

### PDA3.2. CT400026 - Confidential - Transformational Projects - Health Precinct strategy

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**File:** F17/1390-10

**Confidential Reason Section 10A(2)(d)** – It is recommended that this matter be Confidential under Section 10A(2)(d) of the Local Government Act, 1993, as amended as it relates to commercial information of a confidential nature that would, if disclosed: (i) prejudice the commercial position of the person who supplied it, or (ii) confer a commercial advantage on a competitor of the council, or (iii) reveal a trade secret.

Division is not required

<b>Previous item</b>	Nil.
<b>Topic</b>	We propose to commence the second phase of the Blacktown Health Precinct transformational project, which includes the submission of a Planning Proposal to Department of Planning, Industry and Environment, detailed design of key infrastructure elements and the preparation of a Contributions Plan.
<b>Analysis</b>	<p>The Health Precinct is a key Transformational Project for Blacktown City. It will provide space for health and allied health development and allow the expansion of health and allied services to meet the demand of our growing population.</p> <p>Health services are often provided in our public hospital system by practitioners who run parallel private practices located in close proximity to public hospitals.</p>
<b>Attachment/s</b>	<ol style="list-style-type: none"> <li>1. Proposed Health Precinct [CT400026.1 - 1 page]</li> <li>2. Extract O'Connell &amp; Macropian Demand Reports [CT400026.2 - 9 pages]</li> <li>3. Flood modelling maps &amp; drainage infrastructure concept plan [CT400026.3 - 3 pages]</li> <li>4. Public space concept plan [CT400026.4 - 2 pages]</li> <li>5. Road &amp; intersection issues and proposed improvements [CT400026.5 - 2 pages]</li> <li>6. Land acquisition plan (indicative) [CT400026.6 - 1 page]</li> <li>7. Zoning maps [CT400026.7 - 1 page]</li> <li>8. Development height maps [CT400026.8 - 1 page]</li> <li>9. Cost plan summary [CT400026.9 - 1 page]</li> <li>10. Council Briefing session on Health Precinct held on 5 August 2020 [CT400026.10 - 15 pages]</li> </ol>
<b>Report Recommendation</b>	<ol style="list-style-type: none"> <li>1. Endorse the continued work on the development of a Health Precinct between Newton Road and the Blacktown Hospital.</li> <li>2. Endorse the preparation and lodgement of a Planning Proposal described in attachment 7 &amp; 8.</li> <li>3. Endorse further investigations for, and the preparation of, a Contributions Plan for the Health Precinct.</li> <li>4. Approve the allocation of \$500,000 from the internally restricted Transformational Projects reserve to forward fund the design of infrastructure which will ultimately be funded from the Contributions Plan in accordance with Key reasons 2.d. of</li> </ol>

this report.

## Key reasons

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### **1. Phase 1 of the Health Precinct transformational project is complete**

- a. Phase 1 included an analysis of the demand for a private hospital and allied health business, which was then used to prepare urban design studies in the proposed precinct. These were underpinned by reviews of existing land use zones, development heights, traffic, flooding and open space.
- b. The urban design studies have been translated into a planning framework for the precinct and have identified necessary infrastructure to render development possible.
- c. Detail of the work completed under Phase 1 was presented at a Council briefing on 5 August 2020, and is summarised in the Supporting analysis section of this report.

### **2. We have started work on Phase 2 of the Health Precinct transformational project**

- a. Phase 2 entails:
  - i. the design development and costing of key infrastructure elements including land acquisition, drainage and flood management, roads and public spaces
  - ii. amendments to the planning framework via a Planning Proposal
  - iii. development of a Contributions Plan.
- b. For Phase 2 we will need to:
  - i. undertake more detailed design on services, assess capacity and define any additional works outside the precinct
  - ii. prepare supplementary visual presentation material showcasing 'opportunities' and proposed changes
  - iii. consult with key stakeholders, particularly Western Sydney Local Health District, TAFE, large property owners and the broader community prior to commencing the planning proposal
  - iv. develop details of the proposed public domain and stormwater detention basin concept
  - v. liaise more fully with Transport for NSW in relation to road infrastructure changes, in particular the approaches to the Sunnyholt Rd/Blacktown Rd intersection
  - vi. review the land acquisition strategy based on more detailed engineering design
  - vii. review the infrastructure costs based on more detailed engineering design
  - viii. identify essential lead-in works required before any development can occur, such as critical OSD and civil works
  - ix. model and market-test proposed contributions, to align with intended outcomes.



- c. This work will require further funding of \$500,000 (excl GST) for external consultants, including:
- project management
  - urban design
  - civil engineering
  - flood modelling
  - ecology and biodiversity
  - contamination
  - quantity surveying.
- d. The costs associated with Phase 2, as well as future land acquisitions, design and project management fees and construction of infrastructure (Phase 3) are proposed to be recovered from developer contributions. Preliminary costs for infrastructure delivery and property acquisition have been calculated to understand how a future Contributions Plan could fund them.
- e. It is anticipated that the following reports and documentation would be prepared as part of the Phase 2 work:
- detailed public domain plan
  - refined drainage strategy
  - more detailed road improvements plan
  - updated land acquisition plan
  - updated cost plan, and preliminary cash flow
  - stakeholder consultation plan
  - draft contributions plan and funding strategy.
- f. These reports will be supporting documentation to the planning proposal. The process for the intended planning proposal will take upwards of 14 months as set out below.

Period	Activity
0 – 1 month	Consideration of the proposal
1 - 2.5 months	Report to the Blacktown Local Planning Panel for advice
2.5 – 4 months	Report to Council to resolve to prepare the planning proposal
4 – 4.5 months	Forward the planning proposal to DPIE for a Gateway determination
4.5 – 8 months	Receive a Gateway determination from DPIE

Period	Activity
8 – 9.5 months	Consultation and public exhibition
9.5 – 11 months	Consider submissions
11 – 13 months	Report to Council to adopt the planning proposal
13 – 14 months	Forward the adopted planning proposal to the DPIE to request that the plan be made
14+ months	DPIE make the plan

## Supporting analysis

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### 1. Phase 1 of the Strategy is complete

- a. We have gathered health and demographic data in recent years including the commissioning of separate demand studies for a private hospital and allied health facilities. (Attachment 2)
- b. An urban design concept report prepared by Hames Sharley in 2019 for Council identified the Health Precinct, which Council has refined. (Attachment 1)
- c. Council has prepared preliminary studies of drainage and flooding within the precinct, supported by external civil consultant advice (AT+L) and flood modelling consultant advice (CSS). (Attachment 3)
- d. Council has engaged a specialist traffic consultant, GTA, which has identified the likely improvements required for key roads and intersections. (Attachment 5)
- e. An external quantity surveyor (Altus) has compiled a cost plan for the required infrastructure to serve growth, including likely land acquisitions. (Attachment 9)
- f. We have identified proposed planning changes. (Attachment 6, 7 & 8)
- g. We have identified the likely levy per square metre required to be built into a Contributions Plan as being in the order of 3.3 - 4.6% of development cost when distributed over the initial Health Precinct or 2.0 – 2.7% when distributed over the Expanded Health Precinct.

### 2. Demand for the development of a Health Precinct

- a. Over recent years existing residential lots adjacent the Blacktown Hospital have been bought up or leased by health professionals to provide medical services.
- b. Health professionals usually commence their professional careers working at public hospitals and, as they become established professionals, often realise a business opportunity by opening a private practice in proximity to their hospital to enable them to continue to service the hospital whilst building their private practice.
- c. Medical services within the Blacktown CBD and within the proposed Health Precinct are anticipated to grow in parallel with catchment demographics and as patient visitation to Blacktown Hospital increases due to its recent expansion.

- d. O'Connell Advisory has identified demand and current feasibility for a private hospital of 50-100 beds located adjacent the existing Blacktown Hospital which can grow by a further 50-100 beds by 2036 if a suitable site is available. This analysis is separate to the proposals for the BBSI project.
- e. Macroplan Dimasi has identified demand for allied health services space from 65,500 square metres up to 110,000 square metres by 2036.
- f. Hames Sharley has tested development site yields to check the ability of the precinct to accommodate the findings of the O'Connell Advisory and Macroplan Dimasi reports and prepared an urban design vision for the Health Precinct.

### 3. Market assessment for private hospital

- a. In 2018, Council engaged O'Connell Advisory (O'Connell) to assess the likely market demand for a private hospital potentially co-located with the expanded Blacktown Hospital.
- b. The O'Connell report identified the extent and nature of unmet demand for private health services in the Blacktown region using private hospital demand projections from Hardes & Associates. Hardes & Associates (Hardes) is a specialist demand modelling company for the hospital sector, advising both private and public healthcare organisations.
- c. O'Connell concluded that, from its assessment of catchment demographics and the Hardes' modelling data, unmet bed demand is evidence for the need for a co-located private hospital in Blacktown. O'Connell identified a capital project in the range of \$124M-\$142M for such a facility.
- d. Findings of the O'Connell report on demand for a private hospital are:

Item	Identified demand (2021-2036)
Private Hospital	<ul style="list-style-type: none"> <li>• 50-100 beds of 5,000 to 10,000 m2 GFA</li> <li>• Potential for another 50-100 beds additional demand of 5,000 to 10,000 m2 GFA</li> </ul>

An extract from the O'Connell Report is provided in attachment 2.

### 4. Market assessment for health-related facilities

- a. In 2019, Council engaged Macroplan Dimasi (Macroplan) to consider the O'Connell report and the NSW state investment in the Blacktown Hospital and to provide:
  - a report on the likely demand for hospital and associated allied health facilities; and
  - an economic assessment of the existing and future market conditions for specific land and floorspace uses within the proposed Blacktown Health Precinct.
- b. The Macroplan report identified that the most successful health precincts are transit-accessible precincts that include health assets surrounded by a network of medical institutions, a mix of complementary industry tenants, housing, ancillary facilities and services.

- c. Macroplan also noted that the changing nature and mix of uses within health precincts are also changing the built form of health precincts. Buildings in innovative health precincts are getting larger and taller as the pursuit for collaboration commands that more departments, organisations and uses be located within the same building to facilitate the opportunity to congregate, exchange ideas, meet, talk and eat.
- d. The identified land use demand is summarised below:

Land use	Identified demand (2021-2036)
GPs & allied health	A multi-faceted development concept of 9,000 to 10,000 m2 GFA <ul style="list-style-type: none"> <li>Medical – 2,000 to 3,000 m2 GFA</li> <li>7,000 m2 GFA for allied health practitioners, supporting uses (i.e. gym, wellness centre, alternative health, etc.)</li> </ul>
Retail	2,000-2,500 m2 GFA - Including a small supermarket of between 1,000 and 1,500 m2
Commercial	4,000-5,000 m2 GFA
Student accommodation	5,500 - 6,500 m2 GFA Internal communal floorspace of about 1,500-1,800 m2
Seniors housing	Blacktown Health Precinct <ul style="list-style-type: none"> <li>2-4 large-scale villages 18,000 to 36,000 m2 GFA</li> <li>2-3 large-scale RACFs 8,000 to 12,000 m2 GFA</li> </ul>
Healthcare staff accommodation	8,000 - 12,000 m2 GFA 80 m2 GFA for average/typical unit size (i.e. per unit)
Nursing Teaching Institution	2,000 - 3,000 m2 GFA
Short term accommodation	150-200 rooms 6,500 - 8,500 m2 GFA
Childcare centre	2,500 and 3,500 m2 GFA <ul style="list-style-type: none"> <li>2 large-scale centres (100-150 places each)</li> <li>2-4 small to moderate scale centres (50-100 places each)</li> </ul>
Approximate total (O'Connell & Macroplan Studies)	70,500m2 to 119,000m2 GFA

An extract from the Macroplan Report is provided in attachment 2.

