Service
- Prof Tara Mackenzie, UNSW Rural Clinical School
- Tony Jordan, UNSW Rural Clinical School
- Christine Howard, Charles Sturt University (Three Rivers UDRH)
- Jodie Ashcroft, TAFE Griffith
- Susan Bourne, Principal Griffith North Public School
- Bp Mark Edwards OMI, Wagga Wagga Catholic Diocese
- Father Andrew Grace, Griffith Sacred Heart Church
- Michael Morrell, Principal St Patrick's School
- Anthony Smith, Wagga Wagga Diocese Education
- Bp Donald Kirk, Anglican Riverina Diocese
- The Very Rev'd Thomas Leslie, St Alban the Martyr Anglican Cathedral
- Louise Potter, Anglican Riverina Diocese
- Lyn Cathcart, Griffith Salvation Army

Meetings were sought with the following organisations but were not able to be organised:

- Your Health Griffith
- Griffith Medical Centre
- Advanced Rehabilitation Management Service
- Griffith Local Aboriginal Land Council
- Transport for New South Wales
- Hyandra Village

The key issues, constraints and opportunities raised at the engagement sessions are grouped under the following headings.

Hospital Services

- The Griffith Base Hospital will significantly increase the scale and diversity of public hospital-based services for the Griffith community and also serving the far west of NSW
- The planning provides for future expansion zones to cover long term growth and will take stress off the Wagga Wagga Base Hospital
- The improved technology will mean the Base Hospital will be the 'home of virtual care'
- Most of the Base Hospital staff are local. Housing and accommodation shortages are significant issues for attraction and retention of staff
- St Vincent's Private Community hospital provides an important service for private patients with a focus on day surgery and overnight stay
- St Vincent's relies significantly on fly-in/fly-out specialists and locum doctors – the limited short-term accommodation options and limited flights are a significant operational issue and discourage potential hospital staff
- Both hospitals have strong physical and operational linkages to the Murrumbidgee Clinical Teaching and Learning Centre on site

Specialists, GP's and Allied Health

- Most medical specialists serving Griffith operate from external locations – waiting lists tend to be long

- There are several general practitioner medical services operating within Griffith, some within the Health Precinct, and some offering augmented allied health services
- There is a limited range of allied health services operating in Griffith such as speech therapy, dietetics, psychology, drug and alcohol service, physio etc
- The public and private hospitals offer internal allied health services and partner with external practitioners to provide patient care

Griffith Aboriginal Medical Service

- GAMS provides a general practice of 5 doctors and 4 nurses and including dental services
- Additionally, a broad range of specialist and allied health services are provided by visiting and consulting practitioners
- GAMS partners with the hospitals on emergency and some specialist services
- Partnering with the tertiary sector relates to the placement of doctors and nurses and some research programs
- Research programs where research findings are shared and have practical application are preferred
- Growth for GAMS is likely to apply to the aged care area as life expectancy improvements within Aboriginal communities driving demand
- The current site facilities are land locked and growth has seen the loss of some community facilities like a gym – an alternative location would allow the inclusion of these types of facilities – funding models could constraint growth of services
- A future new location within the Health Precinct would be considered as well as being a partner in a shared facilities development
- Rental accommodation is in short supply very expensive and is a disincentive to attracting and retaining staff
- Short term accommodation for visiting practitioners can be managed with long term planned bookings
- Affordable housing opportunities are limited – partnering on such programs, particularly covering specific aboriginal needs would be considered
- Public transport frequency to some locations constrains health services access for some Aboriginal communities

- Success factors would include 'Closing the Gap' outcomes relating to health and wellbeing as well as meaningful training and job opportunities for Aboriginal communities

Health Infrastructure Precincts NSW

- Health NSW has established a Health Precincts team which is developing policies to guide the planning and implementation of Health Precincts
- Two types are proposed, Health Innovation Precincts (anchored by large scale health infrastructure with diverse range of education and research facilities) and Health and Community Precincts (anchored by health infrastructure and co-located with other related services and community organisations) which is similar to Griffith situation
- The policy focus is to Improve Innovation Outcomes, Increase Partnerships and Investment and To Deliver Productive, Sustainable and Liveable Communities
- The policy framework is built on a place-based approach

Housing and Accommodation

- Significant supply shortage issues with short term accommodation (hotels and motels) impacting heavily on the fly-in and fly-out health professionals essential to the delivery of health services in Griffith and also effects other industries
- Rental accommodation shortages impacting health staff and provides a disincentive for prospective new staff
- Housing shortages are also impacting the home buyer market resulting in relatively high prices and reducing affordability and acting as a further disincentive for health and educational staff moving to Griffith
- The diversity of housing models is also limited
- There are a range of single storey independent living, retirement village units provided within the precinct but no aged-care options of partial or full care
- A number of stakeholders suggested there would be demand for more independent living units and aged care facilities given the likely growth in health and allied health services and a diversification of other services as part of the Health Precinct concept
- Some tertiary education organisations provide short term rental accommodation linked to student placements to increase accommodation opportunities, but these tend to be

limited in scale and fully pre-committed. Student housing remains a significant issue for some institutions

- Crisis short term accommodation opportunities are provided in the precinct, but these tend to be locked up with longer term renters because longer term transitional housing is limited in scale and over committed

Access and Parking

- The local schools within the precinct have significant concerns regarding the safety of the on-street school drop-off and pick-up facilities – inadequate quality, design, capacity and children's crossing safety
- There are also concerns regarding the capacity of on-street parking and particularly the loss of parking with the introduction of improved crossings and drop-off and pick-up facilities
- A number of stakeholders expect parking issue to increase with the new hospital and the growth of the Health Precinct
- Heavy vehicle traffic within the vicinity of schools within and just outside the precinct is also a concern

Tertiary Education and Research

- NSW Rural Clinical School has several learning and placement programs centred on Griffith which includes a gateway entry program to encourage local students – school provides some student accommodation but other accommodation opportunities very limited
- Charles Sturt – 3 Rivers UDRH focusses primarily on supporting and arranging student placements and student accommodation services – retention of placement students significantly affected by accommodation opportunities
- TAFE currently expanding remote learning opportunities and bringing digital products to Griffith – they have capacity to expand and would be keen to have a presence in the Health Precinct
- Griffith is the largest regional town without a major university campus – expansion opportunities might include a 'shared campus' concept with shared and bespoke facilities
- Providing a range of Griffith based tertiary education options will help significantly in the recruitment and retention of Griffith based professionals
- Generally, neither the hospitals nor the tertiary sector conducts a significant level of research within Griffith but all

related stakeholders saw opportunities to expand this particularly around key specialisations and issues within the region – virtual care strategies, Aboriginal health and wellbeing, remote learning technology, rural and remote health care etc.

- All tertiary stakeholders saw opportunities in partnering on common and shared facilities – teaching, research, conference etc. TAFE keen to promote this opportunity

Strategic Partnering

- Strategic partnering is critical to the delivering diverse and robust health and allied health services in regional and remote locations such as Griffith and far west NSW
- Griffith Base Hospital and St Vincent's Private Community Hospital provide two-way strategic partnering on a number of fronts, and both also partner with regional and Sydney based hospitals
- Public-Private hospital partnering is partially constrained by differing operating systems and policy models – better defining respective roles and managing partnering interfaces will improve partnering opportunities
- Both hospitals have strategic partnerships with several local, regional and eastern seaboard based tertiary institutions and a range of medical practices, specialists, allied health services and community services
- Most stakeholders saw opportunities to strengthen and expand strategic partnerships

Community Focus and Shared Facilities

- Most stakeholders expressed the view that the future development of the precinct should focus on health and community outcomes not just health outcomes
- This might include better engagement between the community and health professionals, improved accommodation and living options and shared community facilities that would provide resources, meeting rooms and drop-in facilities in a community hub environment
- The Health Precinct should be inviting, inclusive, representative, diverse and welcoming
- Providing improved opportunities for young people was seen as critical.

Place Making

- NSW Health Infrastructure has developed a draft Health Precincts Strategy that recommends a 'place-based approach' in master planning projects
- Many stakeholders saw significant opportunities to improve the place qualities within the precinct, including streets and parks, while protecting and enhancing the unique character of the area
- New built form, with the new Griffith Base Hospital being an important reference point, needed to respect and enhance local amenity
- Some stakeholders saw opportunities to further interpret enhance and strengthen the heritage features of the Griffin Plan in any new place making strategies
- Most stakeholders saw opportunities to provide a modest improvement in local retail services (cafes, commercial facilities, childcare, gym etc.) to serve an expanded precinct-based worker and residential population, particularly where linked to community hub facilities but while not impacting with the Griffith CBD sustainability

Future Growth

- The Base Hospital redevelopment will cater for foreseeable growth and there is further site capacity for staged long term growth
- Most stakeholders saw growth capacity based on population growth and growth triggered by the Base Hospital expansion
- All stakeholders had future growth expectations linked to their core services goals and strategies
- Growth opportunities tied to accommodation and housing, aged care and aged housing were seen as strong by many stakeholders
- Targeted funding opportunities and tailored public/private partnerships recognising the shared needs of the partners, were seen as critical

Future Success Factors

- Integration of services to provide a continuity of care for patients across agencies and services – exceptional health outcomes – one stop location for integrated services

- People provided choices and opportunities to lead fuller lives – 'no one falls between the cracks' – building wellbeing
- 'Closing the Gap' outcomes relating to Aboriginal health and wellbeing as well as meaningful training and job opportunities for Aboriginal communities
- The community 'owns' the precinct and has a 'sense of pride' and advocates for the precinct – skilling opportunities for the local community – services supported by a network of dedicated volunteers
- A precinct that welcomes people in – a community-based precinct – a community focus and meeting point – young people focus – community drop in facilities and meeting places
- Strong and enduring strategic partnerships built on shared systems and services integration, shared technologies, resources and excellent facilities – partnering and integration across hospital services, education, research, specialist and general medicine, social and community services
- Smart precinct built on technology and specialisations in telehealth, virtual care and remote learning (VR and AR)
- Broad range of adjunct services – childcare, cafés, meeting places, fitness, before and after school learning
- Attracting and retaining exceptional staff, students, specialists and an increasing local population – sustaining stability and opportunity – creating an attractive lifestyle focus
- Safe and accessible places – strong linkages to the CBD
- Attractive place making, a vibrant precinct with high quality amenity
- Broad range of housing and accommodation options and choices helping attract and retain people in the community and support the precinct
- Strengthened Griffin Plan



6. Benchmarking

Introduction

This section presents the lessons learned and master planning implications of a number of recent health precinct studies that provide master planning benchmarks relevant to the urban design task.

The studies include:

- Te Papa Hauora Health Precinct Master Plan, Christchurch 2015
- Ballarat Health, Knowledge and Living City Precinct Master Plan, 2018
- Port Macquarie Health & Education Precinct, 2019
- Wagga Wagga Health and Knowledge Precinct Master Plan, 2019
- Wantirna Health Precinct Master Plan, Knox City 2020

The presentation format provides a summary of the master planning implications of each specific master planning study.



Te Papa Hauora Health Precinct Master Plan, Christchurch NZ, 2015

Master Planning Implications

Context

- Leverages the redevelopment of the Christchurch hospital to drive growth
- Builds on, and contributes to, the rebuilding of the Christchurch CBD and its growth opportunities

People and Community Focus

- Provides a new and vibrant city destination for students, workers and the broader community
- Welcomes the community into and through the precinct

Strategic Partnerships

- Fosters synergies between organisations and enable them to build critical mass

Placemaking

- Activates the street environment with cafes and improved pedestrian environment
- Engages with the adjacent Avon River/Otakaro

Diverse Mixed-Use Outcomes

- Links with a diverse range of new inner city residential opportunities and mixed-use developments

Innovation, Research and Technology

- Increases research and development activity by both universities and the private sector
- Specialises in innovation in models of health care, particularly primary care



Ballarat Health, Knowledge and Living City Precinct Master Plan, 2018

Master Planning Implications

Context

- Leverages clustered public health facilities within the CBD to drive growth
- Builds on and contributes the redevelopment of Bathurst CBD

People and Community Focus

- Focuses on the co-location of community and commercial facilities to increase social capital

Strategic Partnerships

- Fosters cross-sector strategic partnerships between the health and tertiary education sectors

Placemaking

- Creates a 'sense of place' by providing active, interesting and welcoming streets
- Shapes a heart or civic focus in the immediate area surrounding the Ballarat Base Hospital

Diverse Mixed-Use Outcomes

- Encourages mixed-use residential-health/residential-commercial
- Creates a mixed-use Precinct that offers opportunities to provide a variety of local destinations

Innovation, Research and Technology

- Develops an Integrated Research Hub to support collaborative research activity between the medical and education sectors



Port Macquarie Health & Education Precinct, 2019

Master Planning Implications

Context

- Leverages the growth of the Base Hospital and the University of Newcastle to develop a health education and mixed-use precinct

People and Community Focus

- A social hub, an attractive centre for opportunity
- Active and alive day and night - safe, welcoming, accepting

Strategic Partnerships

- Fosters strategic partnerships between the health and tertiary education sectors

Placemaking

- Flexible spaces where things happen spontaneously
- An exemplar for the sustainable co-location of nature, community and business
- Creates a pedestrian spine is the centrepiece of the master plan linking key activities and community and retails facilities