## 5. Urban design investigations and concept

- a. In late 2019, a draft urban design concept report was prepared by Hames Sharley for

Council for the Health Precinct. This tested out the capacity of the precinct to accommodate development identified in the O'Connell and Macroplan Reports and tested out options for resolving traffic and flooding issues.

- b. The report included Council's preliminary assessment and design of drainage and flood mitigation measures within the precinct and identified key roads and intersections likely to require improvement. It is proposed that more detailed infrastructure design work be carried out with Council endorsement of the submission of a planning proposal to provide more certainty on infrastructure costs and to prepare a draft contributions plan.
- c. Council officers reviewed this work and translated it into a series of diagrams representing traffic engineering, drainage engineering, planning and open space design for the proposed precinct.

## **6. Constraints to and opportunities for the development of a Health Precinct**

- a. Planning controls
  - i. Amendments to the current zoning and planning controls are required to facilitate development within the future Health Precinct. The area of land zoned SP1 Health Services Facility needs to expand and building heights need to increase to accommodate the floorspace demand, identified by O'Connell Advisory and Macroplan Dimasi.
  - ii. Changes to zoning and planning can be used to encourage the transformation of the precinct from a single-storey, predominantly residential use to a higher density, mixed offering of allied health services including hospital services, medical practices, assisted living, aged care and secondary support services such as cafes, car parking facilities and incidental businesses.
- b. Drainage
  - i. Existing drainage infrastructure is under capacity with consequent flooding of key sites adjacent, or in close proximity to, Blacktown Hospital.
  - ii. Detention basins within and upstream of the proposed precinct can adequately reduce the risk of flooding to render current flood affected sites developable. Insight to flooding solutions has been provided by AT+L engineering and our own drainage engineers.
  - iii. The existing public open space of Captain Cook Memorial Park is little more than a drainage easement and inadequate to service the future Health Precinct.
  - iv. Captain Cook Memorial Park can be expanded to provide both flood mitigation and key public open space for the proposed precinct.
- c. Roads and intersections
  - i. Access to the precinct is limited by existing road networks and difficult to navigate.
  - ii. New road and street connections have been identified by our traffic consultants, GTA Transport and Traffic, and our own traffic engineers to make access to and egress from the precinct easier and more efficient.

- iii. New road connections will enable improvements to the local road network to facilitate better access into and out of the Health Precinct and to support the traffic demand that will result from the zoning changes.
- d. Funding strategy: a contributions plan
  - i. Funding of the significant infrastructure works and land acquisitions to render the Health Precinct amenable to development can be funded through a Contributions Plan tied to the future development of sites within the precinct.
  - ii. Engineering works have been costed by our Quantity Surveyor consultants, Altus.
  - iii. Land acquisitions costs have been provided for by BCC property officers.
  - iv. The interest cost of forward funding necessary early works such as flood mitigation infrastructure and land acquisition can be recovered through the Contributions Plan.

## 7. Planning framework

- a. The proposed planning framework is summarised in diagrams in attachment 7 (zoning) and 8 (height limits).
- b. Extent of the precinct – this is proposed in two phases. The first to encourage initial development in the northern two-thirds of the precinct followed by an expansion to the south-west and south-east up to Bungaribee Road.
- c. Zoning – the proposed land use zones within the precinct include:
  - B4 Mixed Use
  - SP1 Special Purpose 1 (health services facility and educational establishments). The planning proposal will seek to add ‘carpark’ as an additional permitted use to provide opportunity for above ground parking due to flooding issues in the precinct. Aged care and retirement living will be enabled through a site compatibility certificate process.
  - RE1 Public Recreation.
- d. Building heights – the proposed categories of heights within the precinct include:
  - No height limit (RE1 zone)
  - 32m (equivalent to 10 stories of residential or 8 stories of offices) generally across the precinct
  - 26m (equivalent to 8 stories of residential or 6 stories of offices) adjacent the playing fields of St Patrick’s School
  - Design Excellence bonus height – a bonus in permissible height of up to a maximum of 44m (equivalent to 14 stories of residential or 11 stories of offices) for a maximum floor plate GFA of 1,000 square metres.
- e. Design Excellence bonus height – a bonus in permissible height of up to a maximum of 44m for a maximum floor plate GFA of 1,000 square metres is proposed within the Health Precinct adjacent the Sunnyholt Road, Main Street and Newton Road intersection. The increase in permissible height to 44m may be considered if the

development exhibits design excellence as determined through an architectural design competition. In considering design excellence the applicant will need to demonstrate suitable traffic solutions to the intersection and frontages of the sites. This may include increased setbacks for buildings and dedication of land to enable improvement to traffic service levels.

- f. Minimum site area – a minimum site area of 2,000 square metres is proposed as a requirement to realise the increases in building heights. The minimum site area is proposed as a mechanism to ensure that the buildings within the precinct can be designed with appropriate floor plate sizes and appropriate building separation, thereby achieving access to natural ventilation and light.

## **8. Drainage issues**

- a. Council engaged CSS flood modelling to prepare data and flood mapping for the catchment area around the proposed Health Precinct. This work has identified that the existing drainage infrastructure (running north-south and generally following the existing creek) is currently under capacity.
- b. The rail embankment at the north end of the catchment (north of Main St) is an impediment to the release of floodwater from the precinct in larger storm events.
- c. The drainage approach proposed by Council drainage engineers and AT+L is to alleviate the issue south of the rail embankment and within the wider precinct by the introduction of up-stream detention basins.
- d. This strategy also serves to render current flood affected sites within the precinct developable.
- e. Using the CSS modelling and flood mapping forecasts for a 1-in-100-year event, Council has prepared a stormwater management strategy incorporating on-site detention (OSD) with new and supplementary pipes and improved culverts within the precinct, as well as improvements to OSD upstream of the precinct. This concept is shown in attachment 3.
- f. The land acquisitions required to accommodate the changes are shown in attachment 6.
- g. Due to the alignment of the natural creek flow-path through the proposed Health Precinct, the stormwater management strategy is a key factor in the proposed urban design and planning outcome, particularly in proximity to the intersection of Main St and Marcel Crescent.
- h. Council drainage teams have identified that essential stormwater and civil works which are required to lead any private sector development, potentially requiring forward funding.

## **9. Public domain**

- a. Council has identified the opportunity to upgrade the existing drainage culvert and recreation area in Captain Cook Memorial Park into a key public space for the future Health Precinct.
- b. With some supplementary land acquisitions, it is proposed that the park will include landscaped forms providing recreation space, pedestrian connectivity across the

precinct and ephemeral stormwater detention basins capable of dealing with significant rainfall events.

- c. This concept is provided in attachment 4.

## 10. Road and intersection improvements

- a. Traffic studies by GTA and urban design work by Hames Sharley based on forecast of future development from the Macroplan report detail a range of connection, traffic management and parking issues for current and future users of the precinct.
- b. These studies predict the likely trip generation volumes, and in turn, the necessary improvements to key intersections and roads within the Health Precinct, thereby improving access to and from the precinct and making navigation easier.
- c. Solutions to these issues are proposed to facilitate development within the precinct and are illustrated in attachment 5.

Road/intersection	Benefit
Main Street/Marcel Crescent/Griffith Street intersection	Improve current off-set connection. Improve access of emergency vehicles into precinct from Main Street. Create improved access into new commercial area on north side of Main Street.
Extension of Griffiths Street East connecting at Newton Road	Improve connectivity in an east-west direction between the precinct and the CBD for both pedestrians and vehicles. Reducing traffic load on Main Street Future planning for Colo Lane CBD link.
The extension of Hereward Highway into Bungaribee Road	Improving access into and out of the precinct.
Widening of Panorama Parade (largely within the existing road reserve)	Improving access into and out of the precinct Increased street parking.

- d. The land acquisitions required to accommodate the road network changes are shown in attachment 6.

## 11. Services infrastructure

- a. Council's external civil engineer, AT+L has assessed changes to existing underground and overhead services within the precinct and prepared a scope of work which has been included in the preliminary cost plan.

## 12. Preliminary cost plan

- a. The Quantity Surveyor, Altus has compiled a preliminary Cost Plan for the likely infrastructure work to establish the Health Precinct. This Cost Plan incorporates the following budget allowances:
  - Land acquisitions – prepared by BCC Property



- Public domain works in Captain Cook Memorial Park – prepared by BCC Recreation and Transformational Design
  - Drainage Infrastructure - Prepared by BCC Drainage Engineers.
- b. The Cost Plan summarises the likely infrastructure costs as follows:

Element	Cost*
Flood mitigation within Health Precinct	\$8,800,000
Flood mitigation upstream of Health Precinct	\$4,100,000
Captain Cook Memorial Park landscape / public space	\$15,000,000
Land acquisitions within Health Precinct	\$87,300,000
Land acquisitions upstream of Health Precinct	\$12,600,000
Intersections, roads and related services diversions	\$19,700,000
Sub-total	\$147,500,000
Contingency at 20%	\$29,500,000
<b>Total</b>	<b>\$177,000,000</b>

\*Costs exclude GST

- c. Of the land acquisitions within the Health Precinct, approximately \$66M is for road and intersection changes and \$34M is for stormwater and drainage improvements.

### 13. Forward funding

- d. Council drainage teams have identified that essential stormwater and civil works will need to lead any private sector development, potentially requiring forward funding.
- e. Estimates of early lead in work to acquire the necessary land holdings and undertake the works are in the order of \$80M.
- f. The value and detail of this work is to be further assessed in Stage 2 of the Strategy once Council endorses the preparation and submission of the Planning Proposal.

## Context

### 1. There has been significant recent investment in the Blacktown Hospital by the NSW Government

- a. The NSW Government has recently invested approximately \$700m in the Blacktown Hospital.
- b. This investment has delivered:
- i. new emergency department with emergency and short stay beds and a new psychiatric emergency care service and dedicated unit in Emergency
  - ii. new intensive care unit

- iii. eight new operating theatres and space for future expansion
- iv. new purpose-built wards for expanded birthing (with a well-ness model of care), maternity, women's health, and newborn care
- v. new paediatric service with dedicated emergency department facilities, day stay and inpatient facilities opening in stages
- vi. medical imaging, sterilising and non-clinical support services expansion
- vii. contemporary new activity-based workspaces for support staff
- viii. expanded haemodialysis unit for hospital in-patients
- ix. refurbishment of the original building for endoscopy, gastroenterology, and more outpatient clinics
- x. in excess of 600 beds.

## **2. Key stakeholder engagement**

- a. Council commenced stakeholder engagement with key land owners and users within the precinct in 2019.
- b. The stakeholders were encouraged to provide suggestions on how a health precinct might work and participated in a workshop in March 2019. Representatives from TAFE, Blacktown Hospital, Seven Hills RSL (owner of the bowling club land) and The Salvation Army attended the workshop, run by Hames Sharley and BCC staff.
- c. The Coreen School was briefed in early 2020.
- d. A briefing for Blacktown Councillors was held on 5 August 2020 outlining the work to date and feedback from Council is incorporated into this report.
- e. Council planning staff and contributions plan staff have assisted in the development of the strategy.

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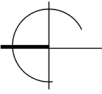
End of report

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LEGEND

- Health Precinct project boundary
- Possible future expansion precinct







# BLACKTOWN PRIVATE HOSPITAL INDEPENDENT MARKET ASSESSMENT

April 2018

## EXECUTIVE SUMMARY

Blacktown City Council (BCC) proposes to capitalise on the \$700M (Stages 1 & 2) being invested in the Blacktown Hospital by the NSW government. A previously commissioned market analysis concluded there was strong potential for a co-located private hospital. This market assessment identifies the extent and nature of unmet demand for private health services in the Blacktown region using private hospital demand projections from Harde and Associates. Our data analysis has explored options for a potential new colocated private hospital.

### Catchment Demand Growth

The main catchment for a proposed Blacktown Private Hospital (BPH) was determined to be residents living in 5 Statistical Area Level 3s: Blacktown, Blacktown North, Mount Druitt, Baulkham Hills, Rouse Hill - McGraths Hill. These account for 90% of BPH's activity, with an additional 10% of activity coming from other areas. The key catchment demographics are:

- The population growth rate is high, growing from 556,321 in 2018 to 763,533 by 2032. The average annual growth rate of 2.3% is significantly higher than the 1.6% for the Sydney metropolitan area
- The 70+ age group is the fastest growing cohort, with an annual growth rate in excess of 4% and overall growth of 2.4 times by 2036. This group are the highest users of hospital services
- The private insurance rate of the catchment at 55% is above the average rate of Greater Sydney (52%) and should also drive demand for private hospital services.

The Harde data projects an annual bed day growth in the catchment of 2.8% p.a. which is driven by strong growth of the older cohorts.

The rate of private beds per head of population in NSW supports the reasonableness of the Harde data. Based on the NSW bed rate (1.07 per 1,000 population), the unmet bed demand in the catchment is currently 51 beds. Even though there are planned expansions at Westmead Private and Norwest Private Hospitals, the unmet bed demand is expected to increase to 209 beds by 2032.

There is strong private sector competition in the catchment, with expansions at Westmead Private and Norwest Private hospitals and multiple day surgery facilities. It is critical that BPH is co-located with Blacktown Hospital for the following reasons:

- Clinicians at Blacktown Hospital can be more readily recruited to BPH
- Co-location reduces the risk of unsustainable hospital activity and low occupancy
- Blacktown Hospital is an expanding hospital with approximately 10% private patients
- Synergies can be achieved with certain Blacktown Hospital specialties (e.g. bariatric surgery)
- Future competition would have a strong preference to be colocated with Blacktown Hospital.



### Potential Private Hospital Scenarios

By allocating market shares to Haredes data (mainly to the market growth), four scenarios have been developed which include combinations of different speciality groups as shown below:

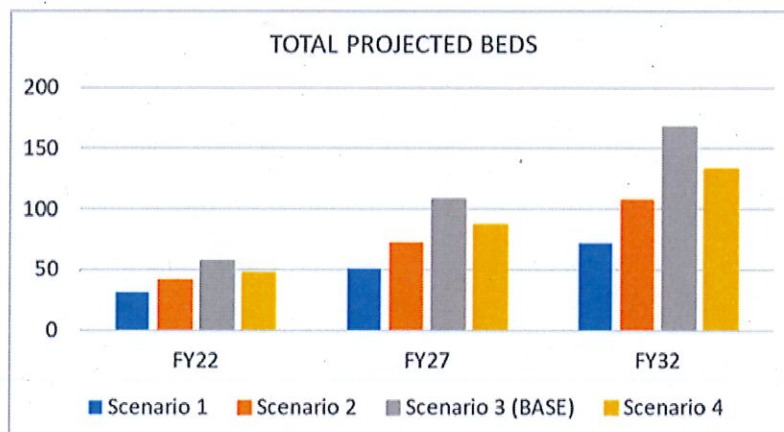
Scenario	Description
Scenario 1	Surgical/Medical
Scenario 2	Surgical/Medical + Psychiatry
Scenario 3 (BASE)	Surgical/Medical + Psychiatry + Rehabilitation
Scenario 4	Surgical/Medical + Rehabilitation

Our analysis indicates that the Haredes projections for chemotherapy, renal dialysis and obstetrics are conservative and higher market growth rate could be considered, resulting in more viable chair and delivery room numbers. These scenarios could be tested and refined at market sounding sessions with private operators.

The indicative infrastructure of the scenarios at FY32 is shown below:

FY32 PROJECTED POTENTIAL SCALE							
Scenarios	BEDS			Theatres	Chemo Chairs	Renal Chairs	Delivery Rooms
	Overnight	Same Day	Total Beds				
<b>Scenario 1</b> Surgical/Medical	49	23	72	7.0	2.7	4.6	2.5
<b>Scenario 2</b> Surgical/Medical + Psych	80	26	107	7.0	2.7	4.6	2.5
<b>Scenario 3 (BASE)</b> Surgical/Medical + Psych + Rehab	128	40	168	7.0	2.7	4.6	2.5
<b>Scenario 4</b> Surgical/Medical + Rehab	97	36	133	7.0	2.7	4.6	2.5

The graph below shows the bed ramp up for each scenario, which may provide options for staging.





Of key importance to a proposed BPH are the clinicians and the ability of a hospital operator to attract and retain them. The Base Scenario requires approximately 48 surgeons in FY32, which appears to be achievable given the total number of doctors in the current market.

### Benefits to Blacktown Community

The Base Scenario hospital would bring significant benefits to the local community, including but not limited to:

- Approximately 327 to 376 new skilled jobs in FY32
- A capital project in the range \$124M to \$142M delivering jobs and economic benefit during construction
- Creating greater scale on the health campus will attract clinicians (including allied health professionals) who will deliver more public and private health services for the local community
- Western Sydney Local Health District WSLHD would have potential to gain economies of scale, rental and recruitment benefits
- Teaching, training and research opportunities would be boosted.

### Recommended Next Steps

The next steps could involve consideration of the following issues:

- Discussions with WSLHD re interest in supporting the progression of the project with focus on:
  - The availability of land co-located with Blacktown Hospital
  - The pro's and con's for WSLHD
  - The process to progress the private hospital opportunity and to agree what Council can do to support WSLHD.
- Market sounding with private operators to obtain feedback on the concept and hospital scenarios, with a focus on the detailed casemix outlined in the Appendix
- Decision whether to proceed to market or not with WSLHD as contracting party
- Blacktown Health Precinct Master Plan to provide a framework for the development of efficient and effective service delivery
- Information Memorandum
- Plan to go to market strategy.

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*An assessment of catchment demographics, Hards data and unmet bed demand has provided evidence for the need of a co-located private hospital in Blacktown*

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# Blacktown Health Precinct

## Potential Market Assessment

April 2019





## Executive Summary

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MacroPlan has been engaged by Hames Sharley and Blacktown City Council to undertake an economic assessment of the existing and future market conditions for specific land and floorspace uses at the proposed Blacktown Health Precinct. The context of this report is having regard for recent population and employment growth trends and ageing, and existing land uses, and the proposed renewal/redevelopment project in the Blacktown CBD. This assessment considers the existing provision of health services at nearby towns and will identify where business synergies are possible.

Our report outputs will support the project team to understand the potential floorspace demand for health/medical services and other specific land uses at the potential Blacktown Health Precinct, and will assist Council to establish the Concept Plan for a Strategic Healthcare Precinct.

The function and form of health precincts around the world is changing including the measurement for success. The size and co-location of medical uses within these precincts is not on its own an indicator of a successful health precinct. The largest hospital knowledge precinct in the world, the Texas Medical Centre, which has over fifty-plus organisations, is not achieving meaningful collaboration, which is fundamental to creating innovative precincts<sup>1</sup>.

The most successful health precincts are internationally competitive and are often described as 'innovation districts'. These districts are transit-accessible precincts that include health assets surrounded by a network of medical institutions, a mix of complementary industry tenants, housing, ancillary facilities and services<sup>2</sup>.

The changing nature and mix of uses within health precincts are also changing the built form of health precincts. Buildings in innovative health precincts are getting larger and taller as the pursuit for collaboration commands that more departments, organisations and uses be located within the same building to facilitate the opportunity to congregate, exchange ideas, meet, talk and eat. This includes providing spaces for healthcare professionals to walk, talk, think and work<sup>3</sup>.

Flexibility is therefore key in planning for these types of precincts, given the broad mix of uses that often make them successful. Each health precinct is unique in some manner, however there are a range of principles which define successful health precincts nationally and internationally and they include:

- Brand recognition / pulling power through embracing size and scale;
- High concentrations of specialisation / expertise;
- Industry connections and connectivity including active engagement of business and industry and presences of incidental locations to stop and have casual interactions;
- Health, educational and research uses including partnerships;
- Porous / permeable boundaries which promote a clear focus on market and outcome domains over institutional domains;

<sup>1</sup> Michaela Sheahan, Architecture Australia – May 2015 (Issue 3), *The importance of public spaces and pedestrians in hospital precincts*

<sup>2</sup> Greater Sydney Commission (March 2018), *Greater Sydney Region Plan*, p115

<sup>3</sup> Michaela Sheahan, Architecture Australia – May 2015 (Issue 3), *The importance of public spaces and pedestrians in hospital precincts*.

- Housing diversity including designs for different types of people and their varying lifestyles;
- Urban fabric including density and diversity of building types and activated street frontages including ground floor retail;
- Mix of uses which provide services and lifestyle amenities that provide relief from work pressures and opportunities to engage and interact with the community;
- "3D" approach to use of land and space – more than one use per space but rather vertical spaces and focus on integration / collaboration; and
- Shared and creative "play spaces" / "innovation spaces".

With a number of health and innovation precincts being established in Greater Sydney, the Blacktown Health Precinct will need a competitive advantage in the form of:

- A broadly-based strategy that integrates a mix of uses
- Globally recognised tenants
- A deep 'industry structure' facilitating the growth of subject matter experts
- Anchor infrastructure
- Points of difference

Health precincts evolve over time however they must diversify in their use to become 'innovative' and hence deliver improved economic outcomes.

We have summarised our findings and recommended land use options (with its sequencing) in the table below, to explore the range of potential tenants / operators in the health precinct in the future.

Our analysis and assessment are discussed in greater detail in later sections of this report.