Diverse Mixed-Use Outcomes

- A mix of workplaces, community places, play places, living places

Innovation, Research and Technology

- Creating an economic powerhouse fostering research and innovation
- Fostering an interactive and collaborative setting



Wagga Wagga Health and Knowledge Precinct Master Plan, 2019

Master Planning Implications

Context

- Leverages the redevelopment of Wagga Wagga Base Hospital to drive growth
- Faces similar Riverina based issues and opportunities to Griffith and collaborates with Griffith Base Hospital on health service delivery

People and Community Focus

- Provides a significant and diverse community focal point providing a diverse range of health, wellbeing, aged care educational, residential, accommodation and job opportunities

Strategic Partnerships and Governance

- Precinct is built a range of cross-sector strategic partnerships
- Precinct governance arrangements in place

Placemaking

- Placemaking strategies are focussed on sustainability, built form, streetscaping, parks and biophilic design principles

Diverse Mixed-Use Outcomes

- Includes a precinct focal point with retail, commercial and community facilities
- Broad range of accommodation, housing, education and aged care opportunities

Innovation, Research and Technology

- Wagga Wagga Innovation Hub is being developed
- Medical/Tertiary Education strategic partnerships and local specialities drive research



Wantirna Health Precinct Master Plan, Knox City 2020

Master Planning Implications

Context

- Leverages the development of a major new public hospital to drive growth
- Establishes a new health precinct serving Melbourne's eastern region

People and Community Focus

- Creates a health and wellbeing environment that welcomes patients, workers, visitors and residents at all times of the day and night
- A place that is active both day and night with vibrant, safe streets and public spaces

Strategic Partnerships

- Fosters strategic partnerships between the health, research and tertiary education sectors to enable innovative outcomes

Placemaking

- Provides a green, park-like environment that connects people to nature, open space and water, and provides broader connections to the Dandenong Valley Parklands/Creek corridor

Diverse Mixed-Use Outcomes

- Creates a mixed-use community through a diversity of curated and co-located land uses including health, education, commercial, retail, residential and community uses

Innovation, Research and Technology

- Incorporates complementary health, research, education and innovation facilities

7. Gap Analysis

Introduction

A gap analysis is a strategic process that can be used in a range of different situations, scenarios and applications and helps compare the current, real-world situation with preferred ideal goals and then identify the strategies and tasks required to overcome identified obstacles and then achieve the preferred goals.

The gap analysis developed for this master planning project draws on the strategic analysis, site analysis, stakeholder engagement and benchmarking analysis described earlier in the report and structures the analysis findings under the following headings (with no priority order):

- Health Service Delivery
- Aboriginal Health Services
- Place Making and Curation
- Collaboration, Coordination and Governance Models
- Housing and Accommodation
- Growth Expectations
- Community Focus and Facilities
- Tertiary Education, Innovation and Research
- Aged Care and Living
- Access and Parking
- Services Infrastructure
- Statutory Planning Framework

Pinpointing preferred goals, understanding the current situation and identifying likely obstacles, structures the planning of key strategies to achieve those goals.

The Potential Mitigation Strategies that are developed as part of this analysis inform the diagrammatic expression of the concepts developed in the Constraints and Opportunities section that follows.



Courtesy Djrd Architects

Griffith Health Precinct Master Plan – Gap Analysis

Analysis Parameters	Current State (From)	Potential Future State (To)	Gaps	Potential Mitigation Measures
Health Services Delivery				
Improving delivery model interfaces to improve strategic partnering	Differing delivery model principles between public and private health providers	Seamless interfacing between delivery models to optimise delivery partnerships	Differing delivery models can act as operational barriers for strategic delivery partners	Acknowledging the differences that cause partnering barriers and explore different interface overlays to overcome barriers and improve partnering and patient service delivery
Providing commercial office accommodation to support the future growth of health and allied health professionals	The current commercial office accommodation within the Precinct is unlikely to meet demand over the longer term	Adequate commercial office accommodation located close to the Base Hospital providing a key focus for the community seeking health and allied health services	Lack of suitably located larger scale development sites	Identify suitable development sites for larger scale specialist and medical and allied health facilities close to the Base Hospital
Aboriginal Health Services				
Long term accommodation	Current Medical Centre facilities are site land-locked which constrains preferred service delivery components and future growth	The provision a full service medical and health facility within the Health Precinct and providing a growth path	Medical Centre area constraints create growth and service limitations	Identifying suitable long-term accommodation within the Health Precinct improving service levels and inter-facility collaboration
Place Making & Curation				
Fulfilling the urban design promise of the Griffin Plan	Public realm streetscaping treatments are inconsistent, intermittent and weaken the legibility of the Griffin Plan urban form vision	A unified streetscape strategy for the Health Precinct and adjacent areas that celebrates the Griffin Plan vision	The lack of a unified streetscape strategy for the precinct	Develop a unified streetscaping strategy for the Health Precinct, consistent with Council's guidelines and informed by the Griffin Plan vision
Creating an attractive, consistent, safe, convenient and comfortable pedestrian environment of high amenity	The pedestrian environment lacks continuity regarding tree shade, paving quality, navigation systems pause spots, shelter in high use areas and street-crossing locations	A consistent, safe, attractive, comfortable and easily navigated pedestrian environment within the Health Precinct	A lack of continuity and amenity in key elements of the pedestrian environment	Develop pedestrian environment design principles as part of a unified streetscaping strategy for the Health Precinct
Creating an active, safe and accessible public space focal point for the Health Precinct that reinforces the Griffin Plan's urban form	The pedestrian route between the Base Hospital and the CBD is indirect and there is no active public space within the Health Precinct that could act as a focal point	A new activated public space that acts as a new community focal point, reinforces the Griffin Plan urban form and improves pedestrian accessibility and navigability between the Hospital and the CBD	The lack of a public space focal point within the Health Precinct and poor accessibility between the Precinct and the CBD	Establish a new activated urban open space focal point within the Precinct between the Hospital and the CBD on a Griffin Plan radial alignment
Improving the diversity, usability and activation of open space within the Health Precinct built on biophilic principles	Existing open space within the Health Precinct, while playing an important role, particularly for the public school, lacks appropriate design treatments and facility development	Precinct based open space that is attractive, purpose driven, biophilic and serving the needs of the Precinct and the community	A lack of a clear open space strategy and design focus within the Precinct	Develop a high-level open space strategy for the Health Precinct based on biophilic principles and meeting stakeholder and community needs
Improving place curation	Most of the open space within the Precinct is focused on casual community use	An open space design approach and design features that facilitates rapid program overlays for Precinct led stakeholder and community events	The lack of opportunity to make more purposeful use of Precinct based open space for events	A precinct and community based events program within the Health Precinct supported by new and upgraded open spaces

Analysis Parameters	Current State (From)	Potential Future State (To)	Gaps	Potential Mitigation Measures
Integrating precinct wide sustainability and smart place principles	The Precinct is generally supported by traditional public realm infrastructure	A public realm network that uses smart technologies and sustainability principles to improve amenity, safety, resource use and asset management	The lack of the application of smart technologies and sustainable infrastructure within the precinct	Develop high-level principles to guide the trial use of smart and sustainable technologies within the Health Precinct
Collaboration and Governance Models				
Fostering strategic partnerships and collaboration	The Precinct operates strong cross-sector and intra-sector delivery partnerships and some intra-sector collaborative forums	A Health Precinct underpinned by deep and robust cross-sector strategic partnerships and collaborative models driving service excellence and innovation	Broad-based, cross-sector strategic partnerships and collaboration	An agreed Precinct based cross-sector strategic partnership and collaboration model based on shared goals and ambitions
Building precinct-based governance	Governance is generally organisationally based	Health Precinct strategic focus and co-ordination delivered through representative cross-sector governance	Whole of Precinct governance	An agreed Precinct based cross-sector governance model with broad representation
Housing and Accommodation				
Balancing emergency short term accommodation supply and demand	The limited emergency housing provided by stakeholder precincts gets locked up with longer term users because of the general lack of housing for the homeless	Key Precinct Stakeholders can create improved emergency housing opportunities	Lack of accessibility to emergency housing provided by Health Precinct stakeholders	Deliver additional emergency accommodation
Growing affordable housing opportunities and improving housing choice and diversity	The current Housing Strategy documents the acute lack of affordable housing opportunities in Griffith	The redevelopment of the Health Precinct provides a broad range of affordable housing options increasing the local population and the activation of the Precinct	Insufficient opportunities for affordable housing close to the CBD	Affordable and attainable housing options become a key focus of the redevelopment of the Health Precinct. Consider social housing options to improve in-precinct worker housing
Expanding short term accommodation choice and availability	A chronic lack of short term accommodation within Griffith, close to the CBD and the Health Precinct	The redevelopment of the Health Precinct provides expanded short term accommodation options increasing the activation of the Precinct	Insufficient opportunities for short term accommodation close to the CBD and Health Precinct	Well located, short term accommodation options become a key focus of the redevelopment of the Health Precinct
Growth Expectations				
Specific precinct-based growth forecasting	Separate organisations and sectors have their own growth projections	Fully integrated precinct based economic growth analysis and targets	Lack of specific precinct-based, cross-sector growth and economic analysis	An integrated, cross-sector health precinct-based growth analysis, strategy and targets – jobs and economic growth
Community Focus and Facilities				
Availability of shared community facilities within the Health Precinct	Limited shared community facilities or focal points within the Health Precinct	A Health Precinct that invites the community in to seek care, share community resources, experience and contribute to community action, visit and experience community facilities and enliven the precinct	Clustered, Precinct based community facilities and experiences	A diverse, compelling and accessible community focal point within the heart of the Precinct that welcomes the community and visitors alike

Analysis Parameters	Current State (From)	Potential Future State (To)	Gaps	Potential Mitigation Measures
Retail and commercial facilities serving an expanded precinct based residential and worker population	Limited retail facilities within the Health Precinct will be insufficient to serve an expanded residential and worker population as the Health Precinct expands	Retail and commercial facilities provided within a precinct based community focal point serving an expanded residential and worker population	Insufficient convenience and café facilities to serve a growing Health Precinct	Walkable convenience and café-based facilities located within a community hub to match an expanded worker and residential population without competing with the CBD
Tertiary Education, Innovation and Research				
Scale of tertiary campus facilities within Griffith	Griffith is the largest regional city without major tertiary campus health facilities, particularly a university campus	Suitably scaled, campus based, tertiary education health facilities close to the hospitals within the Health Precinct	Lack of critical mass in campus based tertiary health facilities	Shared tertiary campus within the Health Precinct providing shared facilities and bespoke facilities for each partnering institution
Research programs within the Health Precinct	Only limited research programs conducted within the hospitals and tertiary institutions	The Griffith Health Precinct is recognised for research leadership in key issues for regional and remote communities based on local strengths and programs	Low level of current health related research programs carried out in Griffith	A shared, campus style, co-ordinated research and innovation centre within the Health Precinct
Aged Care and Living				
Aged care and living within Health Precinct	Constrained aged care and living opportunities close to the Griffith Base Hospital	Diversity and choice for well located aged care and living opportunities within the Health Precinct	Limited aged care and living opportunities within the Precinct	A range of aged care and living opportunities within the precinct taking advantage of close proximity to health and allied health care and a diverse range of community, commercial and retail activities
Access and Parking				
Improving pedestrian accessibility, amenity and safety	An inconsistent pedestrian network delivering inadequate accessibility, amenity and safety	A unified, safe and high amenity pedestrian environment that improves accessibility and attracts increased community and visitor populations to the Precinct, consistent with the Griffith Pedestrian and Bicycle Strategy 2021	Service gaps in the accessibility, safety and amenity of the pedestrian network	Develop pedestrian environment design principles as part of a unified pedestrian network strategy for the Health Precinct
Improving bicycle access and safety	Incomplete bicycle network within the Precinct	Full implementation of the bicycle recommendations Griffith Pedestrian and Bicycle Strategy 2021	Bicycle network service gaps	Integration of bicycle recommendations Griffith Pedestrian and Bicycle Strategy 2021 into the Precinct Master Plan
Improving public transport access to the Health Precinct	Several bus routes operate through the precinct but access for more distant travellers to the hospitals and health services can be disjointed	Seamless public transport access to the Health Precinct for the broader Griffith Community	Public transport service gaps in accessing the Health Precinct for some parts the broader Griffith community	Implementing a free CBD to Health Precinct community bus service to improve seamless co-ordination of public transport access to Precinct based services
Discouraging through traffic within the Health Precinct	A designated B-double heavy vehicle route passes through the Precinct with noise, amenity and safety issues	Elimination of heavy vehicle through traffic within the Health Precinct	Control of heavy vehicle through traffic within the precinct	Exclude B-double heavy vehicles within the precinct and nominate and manage an alternative B-double route around the Precinct

Analysis Parameters	Current State (From)	Potential Future State (To)	Gaps	Potential Mitigation Measures
Improving school drop-off and pick-up	Limited, informal and under-developed school drop-off and pick-up facilities cause safety risks and amenity and comfort issues	Safe, convenient and comfortable school drop-off and pick-up arrangements integrated into high amenity streets	Lack of adequate school drop-off and pick-up facilities	An agreed school drop-off and pick-up strategy implemented as part of the Precinct Master Plan
Balancing Health Precinct public car parking demand and supply	On-street parking limitations (particularly within the schools precinct) and an absence of off-street public parking opportunities	Strategically located on-street and off-street public parking opportunities that service current and future growth	On-street parking limitations (particularly within the schools precinct) and limited off-street public parking opportunities to service future Precinct growth	Identifying off-street and on-street parking opportunities to balance Precinct based short term and longer term public parking supply and demand
Services Infrastructure				
Location of electrical and sewer services	Electrical and sewer services are located at the rear of development sites	Augmented services infrastructure locations (particularly electrical) to avoid easements and improve development efficiency	Inefficient services locations for large development sites	Electrical and sewer services may require augmentation to improve efficiency of large development sites
Statutory Planning Framework				
Faciliatory statutory planning framework	Current statutory planning framework constrains the development of the mix and variety of land-uses suitable for the Health Precinct future development	A statutory planning framework based on the master planned land use structure for the Health Precinct	Suitable statutory support for mixed-use development and higher densities suitable for the future Health Precinct, including housing and accommodation choices	A development plan amendment to create a statutory planning framework consistent with the Health Precinct master planning recommendations

8. Constraints and Opportunities

Introduction

In this section the constraints and opportunities analysis builds on the earlier stakeholder engagement findings, as well as the background, site and gap analysis detailed within this report, to distil the key drivers for change and opportunity within the Health Precinct.

The constraints and opportunity analysis is delivered through the following series of key topics which have been derived from the findings of the stakeholder engagement meetings and project analysis:

- Health Infrastructure
- Place Making
- Community Focal Point
- Education, Innovation and Research
- Housing and Accommodation
- Aged Care and Independent Living
- Access, Parking and Services Infrastructure
- Collaboration, Strategic Partnering and Governance

The format of the analysis is consistent across each topic and includes both a summary of key constraints and opportunities as well as a graphic representation to cover spatially important elements.



A. Health Infrastructure



Constraints

- 1 Current planning policies do not support suitable scaled health infrastructure development
- 2 Tightly held small development sites not suitable for appropriately sized health developments
- 3 Differing delivery models between public and private providers constrains partnering opportunities
- 4 Some key health services located outside the precinct

Opportunities

- 1 Prepare a revised LEP Land Zoning Plan to reflect the recommendations of the Master Plan
- 2 Government led, market based, land amalgamation and packaging of key development sites in opportunity zone
- 3 Explore different Public-Private interface overlays to improve partnering opportunities
- 4 Explore opportunities to relocate key health services into the precinct

Key

- Health infrastructure buildings
- ➔ Health infrastructure opportunity zone

B. Place Making



Constraints

- 1 Limited areas of open space within the study area
- 2 Quality and range of facilities within existing open space poor
- 3 General streetscape amenity disjointed, inconsistent and poor quality

Opportunities

- 1 Opportunities to create new/upgraded open space
- 2 Develop new open space guidelines for the precinct based on needs, wellbeing and biophilic principles
- 3 Develop new streetscaping standard for the precinct to reinforce the Griffin Plan urban design structure and improve pedestrian amenity and safety
- 4 Opportunities for new public open space within Griffith Base Hospital grounds

Key

- Existing public open space within study area
- Potential new public open space
- Reinforce Griffin Plan urban structure

C. Community Focal Point





Constraints

- 1 A lack of local wellbeing focussed public community and 'drop in' facilities within the precinct supporting health services
- 2 A lack of walkable convenience, café and other facilities (e.g. fitness) to serve a growing worker and residential population

Opportunities

- 1 Create a local community focal point, building on existing facilities in the area between the hospital and CBD, and incorporating community, drop in and youth facilities, convenience retail, cafes and fitness
- 2 Establish a pedestrian focus and improved amenity within the focal point

Key

-  Potential Community Focal Point zone
-  Pedestrian focussed access link between the hospital and the CBD

D. Education, Innovation and Research






Constraints

- 1 Extremely limited tertiary teaching campus facilities within the Health Precinct
- 2 Only limited research programs conducted within the hospitals and tertiary institutions

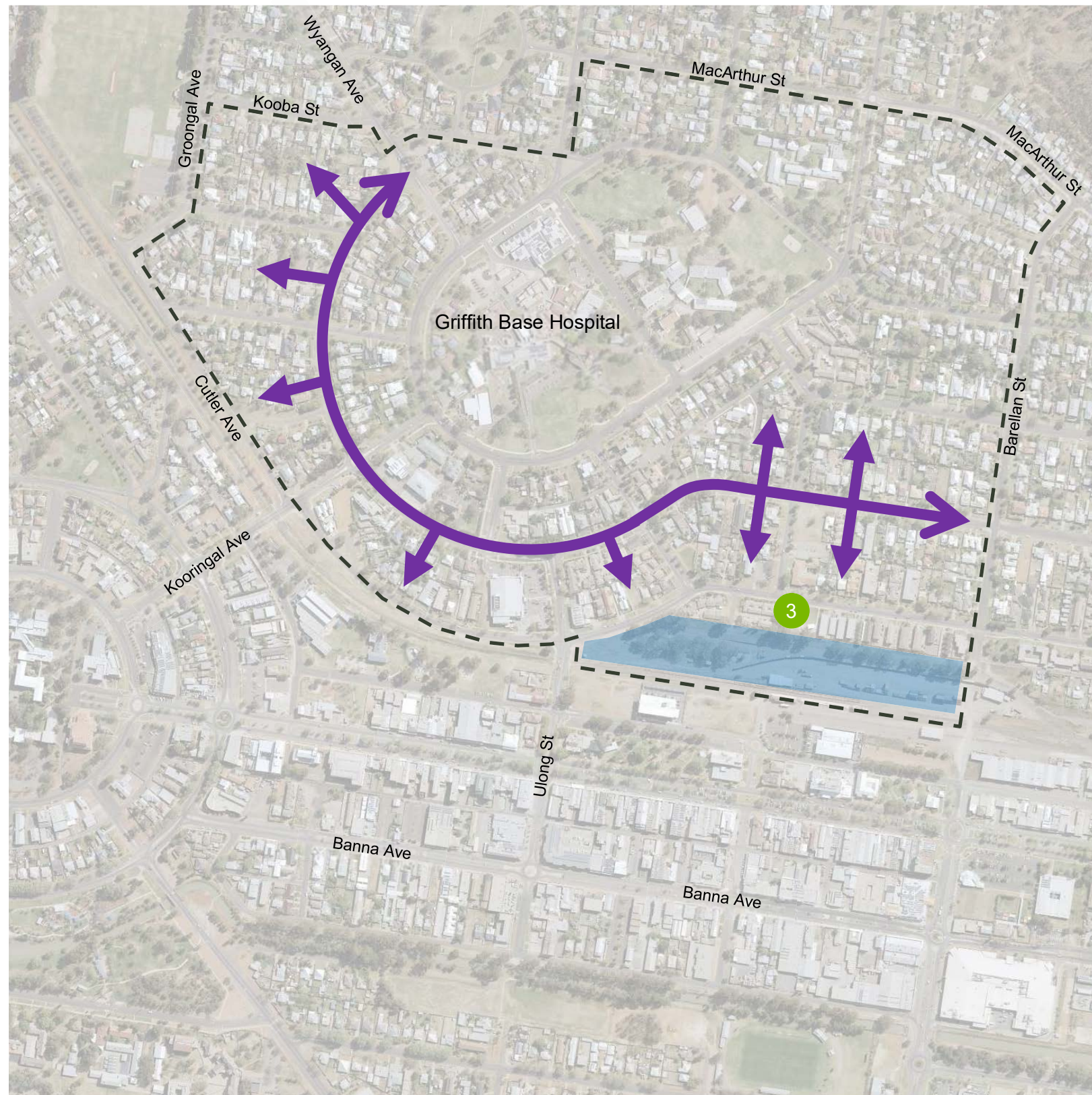
Opportunities

- 1 Shared tertiary campus within the Health Precinct providing shared facilities and bespoke facilities for each partnering institution
- 2 A shared, campus style, co-ordinated research, and innovation centre within the Health Precinct

Key

-  Secondary and primary education facilities
-  Tertiary education facilities
-  Arc of Opportunity for tertiary education and research development sites

E. Housing and Accommodation





Constraints

- 1 Current planning policies do not support medium and high density residential development
- 2 Acute lack of affordable housing choices close to CBD, with Health Precinct providing a key locational opportunity
- 3 Chronic lack of short term accommodation close to the CBD and Health Precinct to service high level of visiting professionals and patients
- 4 Limited emergency accommodation does not match demand for this service within the Health Precinct

Opportunities

- 1 Prepare a revised LEP Land Zoning Plan to reflect the recommendations of the Master Plan
- 2 Deliver a full range of affordable housing options & consider social housing options for precinct workers
- 3 Provision of high density housing options including student housing
- 4 Provision of a range of short term accommodation options within the Health Precinct
- 5 An expanded emergency accommodation facility

Key

-  Arc of Opportunity for medium density housing and accommodation development sites
-  High Density Residential Zone

F. Aged Care and Independent Living




Constraints

- 1 Limited independent living facilities close to the Health Precinct facilities
- 2 Limited aged care facilities close to the Health Precinct facilities

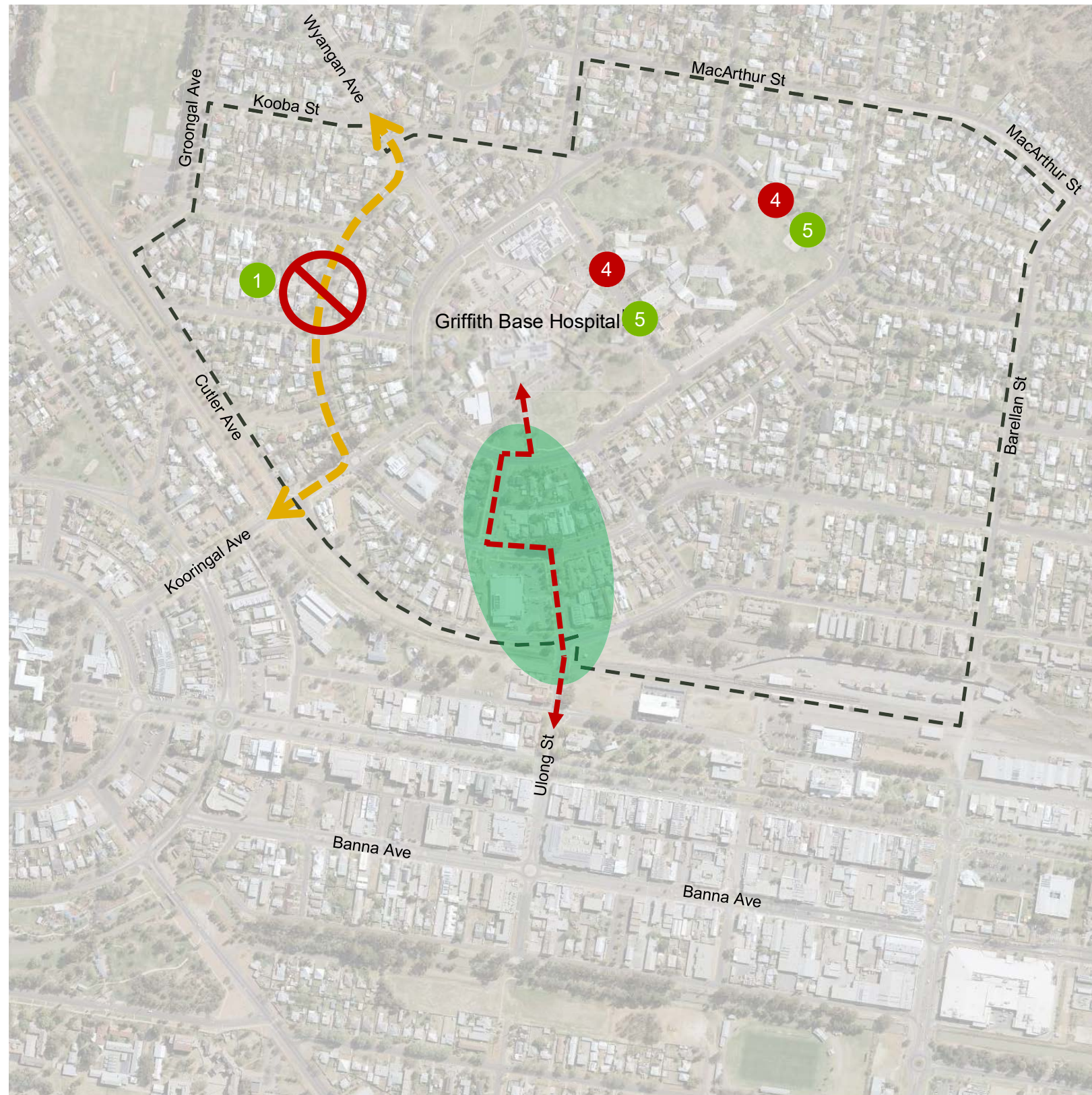
Opportunities

- 1 A range of aged care opportunities within the precinct taking advantage of close proximity to health and allied health care and a diverse range of community, commercial and retail activities
- 2 A range of independent living opportunities within the precinct taking advantage of close proximity to health and allied health care and a diverse range of community, commercial and retail activities

Key

-  Arc of Opportunity for aged care or independent living development sites

G. Access, Parking and Services Infrastructure



Constraints

- 1 Designated B-Double Route runs through Health Precinct
- 2 Inconsistent and disjointed pedestrian environment
- 3 Limited off-street public car parking
- 4 Inappropriate and inadequate school drop-off and pickup facilities
- 5 Some electrical and sewer services are located at the rear of properties constraining larger development sites

Opportunities

- 1 Divert B-Double Route away from the Health Precinct
- 2 Upgrade pedestrian environment design principles and guidelines to align with the master plan UDF
- 3 Establish pedestrian priority precinct to align with Community Focal Point concept
- 4 Identify off-street public car parking development sites
- 5 Integrate an agreed school drop-off and pick-up strategy into the Master Plan
- 6 Consider electrical and sewer system augmentation strategy within key development areas

Key

- Possible pedestrian priority zone
- ↔ Current B – Double Route

H. Collaboration, Strategic Partnering and Governance



Constraints

- 1 The Precinct operates strong cross-sector and intra-sector delivery partnerships and some intra-sector collaborative forums
- 2 Governance is generally organisationally based

Opportunities

- 1 Establish an agreed Precinct based cross-sector strategic partnership and collaboration model based on shared goals and ambitions
- 2 Establish an agreed Precinct based cross-sector governance body, with broad representation, to drive the ongoing development and management of the Health Precinct

9. Design Charrette

Introduction and Approach

Those key stakeholder organisations that are listed in Section 5: Stakeholder Engagement Sessions, were invited to the Design Charrette Workshop and, while there were some apologies, we had good, representative attendance across the organisational scope of the stakeholders, either in person or via video conference facilities.