## Summary of demand assessment for specific land uses

Land Use	Identified demand (2021-2036)	Justification for the provision of supply	Timing/Sequencing*
1. Private Hospital	<ul style="list-style-type: none"> <li>50-100 beds (based on O'Connell report) 5,000 to 10,000 m<sup>2</sup> GFA</li> <li>Potential for another 50-100 beds additional demand 5,000 to 10,000 m<sup>2</sup> GFA</li> </ul>	<ul style="list-style-type: none"> <li>Ageing population</li> <li>Private health insurance coverage has increased over the past five years in Australia</li> <li>Private hospitals have gained market share in the General Hospitals industry, with private health insurance growth exceeding increases in public hospital funding.</li> </ul>	<ul style="list-style-type: none"> <li>'Anchor use'</li> </ul>
2. GPs & Allied Health	<ul style="list-style-type: none"> <li>A multi-faceted development concept of 9,000 to 10,000 m<sup>2</sup> GFA               <ul style="list-style-type: none"> <li>Medical ~ 2,000 to 3,000 m<sup>2</sup> GFA</li> <li>7,000 m<sup>2</sup> GFA for allied health practitioners, supporting uses (i.e. gym, wellness centre, alternative health, etc.)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Rapidly increasing population</li> <li>Ageing population</li> <li>Need space for a major/branded operator</li> <li>Need spaces for specialist</li> <li>Specific allied health services (dedicated physio studio, chiropractors, pathology etc.) more awareness of these type of health uses</li> </ul>	<ul style="list-style-type: none"> <li>'Anchor use' or 'Follow up'</li> </ul>
3. Retail	<ul style="list-style-type: none"> <li>2,000-2,500 m<sup>2</sup> GFA               <ul style="list-style-type: none"> <li>Including a small supermarket of between 1,000 and 1,500 m<sup>2</sup></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Rapidly increasing population</li> <li>Creating local employment opportunity</li> <li>Very limited contribution from the surrounding residential main trade area population</li> <li>The proposed Warrick Lane Development in an area just beyond (north-west) of the Precinct will include a yet to be determined amount of retail GFA/GLA</li> <li>Convenience, service and food retail focus to serve immediate worker population in particular.</li> <li>Complement well with medical and other health related uses at subject land.</li> <li>Stage 2 hospital will include additional retail.</li> </ul>	<ul style="list-style-type: none"> <li>'Follow up'</li> </ul>
4. Commercial	<ul style="list-style-type: none"> <li>4,000-5,000 m<sup>2</sup> GFA</li> </ul>	<ul style="list-style-type: none"> <li>The potential health precinct can attract interest from health providers (e.g. medical/consulting suites), education, R&amp;D, and a range of SMEs seeking to purchase strata office.</li> <li>Attract doctors and experienced health professionals</li> <li>Complement well with medical and other health related uses at subject land</li> <li>Need spaces for medical specialists – mostly obsolete office stock available in the immediate locality</li> </ul>	<ul style="list-style-type: none"> <li>'Early activator' or 'Anchor use'</li> </ul>

5. Student Accommodation	<ul style="list-style-type: none"> <li>5,500 - 6,500 m<sup>2</sup> GFA               <ul style="list-style-type: none"> <li>internal communal floorspace of about 1,500-1,800 m<sup>2</sup></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>At present, there is no student accommodation supply provided within Blacktown.</li> <li>Potentially 1,000 students in 2021 and 5,000 student in 2026 (i.e. new University campus at Blacktown CBD)</li> <li>Western Sydney University, there is a current composition of foreign student-to-PBSA beds of 27%.</li> </ul>	<ul style="list-style-type: none"> <li>'Early activator' or 'Anchor use'</li> </ul>
6. Seniors housing	<ul style="list-style-type: none"> <li>Blacktown Health Precinct               <ul style="list-style-type: none"> <li>2-4 large-scale villages</li> <li>18,000 to 36,000 m<sup>2</sup> GFA</li> <li>2-3 large-scale RACFs</li> <li>8,000 to 12,000 m<sup>2</sup> GFA</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Ageing population</li> <li>Lack of retirement options in the immediate locality</li> <li>Complement well with the existing RACF, new private hospital, upgraded public hospital, and new Blacktown health precinct</li> <li>Local employment/tertiary education opportunity (for new campus &amp; TAFEs)</li> <li>Development potential within Blacktown LGA (i.e. next 5 years):               <ul style="list-style-type: none"> <li>400-800 ILUs</li> <li>300-500 aged care places</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>'Early activator'</li> </ul>
7. Healthcare staff accommodation	<ul style="list-style-type: none"> <li>8,000 - 12,000 m<sup>2</sup> GFA               <ul style="list-style-type: none"> <li>80 m<sup>2</sup> GFA for average/typical unit size (i.e. per unit)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Attract doctors and experienced health professionals</li> <li>Creating local employment opportunity</li> <li>Complement well with medical and other health related uses at subject land</li> <li>Could be a positive influence on the local community</li> </ul>	<ul style="list-style-type: none"> <li>'Early activator'</li> </ul>
8. Nursing Teaching Institution	<ul style="list-style-type: none"> <li>2,000 - 3,000 m<sup>2</sup> GFA</li> </ul>	<ul style="list-style-type: none"> <li>Increasing demand for nursing courses nationally and in NSW.</li> <li>Complement well with the existing TAFE, Blacktown public hospital, new private hospital, and other health related land uses at the health precinct</li> <li>Could be a positive influence on the local community</li> </ul>	<ul style="list-style-type: none"> <li>'Early activator' or 'Anchor use'</li> </ul>
9. Short Term Accommodation	<ul style="list-style-type: none"> <li>150-200 rooms</li> <li>6,500 - 8,500 m<sup>2</sup> GFA</li> </ul>	<ul style="list-style-type: none"> <li>Solid demand with increasing numbers of holiday visitors and business travellers</li> <li>Serviced apartment could attract both holiday visitors and business travellers, particularly those who are budget-constrained</li> </ul>	<ul style="list-style-type: none"> <li>'Anchor use' or 'Follow up'</li> </ul>
10. Childcare Centre	<ul style="list-style-type: none"> <li>2,500 and 3,500 m<sup>2</sup> GFA               <ul style="list-style-type: none"> <li>2 large-scale centres (100-150 places each)</li> <li>2-4 small to moderate scale centres (50-100 places each)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Rapidly increasing population</li> <li>Creating local employment opportunity</li> <li>Could be a positive influence on the local community</li> </ul>	<ul style="list-style-type: none"> <li>'Early activator'</li> </ul>

Source: MacroPlan (2019)

\* Sequencing order: 'Early activator' < 'Anchor use' < 'Follow up'. This is not an actual development staging, but an early planning/concept based on the same principle as staging.







LEGEND



Underground drainage

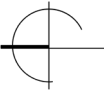


Proposed water basins

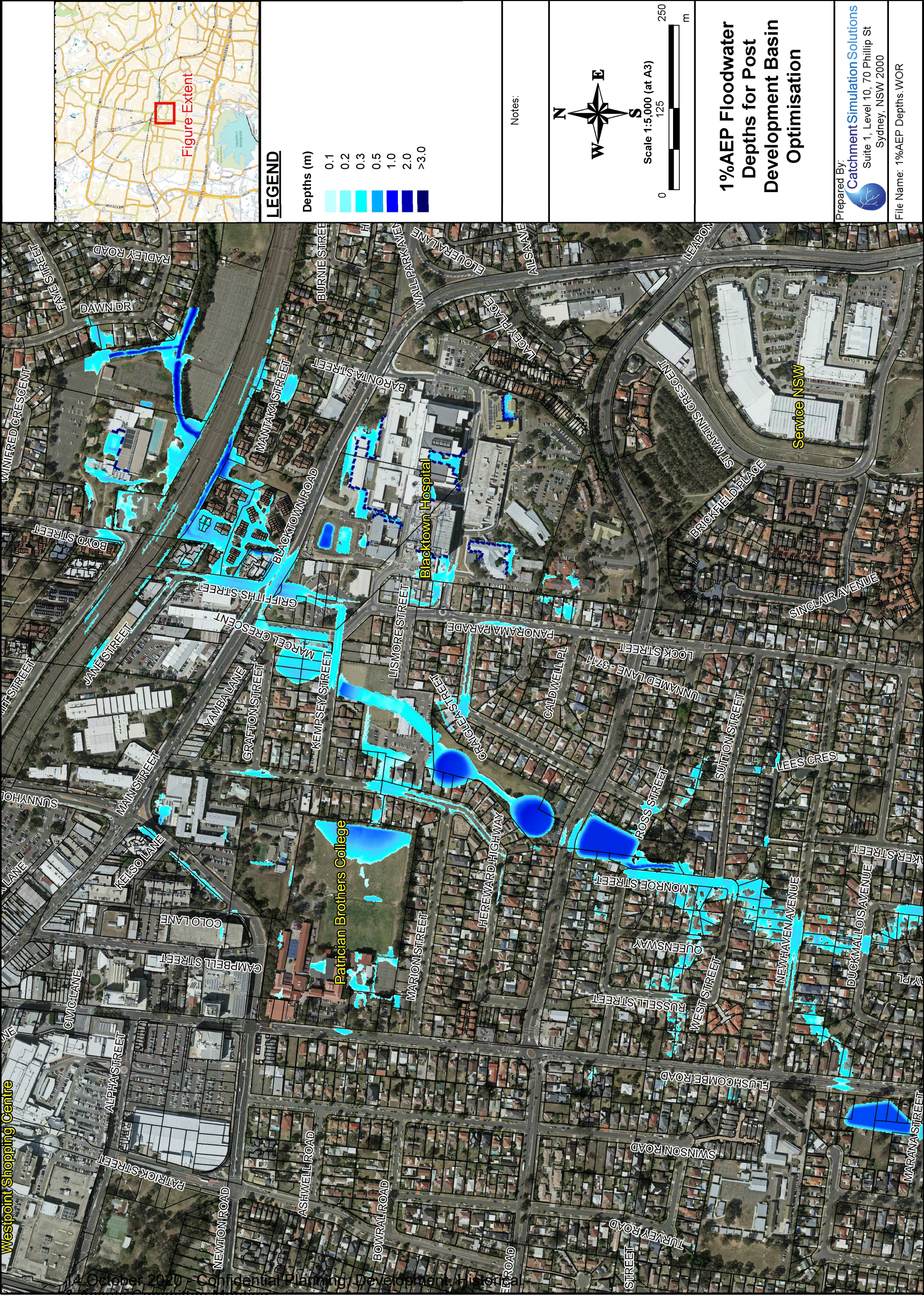
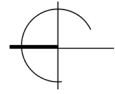
COST

Flood mitigation within precinct: \$8.8m

Flood mitigation outside precinct: \$4.1m







1% AEP FLOODWATER DEPTHS FOR POST  
DEVELOPMENT BASIN OPTIMISATION  
Drawing SK-07  
Date 24/07/2020  
Scale NTS

Project HEALTH PRECINCT







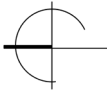
LEGEND

New RE1 land

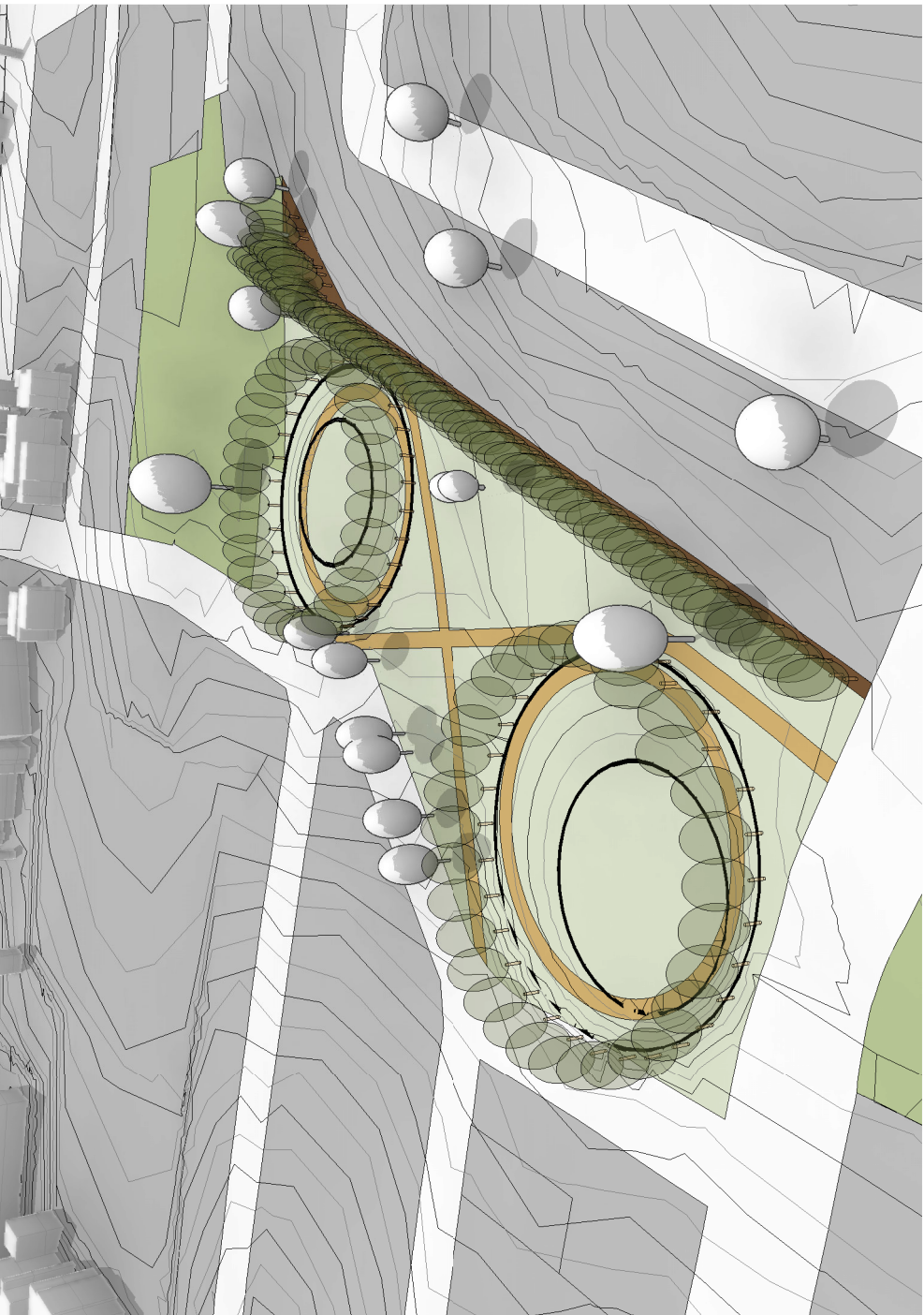
Existing RE1 land

COST

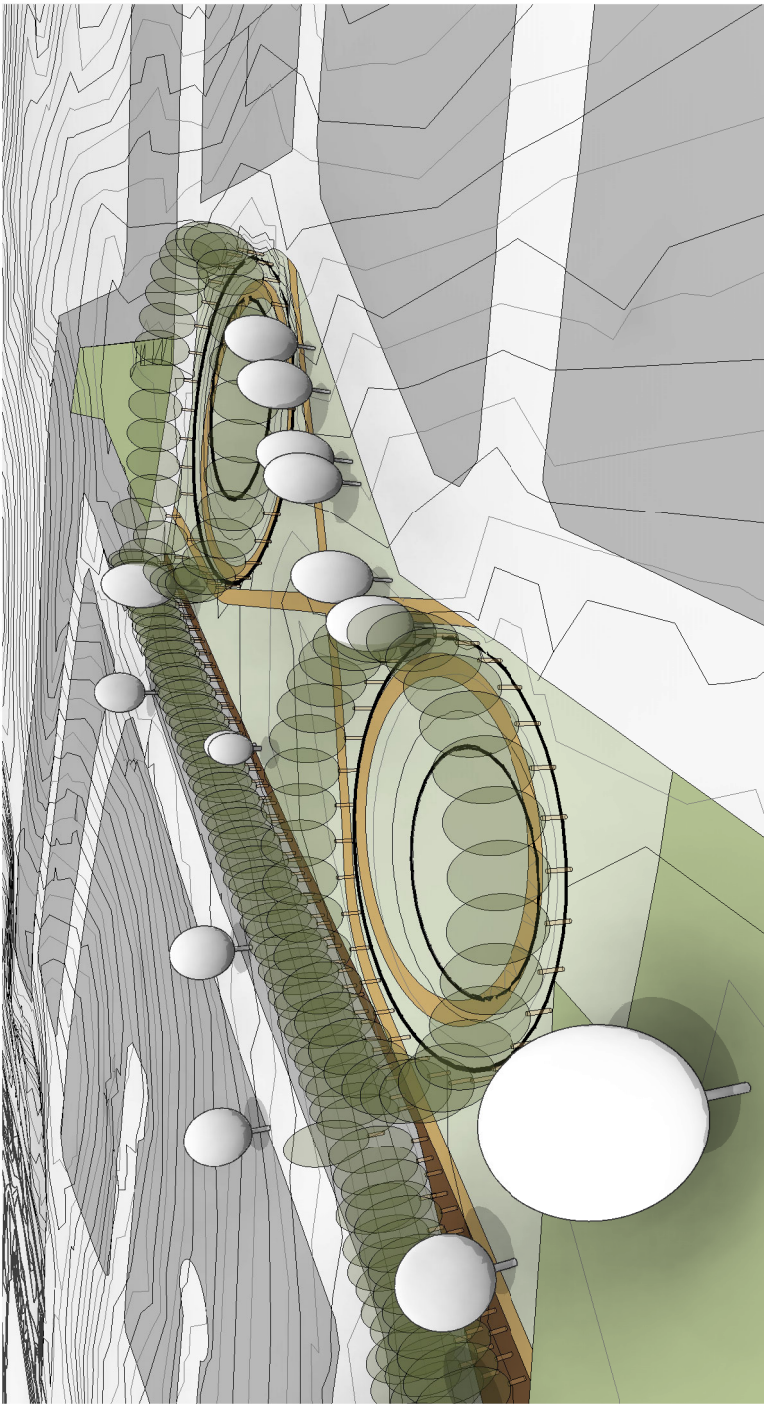
CCMP landscaping/  
public space  
\$15.0m







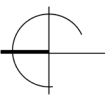
3D VIEW - LOOKING NORTH



3D VIEW - LOOKING SOUTH



SITE PLAN



Drawing CAPTAIN COOK MEMORIAL PARK SK-12  
Date 20/07/2020  
Scale 1:2500 @ A3

Project HEALTH PRECINCT



LEGEND

Major collector

Sub arterial

State road

Carriageway widening




Problem intersections





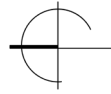


LEGEND

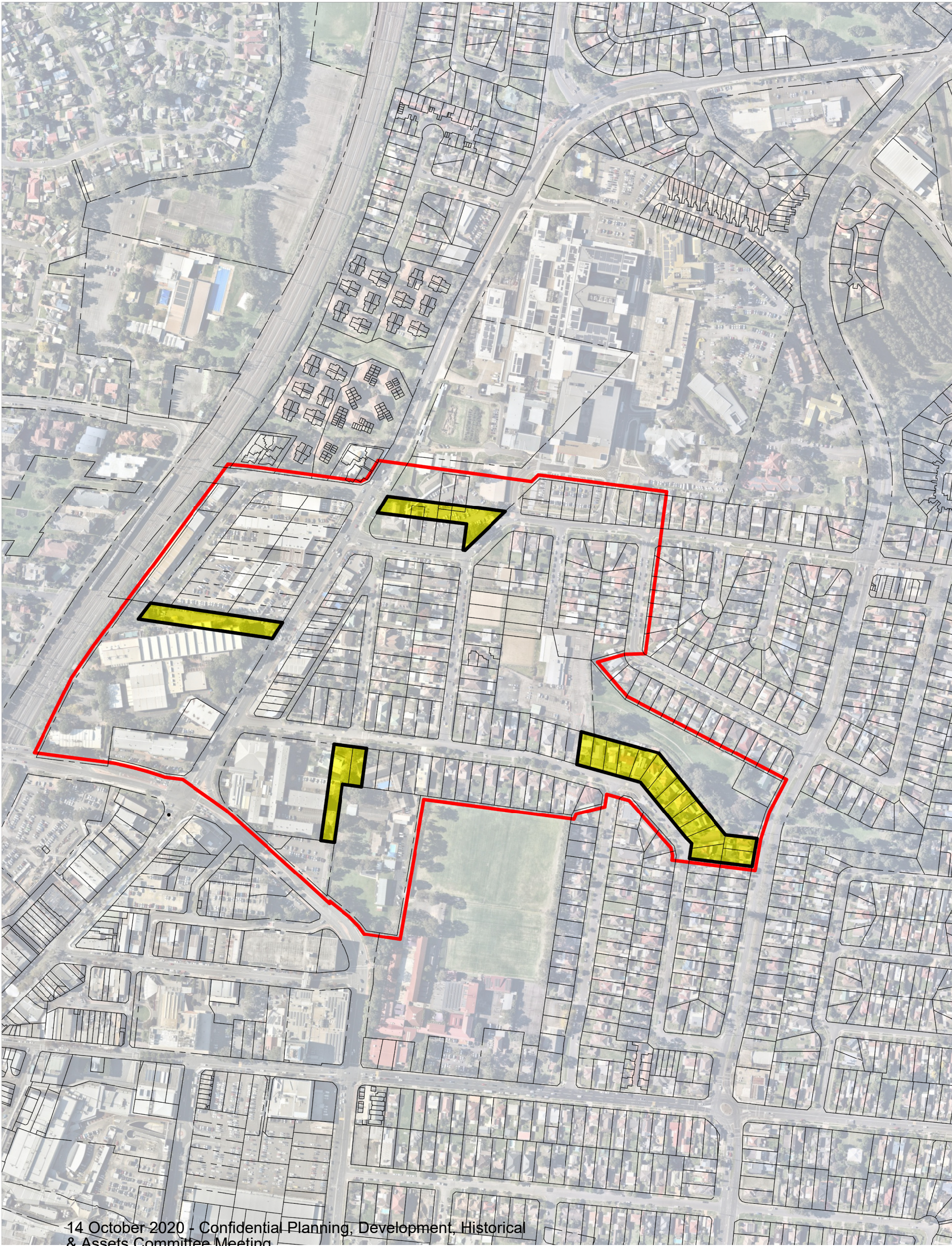
-  New road connections (subject to discussions with owners)
-  Intersection upgrades
-  Carriageway widening within existing reserve