The key activities in the in the workshop agenda included:

- **Progress To Date:** A presentation on the key outcomes of the project background research, stakeholder engagement process and the key constraints and opportunities analysis followed by a Q&A.
- **Shaping the Project Vision:** A group interactive session where the attendees came together in tables to considered, document and rate their responses to the Why? How? What? When? questions shown opposite. The detailed outcomes are shown on the following pages and will inform the detailed spatial design of the Master Plan.
- **Draft Guiding Principles:** The workshop discussed and endorsed the principles that guided the detailed spatial design of the Master Plan. The finalised and endorsed Guiding Principles are depicted in Section 10.
- **Design Directions Input:** An interactive session where stakeholders are provided an opportunity to input directly into the spatial design process with ideas, specific suggestions for facilities and placemaking outcomes and spatial locational suggestions. Any other design suggestions were also invited. The detailed outcomes are shown on the following pages and informed the detailed spatial design of the Master Plan.

WHY?

Why are we master planning the Precinct?
What are the drivers of change?

HOW?

How are we going to get there? What do we need to deliver the outcomes we need?

WHAT?

What will it look like, feel like and what will we see when its completed?

WHEN?

When will different parts completed? What are the priorities?

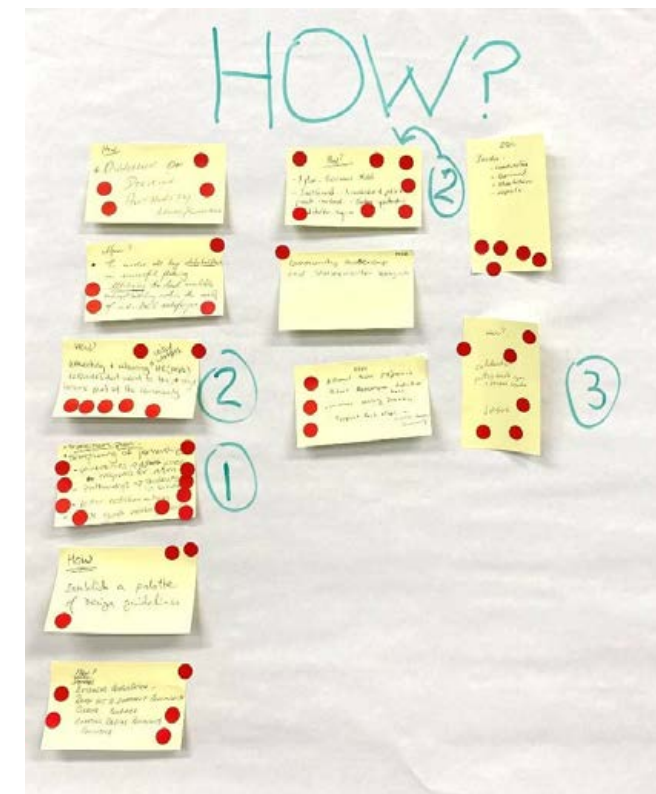
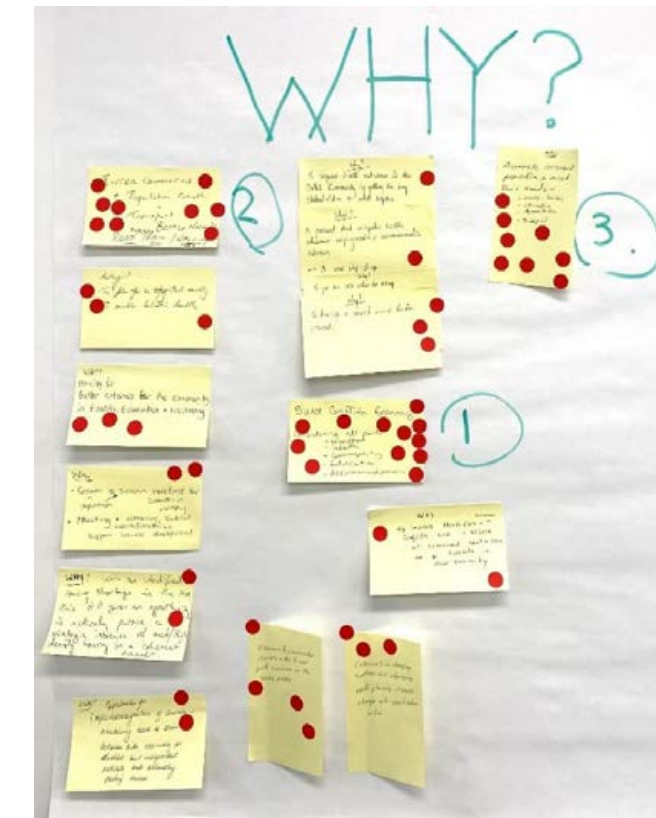
Shaping the Precinct Vision – Why? How? What? When?

WHY? (score in brackets plus first A, second B, third C)

- Interconnection, population growth and transport bottlenecks (9) **B**
- To plan for an integrated society and holistic health (3)
- To improve health outcomes for the Griffith community – get key stakeholders to work together – develop a shared vision for the precinct – one stop shop – best value (5)
- Accommodate increased population and meet their needs – health, education, accommodation. Transport (8) **C**
- Planning for better outcomes for the community in health, education, and wellbeing (3)
- Build Griffith economy – transport, health, community, education, accommodation (12) **A**
- To improve health care in Griffith and secure all required health care support in proximity (2)
- Growth in population to sustain workforce for growth in industry – attracting and retaining skilled workforce to support business development (2)
- With an identified housing shortage, the master plan gives an opportunity to actively pursue a strategic increase of medium to higher density housing in a coherent manner (2)
- Community ownership needs clarity and puts everyone on the same page (4)
- Community is changing and needs and changing – master plan channels change into constructive action (3)
- Opportunities for improved integration of services – minimising the need to move between sites, especially for the disabled and alleviating parking issues (2)

HOW? (score in brackets plus first A, second B, third C)

- Ownership of local decision authority – legal/governance (4)
- A plan – governance model – combination of public private investment – funding opportunities – stakeholder buy-in (7) **B**
- Involve: community, government, stakeholders, experts (5)
- To involve all key stakeholders in successful planning – utilizing the land available whilst working within the needs of individual enterprises (4)
- Community ownership and stakeholder buy-in (1)
- Collaboration – putting aside egos and personal agendas – ‘like Jesus’ (6) **C**
- Attract more professionals – retain experts here – increase walking facilities – support each other and involve community (3)
- Attracting and retaining skilled workers/human resources that want to live and stay to become part of the community (7) **B**
- Transition plan – strengthening of partnerships: universities – access to programs, pathways for students in schools, better collaboration, all groups working together (10) **A**
- Establish a palette of design guidelines (3)
- Extensive consultation – reach out to different community groups – adapting existing community facilities (5)

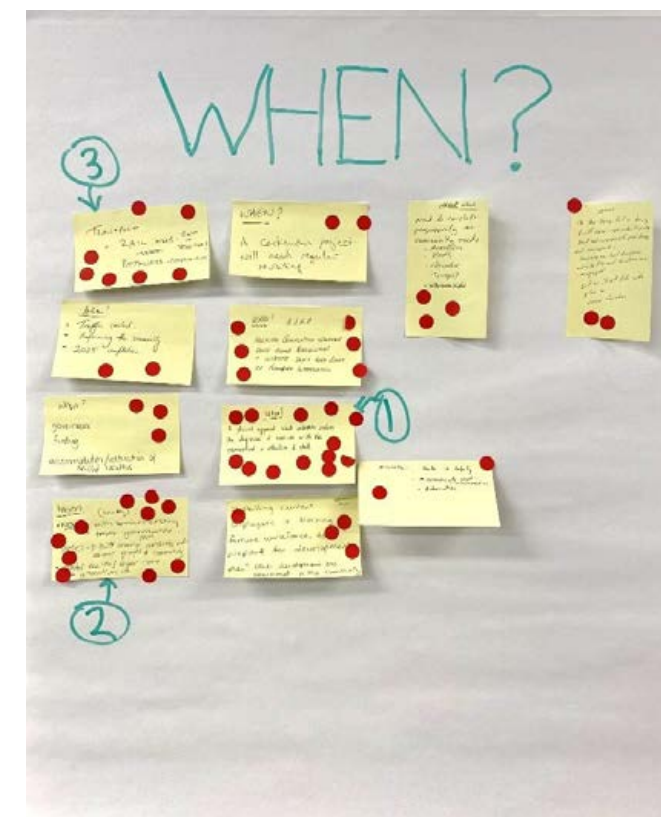
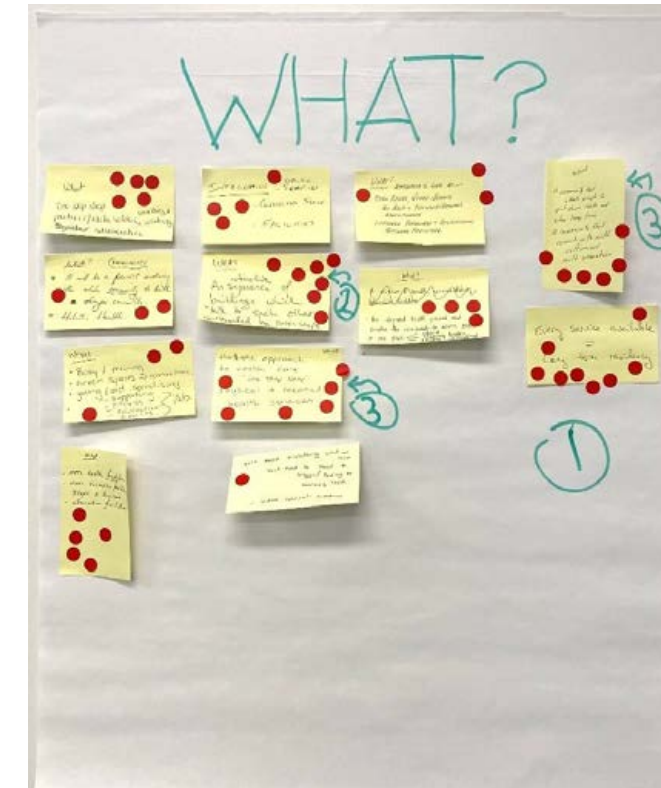


WHAT? (score in brackets plus first A, second B, third C)

- One stop shop – partners/stakeholders investing and working collaboratively (5)
- Integrated health services – community space and facilities (4)
- Attractive to look at – open spaces, shade, seating for staff and patients between appointments – improved pathways and connections between facilities (3)
- A community that attracts people to put down roots and stay long term – a community that connects with multi-cultures and multi-generations (6) **C**
- It will be a precinct involving the whole community to become a stronger community – holistic health (3)
- An attractive sequence of buildings which 'talk' to each other surrounded by green space (7) **B**
- An integrated precinct that enables the community to access services in one place: medical, community facilities, educational and vocational (4)
- Every service available = long term residency (8) **A**
- Busy/thriving – green spaces/connection – young & old socialising – Hub supporting fitness, education, health (3)
- Holistic approach to health care – 'one stop shop' – physical and mental health services (6) **C**
- More health facilities – more recreation facilities – shops and businesses – education facilities (5)
- Get everything we need – don't have to travel to Wagga/Sydney for necessary needs – improve community confidence (1)

WHEN? (score in brackets plus first A, second B, third C)

- A continuous project: will need regular revisiting (2)
- Transport – rail hub, get it started – pathways for pedestrians (7) **C**
- Need to complete progressively as community needs – accommodation, health, education, transport (3)
- As hospital is being built now, we start with that and incorporate parking and transport – moving as land becomes available and builders engaged but all fits into a plan – never finishes (evolves) (3)
- Traffic controls – informing the community – 2025 finish (2)
- ASAP – hospital completion should drive other possibilities & interest – don't lose sight of planned integration (6)
- Governance funding – accommodation/attraction of skilled workers (3)
- A phased approach which involves the alignment of services with the recruitment and retrenchment of staff (13) **A**
- Now – with health services existing forums and governance, Stages – built around consultation with above groups and community, Mental Health/Aged Care – attraction of these services (10) **B**
- Upskilling current employees and training future workforce to prepare for development – Other development has occurred in community (4)
- Priorities – health and safety – community needs – accommodation – education (2)



Design Charrette Ideas Input

A key part of the Design Charrette process is to provide a workshop environment where stakeholders are provided an opportunity to input directly into the spatial design process with ideas, specific suggestions for facilities and placemaking outcomes and spatial locational suggestions.