COST

Intersections, roads and related services: \$19.7m







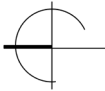
LEGEND

Land acquisitions

COST

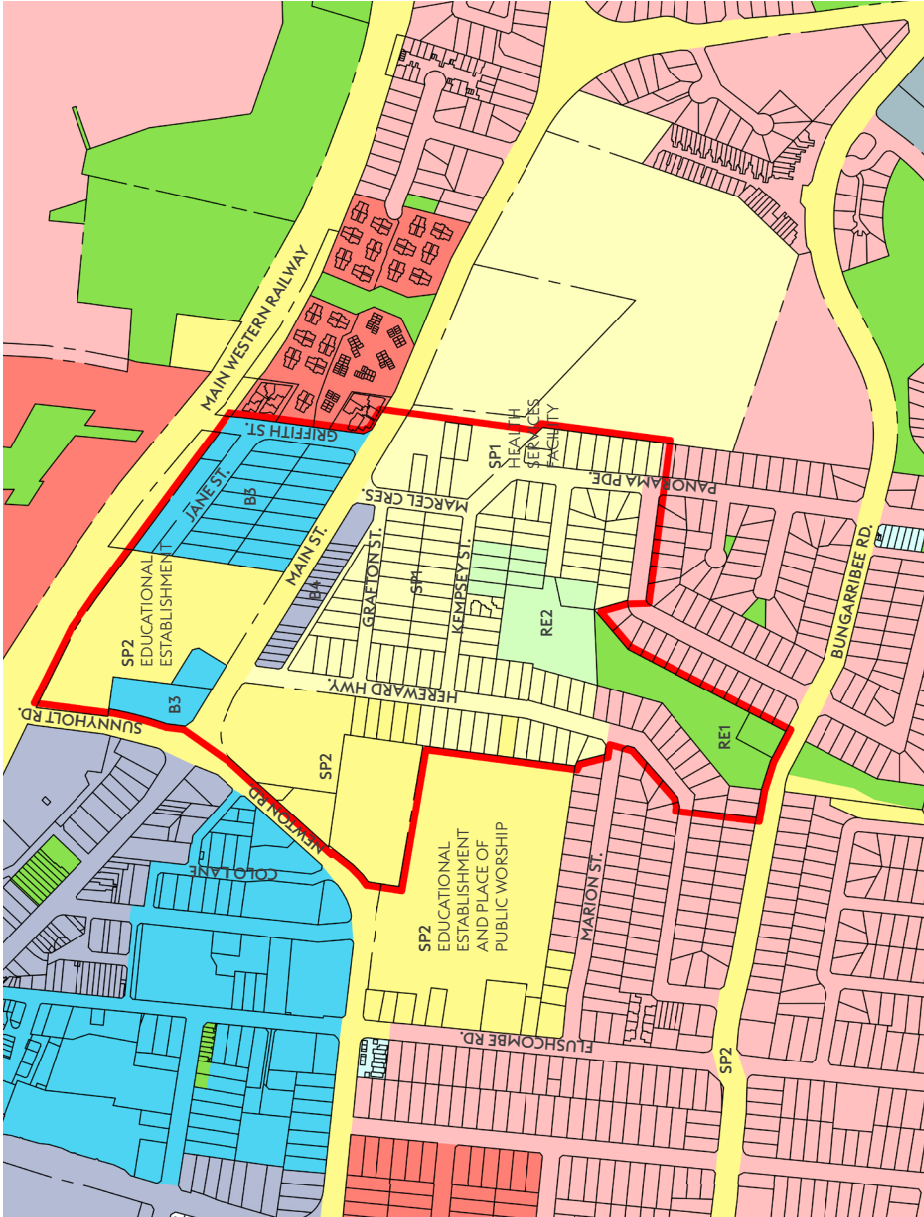
Land acquisition within precinct: \$87.3m

Potential land acquisition outside precinct: (subject to further investigation) \$12.6m





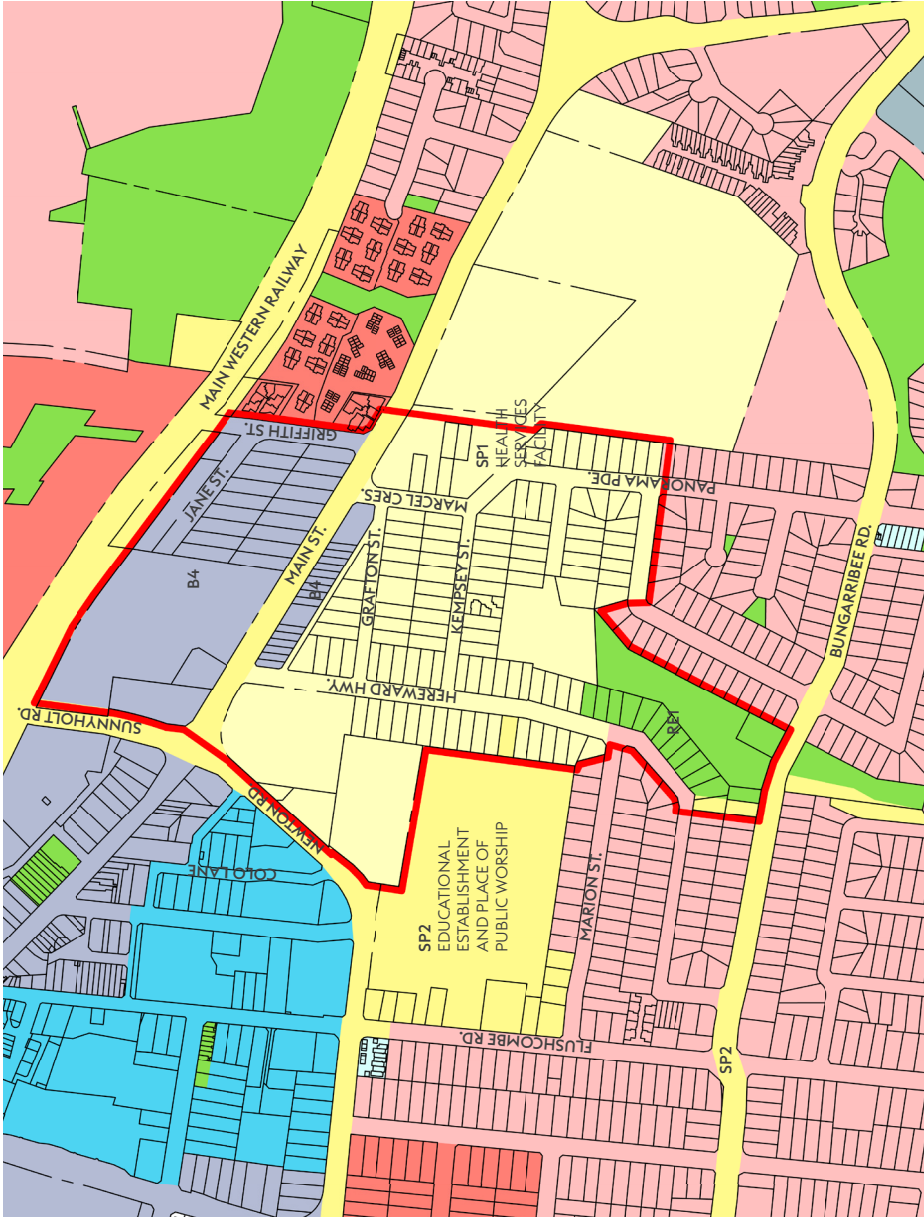
EXISTING PRECINCT LEP LAND ZONING



LEGEND

- R2 LOW DENSITY RESIDENTIAL
- R4 HIGH DENSITY RESIDENTIAL
- RE1 PUBLIC RECREATION
- RE2 PRIVATE RECREATION
- B1 NEIGHBOURHOOD CENTRE
- B3 COMMERCIAL CORE
- B4 MIXED USE
- B5 BUSINESS DEVELOPMENT
- SP1 SPECIAL PURPOSE 1
- SP2 SPECIAL PURPOSE 2

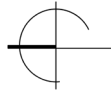
PROPOSED PRECINCT LEP LAND ZONING



LEGEND

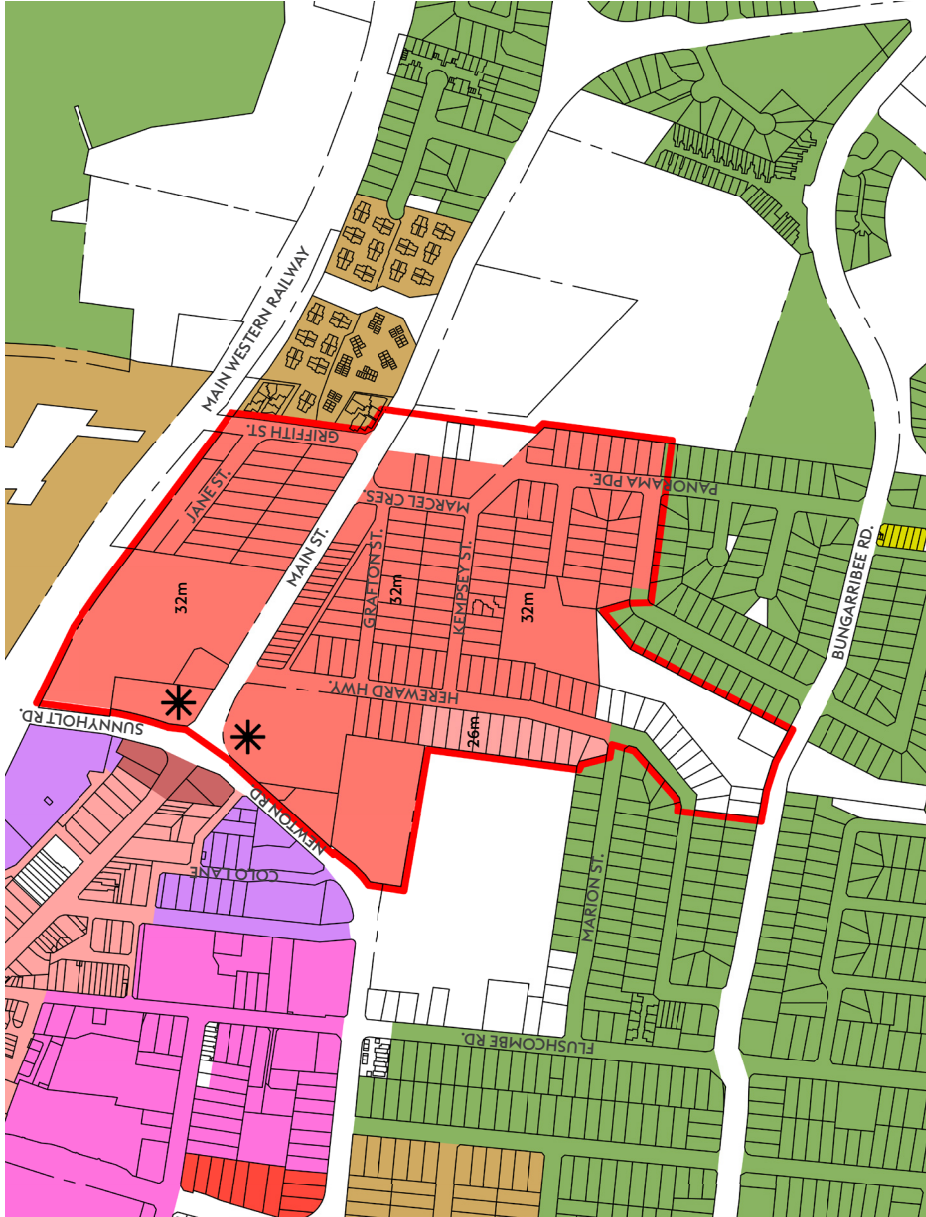
- R2 LOW DENSITY RESIDENTIAL
- R4 HIGH DENSITY RESIDENTIAL
- RE1 PUBLIC RECREATION
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- B5 BUSINESS DEVELOPMENT
- SP1 SPECIAL PURPOSE 1 (HEALTH SERVICES FACILITY AND EDUCATIONAL ESTABLISHMENTS)
- SP2 SPECIAL PURPOSE 2

- 1. Min site area 2,000m<sup>2</sup> for development site.
- 2. Add carpark as additional permitted land use under SP1.
- 3. Site compatibility certificate process will enable aged care and retirement living.