For this project the workshop attendees were invited to sit in one of 3 themed design ideas groups as follows. The design ideas are reflected in the imagery.

Group A – Health, Allied Health and Specialised Care

- Identify key health development sites
- Identify key aged care facilities
- Any other ideas

Group B – Place Making, Community Hub, Residential and Accommodation

- Suggest and locate place making projects – streetscaping, new parks, public art etc
- Suggest and locate the Community Hub zone and elements
- Identify key residential development sites
- Identify key accommodation development sites
- Any other ideas

Group C – Education, Training and Innovation

- Locate a potential shared tertiary campus
- Shaping and locating an innovation hub
- Suggest school drop-off/pick-up solutions
- Any other ideas

Design Ideas Input

Small Group Tasks

Group A – Health, Allied Health and Specialised Care

- Identify key health development sites
- Identify key aged care facilities
- Any other ideas

Group B – Place Making, Community Hub, Residential and Accommodation

- Suggest and locate place making projects – streetscaping, new parks, public art etc
- Suggest and locate the Community Hub zone and elements
- Identify key residential development sites
- Identify key accommodation development sites
- Any other ideas

Group C – Education, Training and Innovation

- Locate a potential shared tertiary campus
- Shaping and locating an innovation hub
- Suggest school drop-off/pick-up solutions
- Any other ideas



Group B

Group A

Design Ideas Input

Small Group Tasks

Group A – Health, Allied Health and Specialised Care

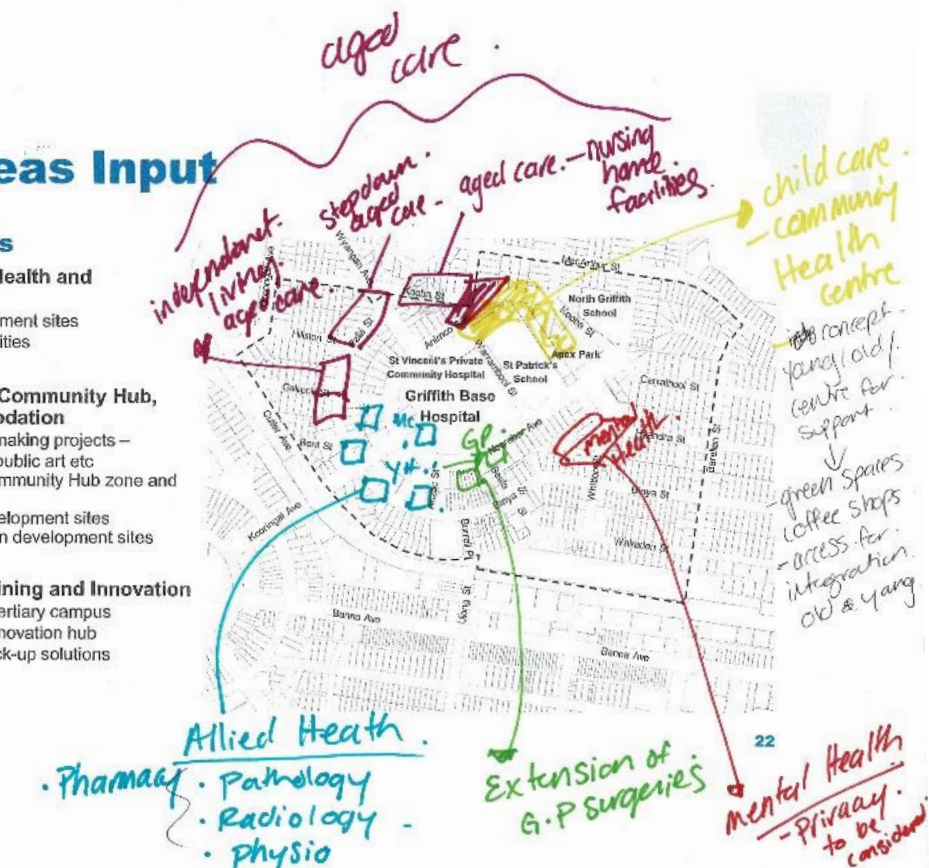
- Identify key health development sites
- Identify key aged care facilities
- Any other ideas

Group B – Place Making, Community Hub, Residential and Accommodation

- Suggest and locate place making projects – streetscaping, new parks, public art etc
- Suggest and locate the Community Hub zone and elements
- Identify key residential development sites
- Identify key accommodation development sites
- Any other ideas

Group C – Education, Training and Innovation

- Locate a potential shared tertiary campus
- Shaping and locating an innovation hub
- Suggest school drop-off/pick-up solutions
- Any other ideas



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Group C

Design Ideas Input

Small Group Tasks

Group A – Health, Allied Health and Specialised Care

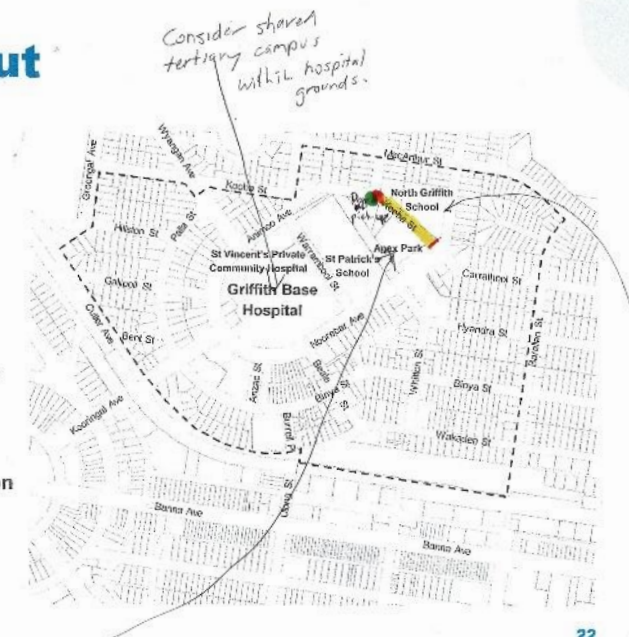
- Identify key health development sites
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- Any other ideas

Group B – Place Making, Community Hub, Residential and Accommodation

- Suggest and locate place making projects – streetscaping, new parks, public art etc
- Suggest and locate the Community Hub zone and elements
- Identify key residential development sites
- Identify key accommodation development sites
- Any other ideas

Group C – Education, Training and Innovation

- Locate a potential shared tertiary campus
- Shaping and locating an innovation hub
- Suggest school drop-off/pick-up solutions
- Any other ideas



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10. Guiding Principles

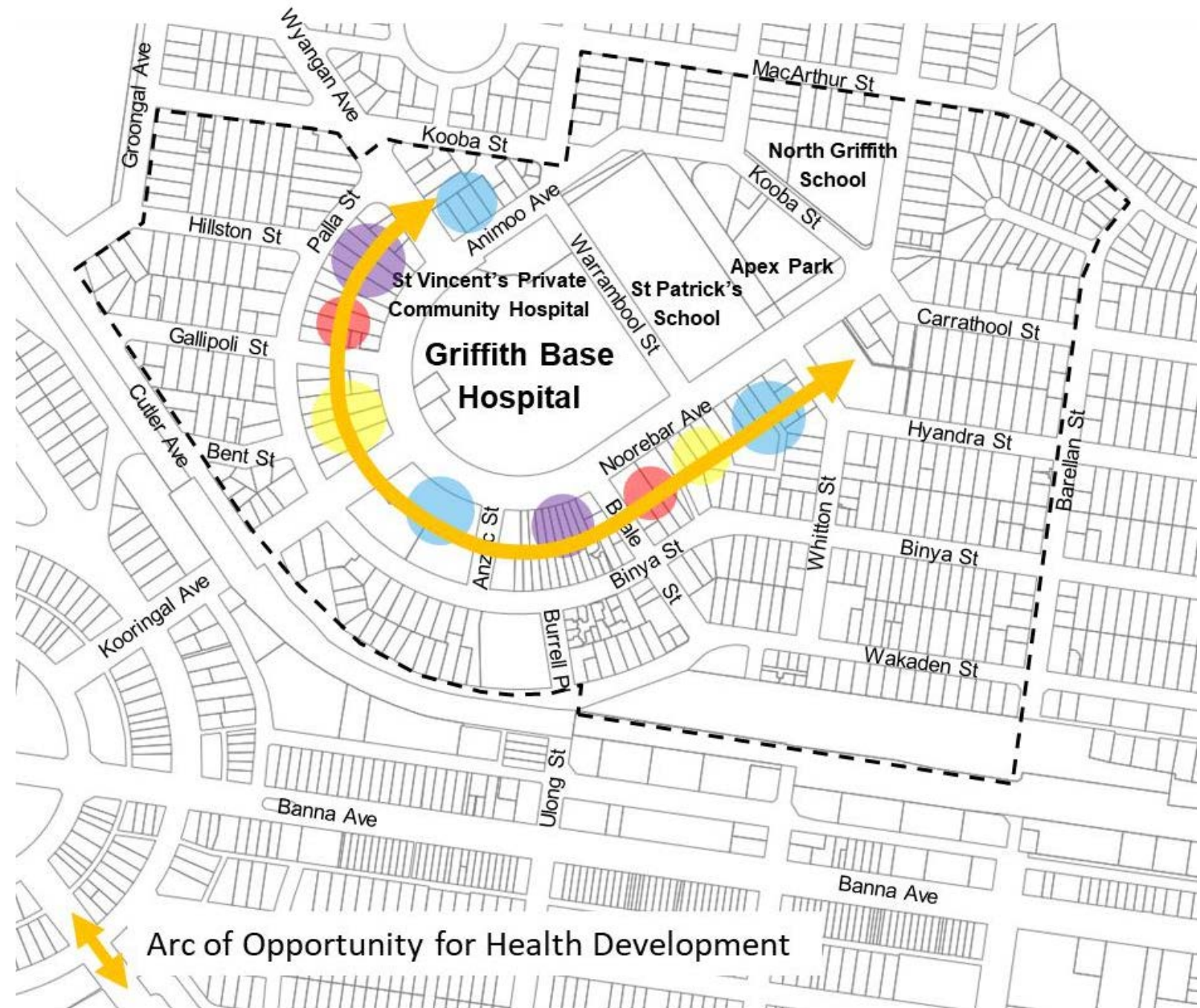
Guiding Principle 1

Wellbeing Centric

An integrated precinct, anchored by the Griffith Base Hospital, and delivering high quality, coordinated health services to the region.