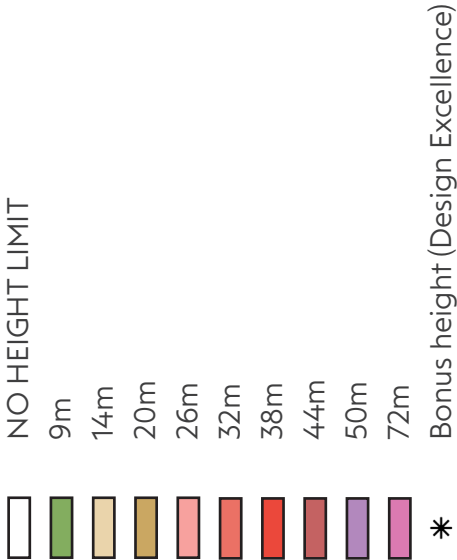




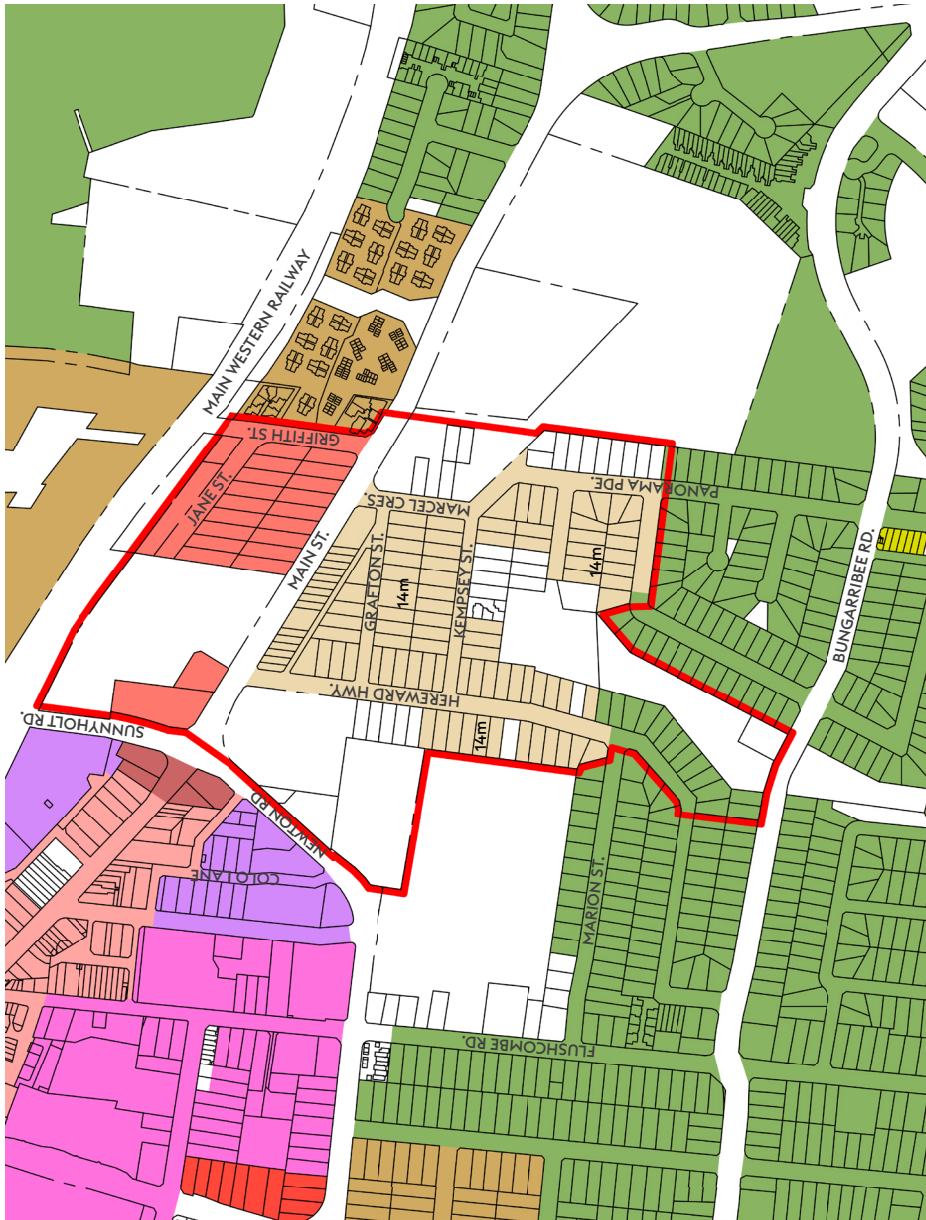
PROPOSED PRECINCT HEIGHT LIMITS



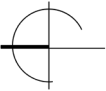
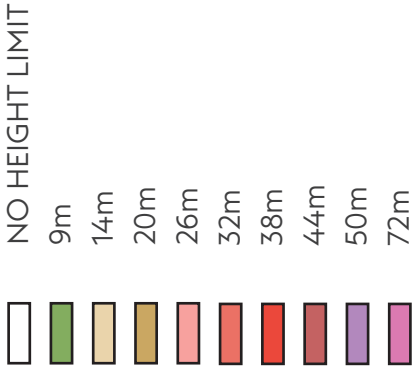
LEGEND



EXISTING PRECINCT HEIGHT LIMITS



LEGEND



Drawing No SK-10  
Scale NTS

Drawing HEIGHT LIMITS  
Date 24/07/2020

Project HEALTH PRECINCT



Client: Blacktown City Council  
 Project: Blacktown Health Precinct  
 Report: Intersections Estimate - Rev 5

Ref.	Description	Quantity	Unit	Rate	Total
1	GENERAL AND NOTES				0
2	FLOOD MITIGATION				9,399,110
3	URBAN DESIGN AND LANDSCAPING				15,000,000
4	INTERSECTIONS, ROADS AND RELATED SERVICE DIVERSIONS				16,896,655
5	<b>SUBTOTAL</b>				<b>41,295,765</b>
6	PRELIMINARIES (10%)				4,129,576
7	MARGIN (5%)				2,271,267
8	<b>SUBTOTAL</b>				<b>47,696,608</b>
9	LAND ACQUISITION FOR INFRASTRUCTURE				33,900,000
10	LAND ACQUISITION FOR ROADS				66,000,000
11	<b>SUBTOTAL</b>				<b>147,596,608</b>
12	CONTINGENCY (20%)				29,404,322
13	<b>TOTAL (EXCL. GST)</b>				<b>177,000,930</b>