Opportunities

- **Prepare** a revised LEP Land Zoning Plan to reflect the recommendations of the Master Plan
- **Encourage** a Master Plan led, market based land amalgamation and packaging of key health development sites in opportunity zone
- **Explore** different Public-Private interface overlays to improve partnering opportunities
- **Explore** opportunities to relocate key health services into the precinct



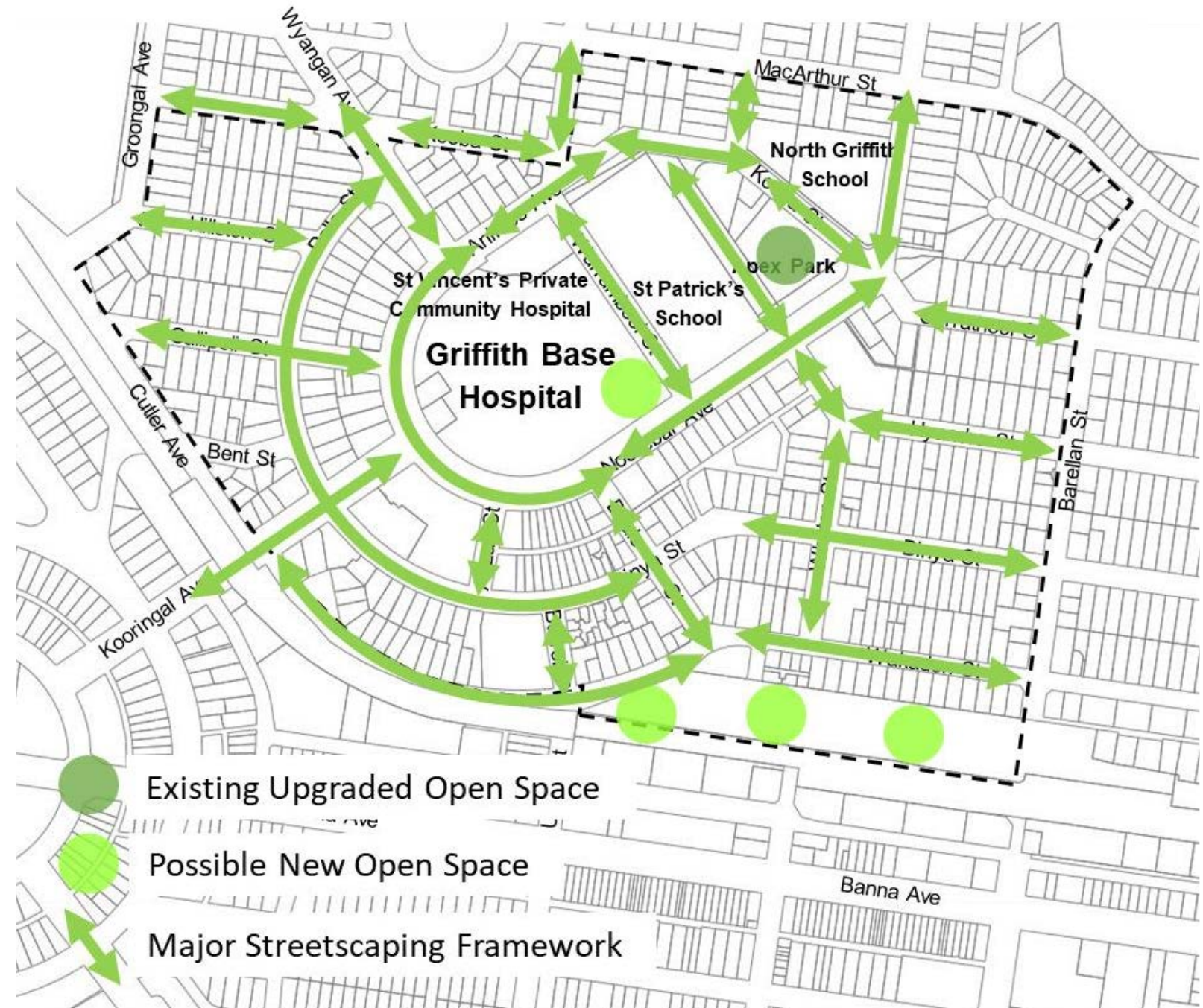
Guiding Principle 2

Authentic + Engaging – Biophilic Design

A distinctive place with a compelling and engaging identity, embracing its past and confident of its future.

Opportunities

- **Develop** new open space guidelines for the precinct based on needs, wellbeing and biophilic principles
- **Develop** streetscaping standards for the precinct to reinforce the Griffin Plan urban design structure, improve pedestrian amenity and safety and embrace sustainability principles
- **Opportunities** to create new and upgraded public open space
- **Public art opportunities** including local Aboriginal and European story telling
- **Biophilic Benefit:** reduced stress, improved comfort, enhanced mood and prompt healing



Biophilic Design Principles

- **Environmental features** – direct and visual contact with vegetation
- **Natural shapes and forms**
- **Restorative patterns and processes** – include natural sensory variability
- **Light and space variability**
- **Place-based relationships** – links to local features – mountains, lakes etc
- **Places of refuge and reflection**

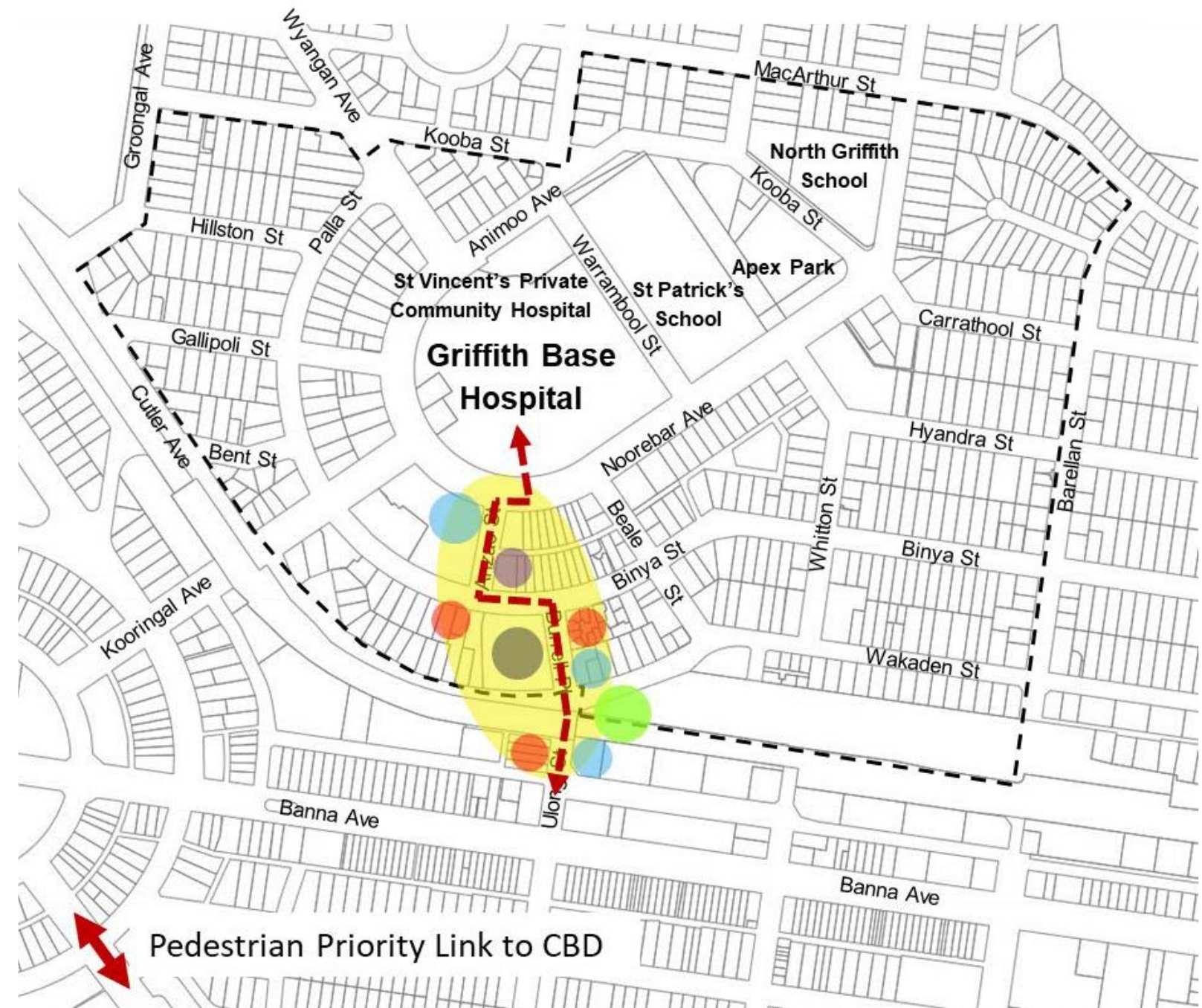
Guiding Principle 3

Community Focused

A welcoming, mixed-use community focal point broadens the wellbeing appeal of the precinct and acts as a local destination.

Opportunities

- **Create** a local community focal point, building on existing facilities in the area between the hospital and CBD, and incorporating community, drop in and youth facilities, convenience retail, cafes and fitness, etc
- **Establish** a pedestrian focus and improved amenity within the focal point



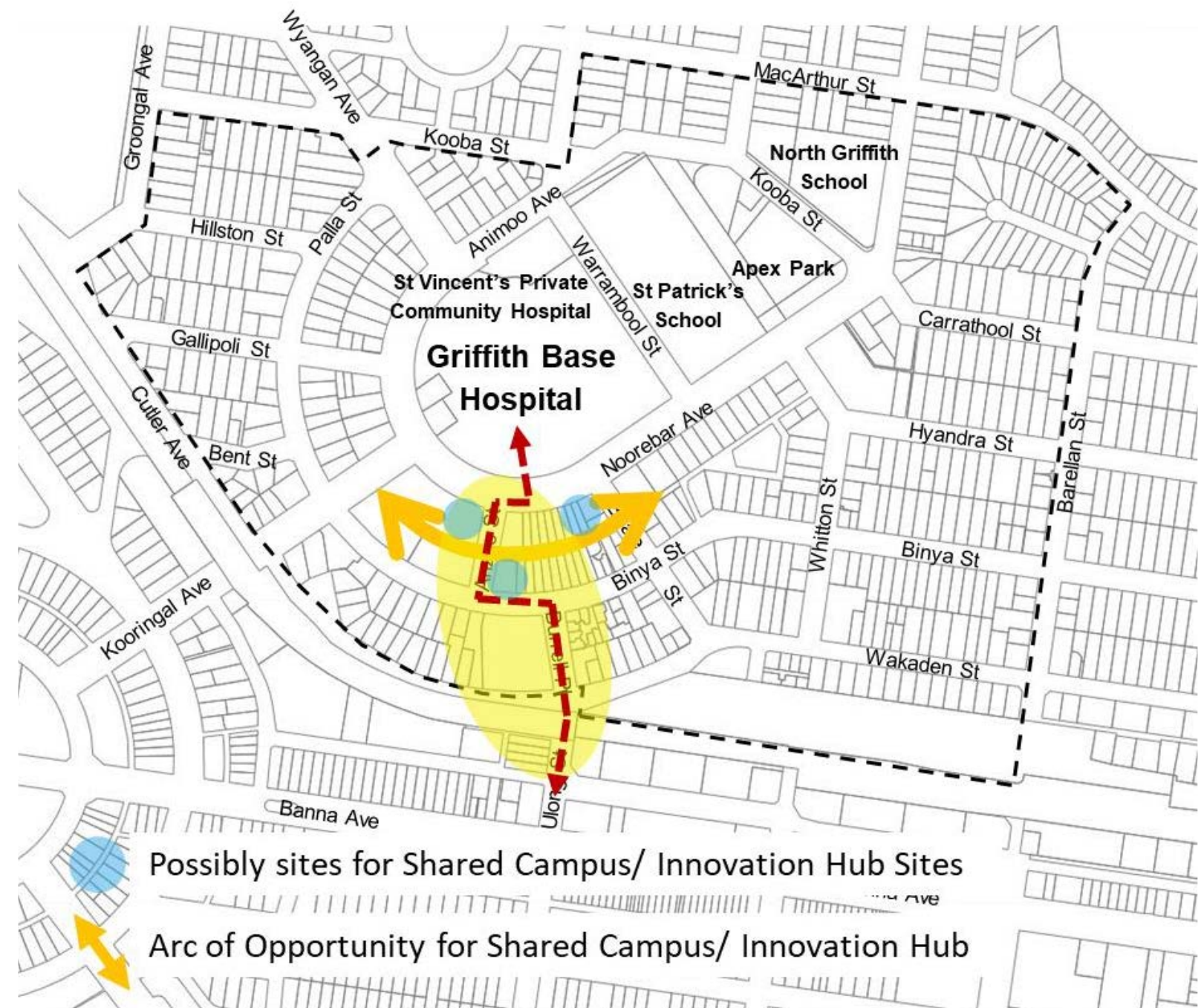
Guiding Principle 4

Inspiring + Innovative

A shared tertiary campus and Research and Innovation Hub creates expanded learning and research opportunities and helps train and retain local skills.

Opportunities

- **Shared** tertiary campus within the Health Precinct providing shared facilities and bespoke facilities for each partnering institution
- **Shared**, campus style Research and Innovation Hub within the Health Precinct



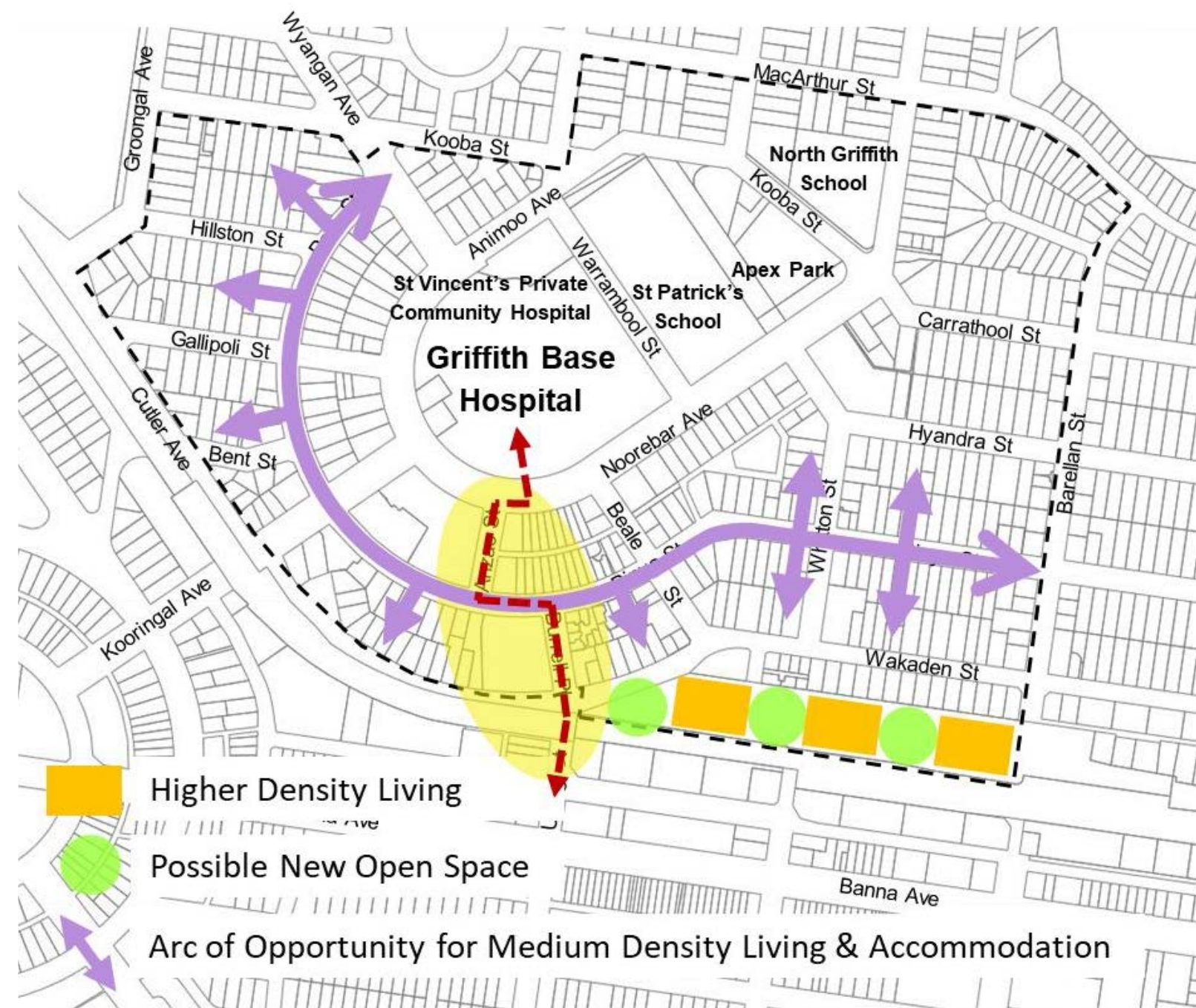
Guiding Principle 5

Home for Locals + Visitors

A broad range of new living opportunities, affordable housing and expanded accommodation options help reinvigorate the health precinct and the CBD.

Opportunities

- **Delivery** a full range of affordable housing options of varying density close to the CBD and Health Precinct and consider social housing options for precinct based workers
- **Provision** of high density housing options including student housing
- **Provision** of a range of short term accommodation options within the Health Precinct
- **An expanded** emergency accommodation facility
- **Consider** government led land packaging to facilitate new housing forms



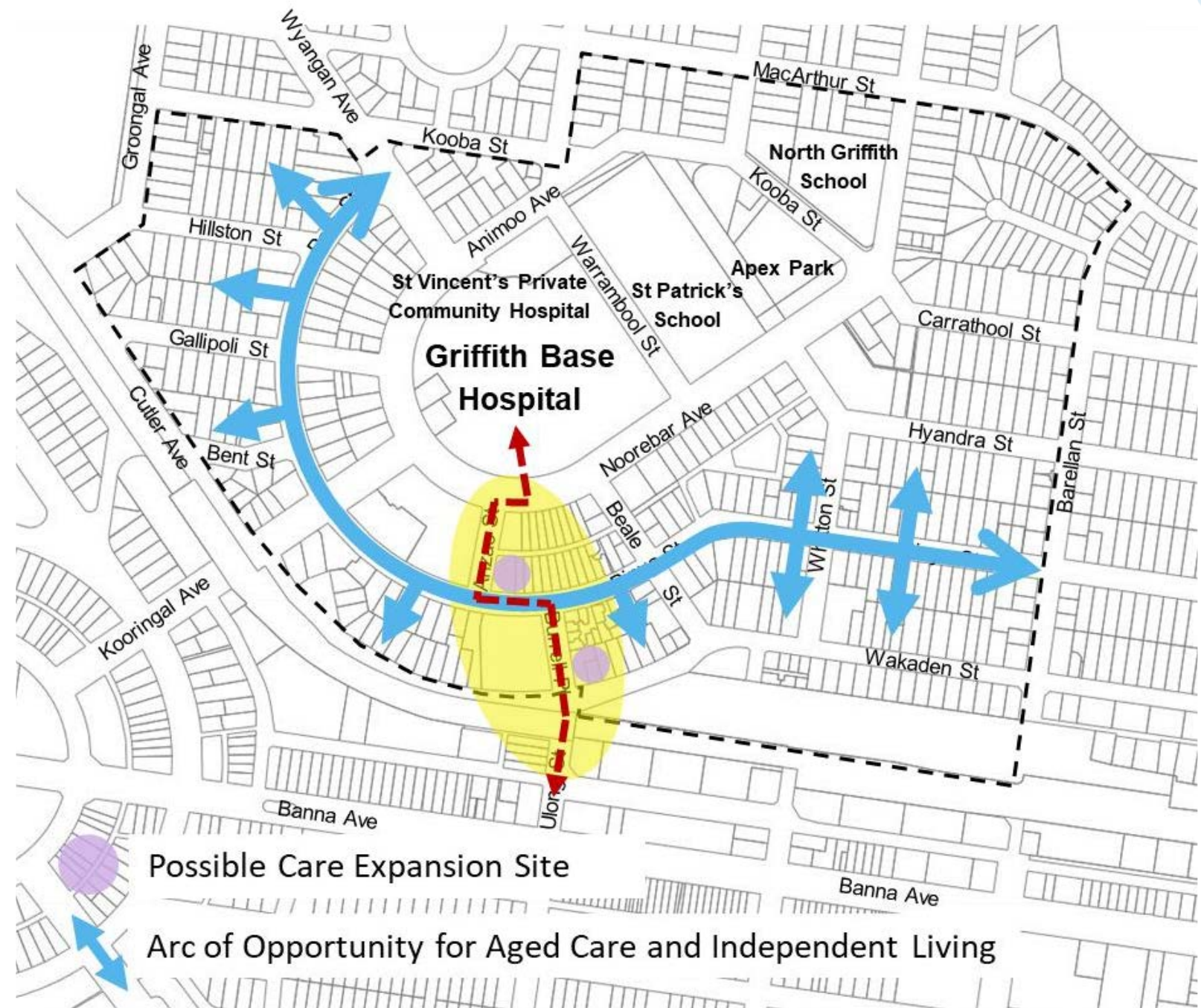
Guiding Principle 6

Caring

The precinct is recognised as home to a range of caring organisations providing aged care, independent living, pastoral care and help for the homeless and disadvantaged.

Opportunities

- **A range** of aged care opportunities within the precinct taking advantage of close proximity to health and allied health care
- **A range** of independent living opportunities within the precinct taking advantage of close proximity to health and allied health care and a diverse range of community, commercial and retail activities
- **Expanded** care and support opportunities for those in need



Guiding Principle 7

Accessible + Safe

A walkable precinct that redirects through traffic and focuses on safe local access, convenient public transport and adequate parking.

Opportunities

- **Divert** B-Double Route away from the Health Precinct
- **Develop** and integrate pedestrian environment design principles as part of unified pedestrian strategy
- **Identify** off-street public car parking opportunities
- **Integrate** an agreed school drop-off and pick-up strategy into the Master Plan



Guiding Principle 8

Partnering + Collaborative

The long term success and resilience of the Health Precinct is driven by a shared vision and a spirit of ongoing partnership and collaboration.

Opportunities

- **Establish** an agreed, precinct based, cross-sector strategic partnership and collaboration model based on shared goals and ambitions
- **Establish** an agreed Precinct based cross-sector governance body, with broad representation, to drive the ongoing development and management of the Health Precinct



11. Master Plan

11.1 Introduction

Role of the Master Plan

One of the key roles of a precinct master plan is to provide a window into the future to see how the vision for the place might look, might function and might feel like, some decades into the future.

The master plan imagery on the following pages is intended to depict an indicative perspective of how the precinct may emerge, and how the broad land use mix is likely to change spatially over time, in response to the needs, opportunities, ideas and the expectations defined by the Guiding Principles (shown on this and the following page).

The Master Plan is not intended, however, to be an exact blueprint of how the precinct will emerge. That will be a function of the inspiration and guidance provided by the Master Plan, the controls built into a revised policy planning framework and related structure planning for the Precinct, together with the property market demand-supply dynamics in the Precinct over its development program of say, 15-25 years.

For Griffith, the Health Precinct Master Plan will also inform the Council's preparation of an LEP plan amendment for the Precinct (refer also to the following section 12. Structure Planning and Implementation Directions).



Master planning assumptions

The Griffith Health Precinct Master Plan has been prepared based on the following high-level assumptions:

- The development of the Precinct, and the progressive land use changes, will be market based, guided by the Master Plan and controlled by the revised planning policies, which are likely to increase land values over time and trigger property sales
- A Precinct Working Committee will be established by Council (refer Section 12.3 Implementation Directions) to assist it in the long term planning, development and implementation of the Master Plan, in partnership with precinct stakeholders, the community and relevant government agency partners
- A local Health Precinct Focal Point, incorporating possible community drop in facilities, a shared tertiary education facility and local retail, will evolve along the ANZAC St-Burrell Place 'green link' to the CBD, encouraged and facilitated by Council and the proposed Precinct Steering Committee
- New open space guidelines will be implemented for the precinct based on needs, wellbeing and biophilic principles
- New streetscaping standards for the precinct will be implemented to reinforce the Griffin Plan urban design structure and improve pedestrian amenity and safety
- Site amalgamations are likely to entail practical clusters of a limited number (say 5 to 10) of related titles (e.g. adding adjacent sites to existing amalgamated or larger sites) with sizing dependent on location, land use type and development requirements, but government-developer partnerships could increase this
- Development typologies are likely to follow efficient and cost-effective models
- Developments on larger sites can be staged to respond to market conditions
- Community title based sites, and those with tightly held titles, are likely to be too inefficient for new development sites
- Properties with recent significant investment are likely to be tightly held
- Building heights will be driven by market demand, commercial considerations, site location and site capacity but capped to provide transition in scale between land use zones
- Development parking is generally assumed to be at-grade where site area allows or basement parking or fully screened partial basement parking
- Council's current traffic and parking study, that includes the Health Precinct, will incorporate the key opportunities of Guiding Principle 7 – Accessible and Safe particularly relating to diverting heavy vehicle through traffic and the identification of a Pedestrian Priority Link between the Precinct and the CBD



Home for Locals + Visitors



Caring



Accessible + Safe



Partnering + Collaborative

11.2 Master Plan Urban Design Framework

Overview

The Master Plan urban design framework (opposite) is intentionally bold and progressive to strengthen and reinterpret the power of the Griffins' vision for Griffith (below) and to provide a guiding framework to inspire the future development of the Health Precinct, consistent with the Guiding Principles and the suggested revision of the LEP Land Zoning Plan. However, the Master Plan is indicative only and not intended to be an exact blueprint for action.

Importantly, the Master Plan is intended to highlight a range of relevant land-use and built form typologies (health and allied health, education, housing, care and social infrastructure facilities, accommodation, retail and mixed-use) and showcase those development opportunities (in the following pages) that will create a truly transformative redevelopment of the precinct, in support of the CBD and the broader Griffith community.

In addition, the Master Plan is intended to emphasise the importance of revisiting and reinforcing Griffin's bold geometry, urban form and built form expression. This includes strong tree lined boulevards with built form reinforcing this geometry and celebrating the shaping of a vibrant public realm. An early commitment to, and delivery of, a comprehensive and consistent public realm rejuvenation will establish a consistent precinct brand as the redevelopment evolves.



Key

Properties unlikely to be redeveloped in the medium term because of institutional uses, community titling or new building.

Showcased potential development and urban form choices and to inspire the future redevelopment of the Health Precinct

Zone A1: Indicative Development Opportunities

- A1.1** Potential Independent Living Village with individual single storey units, central 2-3 storey apartments, gated access but street facing housing and central facilities
- A1.2** Potential Townhouse Development – 2-3 storeys
- A1.3** Potential Backpackers Development – 2 storeys
- A1.4** Potential Serviced Apartments Development – 2-3 storeys
- A1.5** Potential Build-to-Rent-to-Buy Apartments – 2-3 storeys
- A1.6** Potential Affordable Housing Apartments – 2 storeys



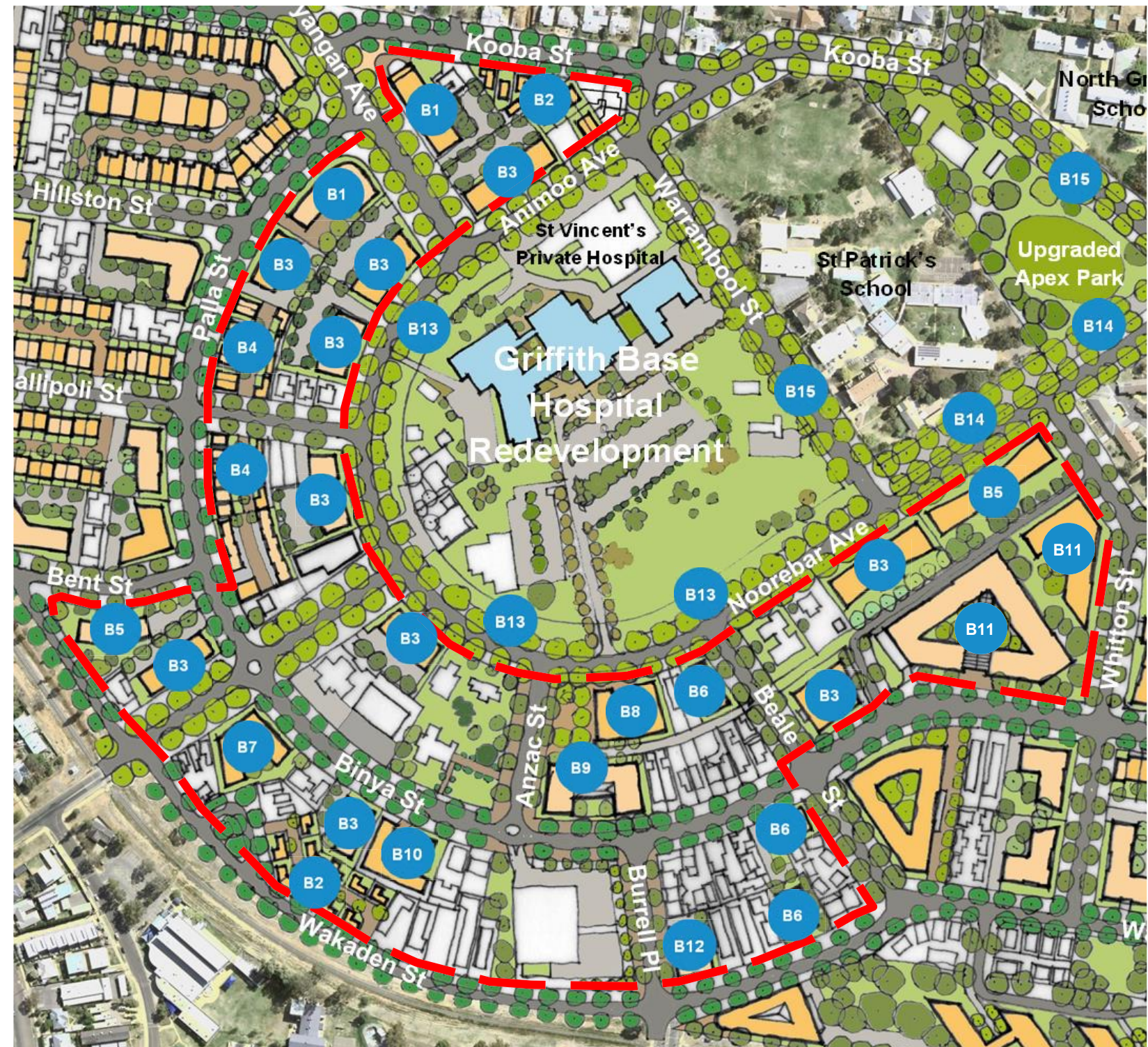
Zone A2: Indicative Development Opportunities

- A2.1** Potential laneways affordable housing development precinct with 2 storey townhouses and 2-3 storey terrace houses. Note: may require government sponsored site amalgamation in stages
- A2.2** Potential Affordable Housing Apartments – 3 storeys
- A2.3** Potential Independent Living Apartments – 2-3 storeys
- A2.4** Potential Student Housing – 2-3 storeys
- A2.5** Potential Townhouse Development – 2-3 storeys
- A2.6** Potential Griffith Leagues Club Redevelopment – 1-2 storeys
- A2.7** Potential Build-to-Rent-to-Buy Apartments – 2-3 storeys



Zone B: Indicative Development Opportunities

- B1** Potential Serviced Apartments Development – 2-3 storeys
- B2** Potential 2 storey Housing Development
- B3** Potential Health/Allied Health Consulting Development – 2-3 storeys
- B4** Potential Social Housing Development focused on precinct workers with 2-storey townhouses, duplex housing and courtyard housing
- B5** Potential New Childcare/Early Learning Centre – 1-2 storeys
- B6** Potential Student Housing – 1-2 storeys
- B7** Potential Backpackers Development – 2-3 storeys
- B8** Potential Share Tertiary Campus/ Research & Innovation Hub – 3 storeys
- B9** Potential Community Hub Develop with Public Square – 3-4 storeys (Guiding Principle 3)
- B10** Potential Expanded Salvation Army Centre & Emergency Housing – 1-2 storeys
- B11** Potential Age Care Facility and linked Independent Living Apartments – 2-3 storeys



- B12** Potential Local Retail/Commercial Development – 1-2 storeys
- B13** New 90° parking around hospital precinct on Animoo and Noorbar Avenues
- B14** New 90° parking off-street parking within road easement title
- B15** New school drop-off and pick-up facilities with safe pedestrian crossings

Zone C: Indicative Development Opportunities

- C1** Potential Hotel – 4-6 storeys
- C2** Potential Build-to-Rent-to-Buy Apartments – 4 storeys
- C3** Potential Affordable Housing Apartments – 6 storeys
- C4** New Public Park



12. Structure Planning & Implementation Directions

12.1 Introduction

Structure planning

Structure planning is a process of spatially defining land use zones, and broad access and urban form elements, in statutory planning policy areas.

In preparing the brief for this Griffith Health Precinct Master Plan project, Council included an indicative structure plan diagram (opposite) depicting a potential future land use framework for the precinct. That framework was intended to support the likely future health services development demand driven by the Griffith Base Hospital redevelopment and related issues such as research and education facilities, affordable housing and accommodation.

The author is fully supportive of the Council's suggested land use framework diagram in that it is supported by the urban design analysis in this report and it aligns with the master planning Guiding Principles.

To that end, it is proposed that the land use framework diagram, as informed by this Master Plan report, should form the basis of the structure planning to guide Council's future LEP Land Zoning Plan amendment process for the Health Precinct. However, the author recommends that that part of the Opportunity Zone within the bounds of Noorebar Avenue, Beale Street, Binya Street, Whitton Street and Hyandra Street be extended south (as shown opposite and on the following page) to Binya Street to better facilitate mixed-use development scale close to the hospital.

Section 12.2 below provides some initial guidance to inform that process.



12.2 Structure Planning Guidance

Guidance

Council's land use framework diagram identifies four new land use 'zone' types as follows:

- **Zones A1 & A2:** Medium Density & Supportive Accommodation (across two sub-precinct areas)
- **Zone B:** Opportunity Zone
- **Zone C:** High Density Residential
- **Zone D:** Hospital

Two other areas nominated within the Health Precinct, a residual 'low density residential' area and the 'schools' area, are intended to continue with the current planning policy requirements.

The following paragraphs provide guidance on the broad policy expectations for the proposed four new zones:

Zone A1 & A2: Medium Density Residential & Supportive Accommodation

Height guidance: 1-3 levels

Land use types guidance:

- Houses
- Townhouses
- Social Housing
- Boarding Houses
- Residential Flats
- Apartments
- Affordable Housing Opportunities
- Aged Care Facilities
- Independent Living Facilities
- Hotel or Motel Accommodation

Zone B: Opportunity Zone (as extended to Binya Street)

Height guidance: 1-4 levels

Land use types guidance:

- Medical Centres
- Medical Consulting Rooms
- Allied Health Consulting Rooms
- Tertiary Education Facilities
- Commercial Office
- Early Learning & Child Care Facilities
- Community Facilities
- Places of Worship and Related Facilities
- Retail Premises
- Aged Care Facilities
- Independent Living Facilities
- Hotel or Motel Accommodation
- Serviced Apartments
- Social Housing

Zone C: High Density Residential Zone

Height guidance: 3-6 levels

Land use types guidance:

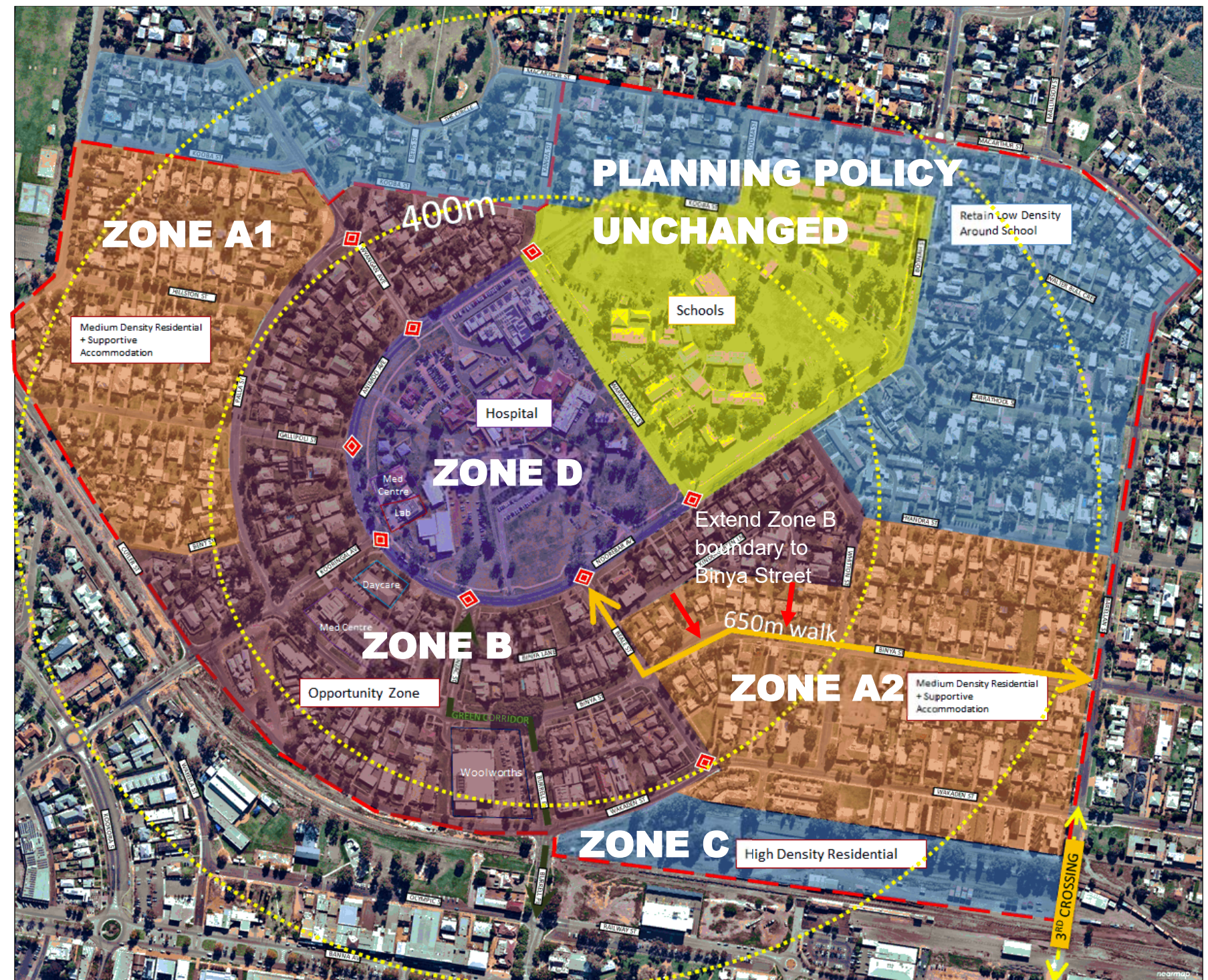
- Apartments
- Residential Flats
- Affordable Housing Opportunities
- Hotel or Motel Accommodation
- Serviced Apartments

Zone D Hospital Zone

Height guidance: unchanged

Land use types guidance:

- Hospital, Health Services or Hospital Related Facilities **only**



12.3 Implementation Directions

Precinct objectives and benefits

Precincts vary greatly in size from central activity areas, town centres and regional destinations to main streets, neighbourhoods and special purpose areas. The Griffith Health Precinct, like other destination precincts, aims to achieve the following objectives and benefits:

- Focus on the defined precinct purpose
- Stimulate sustainable growth and opportunity
- Deliver high quality services to the communities
- Promote social equity and accessibility
- Provide a focus for coordinated action
- Adapt organically to our rapidly changing world, while preserving the vision

Implementation objectives

- Maximise the outcomes of the Griffith Health Precinct.
- Ensure the planned, staged and timely implementation of the precinct, with high priority components taking precedence without limiting the full development of the precinct over the longer term.
- Achieve progressive and organic, market based, growth that facilitates a transition to higher density development over time.
- Support the retention and growth of existing businesses.
- Ensure all stakeholders are consulted and are genuine participants in the evolution of the precinct to ensure an effective and innovative partnership approach

Precinct governance

It is proposed that a **Precinct Steering Committee** be established to fulfil the following role:

- Leading the on-going consultation with key stakeholder, specialists and the community
- Contributing to the on-going development, promotion, governance and coordination of the Health and Knowledge Precinct
- Contributing to the development and implementation of specific projects within the precinct
- Providing advice and comment to Council, as requested, on the ongoing promotion, governance and co-ordination of the precinct
- Contributing to the sourcing, securing and co-ordination of funding opportunities that will support the on-going development of the precinct, as guided by the Health Precinct Guiding Principles, Urban Design Framework and Council's future LEP Land Zoning Plan and policies



Courtesy Djrd Architects



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