# Health Precinct

14 October 2020 - Confidential Planning, Development, Historical  
& Assets Committee Meeting



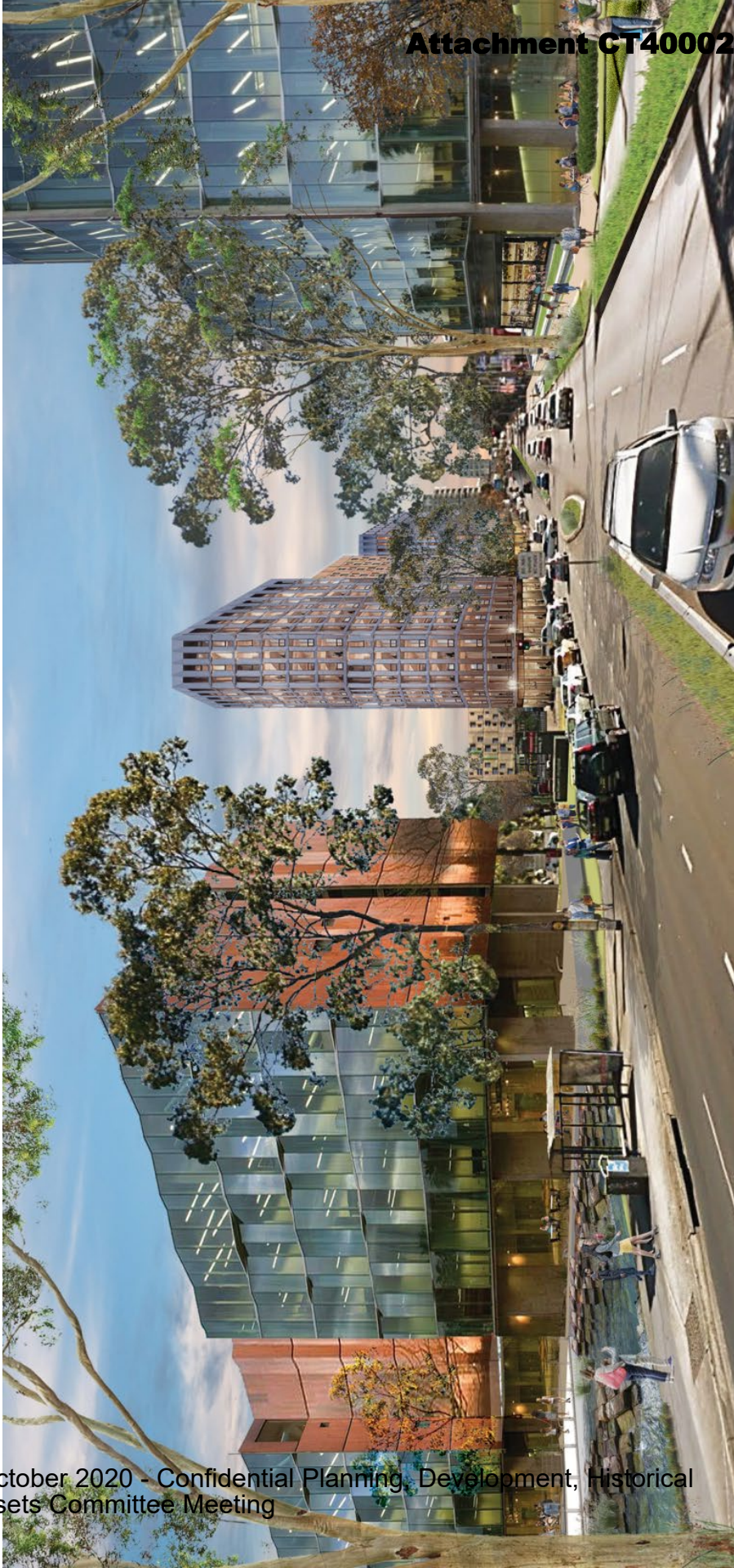
**Blacktown**  
City Council

Bill Tsakalos

City Architect / Director Transformational Design

5 August 2020





14 October 2020 - Confidential Planning, Development, Historical  
& Assets Committee Meeting

Looking West on Blacktown Road



# Blacktown Health Precinct



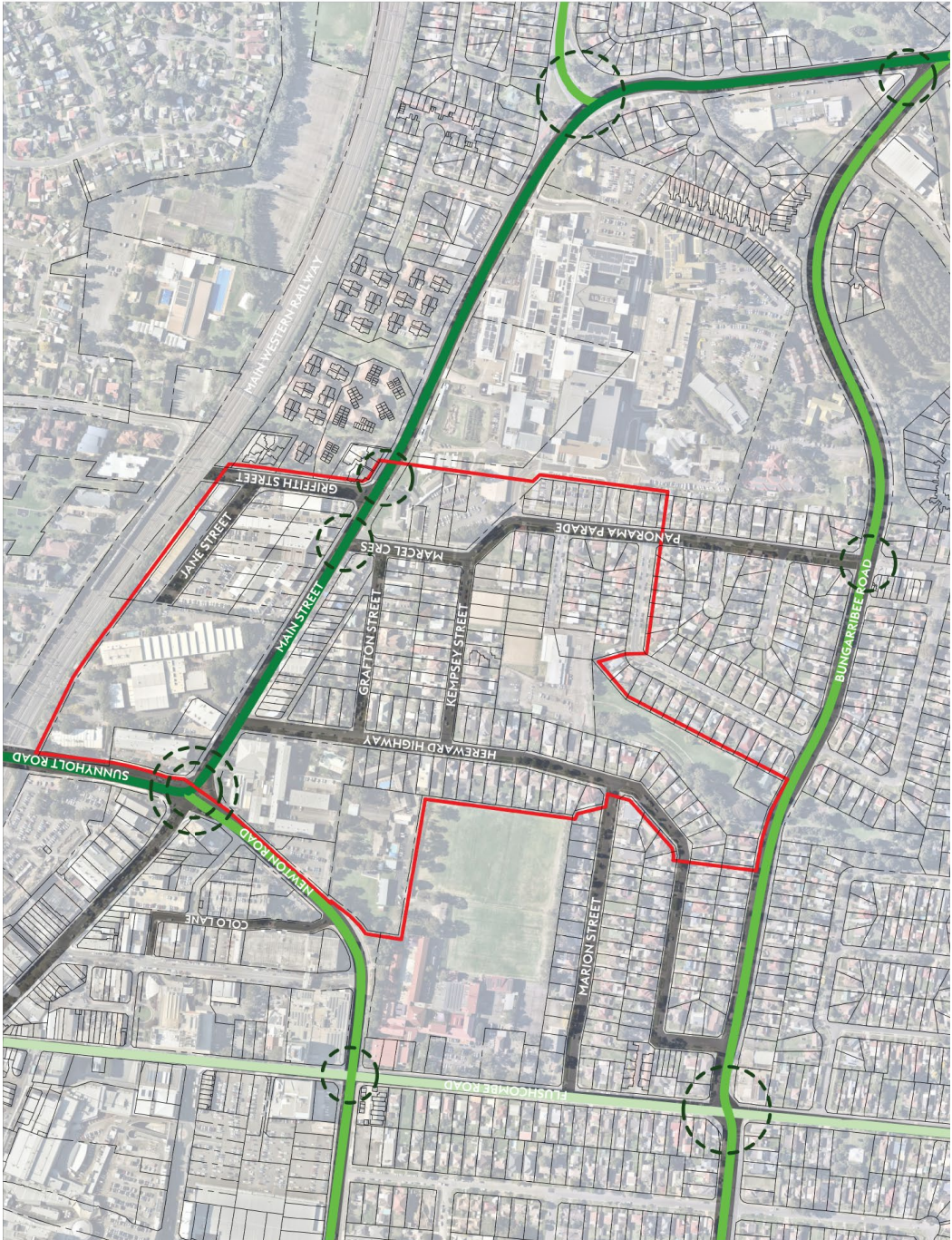
LEGEND

- Health Precinct project boundary
- Possible future expansion precinct



# Traffic issues

- LEGEND**
- Major collector
  - Sub arterial
  - State road
  - Problem intersections





# Traffic solutions



## LEGEND

-  New road connections  
(subject to discussions with  
owners)
-  Intersection Upgrades

## COST

Intersections, roads and  
related services:  
\$16.9m



14 October 2020 - Confidential Planning, Development, Historical  
& Assets Committee Meeting



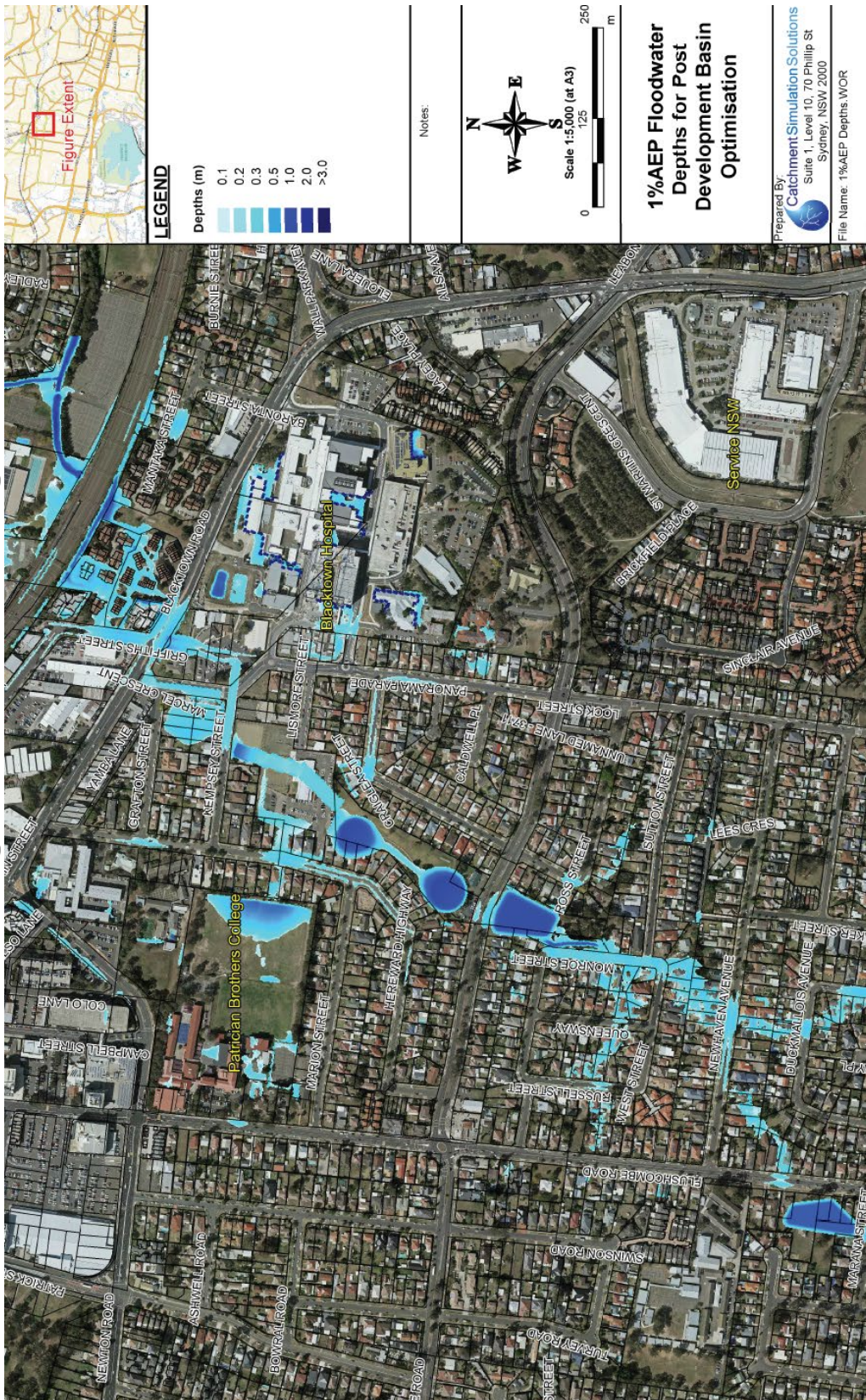


# Flood mitigation





# Flood modelling after mitigation





# Open space



LEGEND

New RE1 land

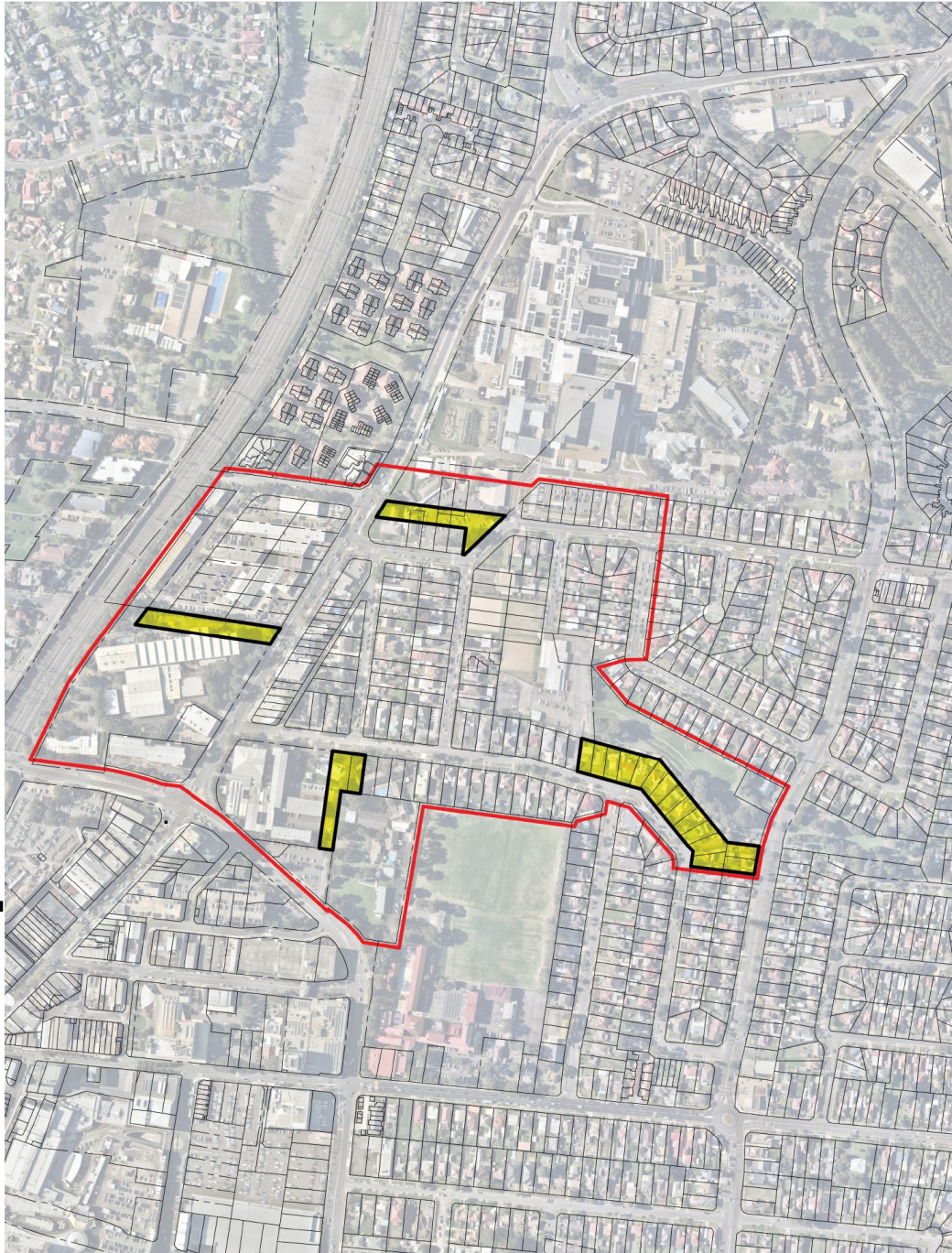
Existing RE1 land

COST

CCMP landscaping/  
public space  
\$15.0m



# Land acquisition



LEGEND



Land acquisitions

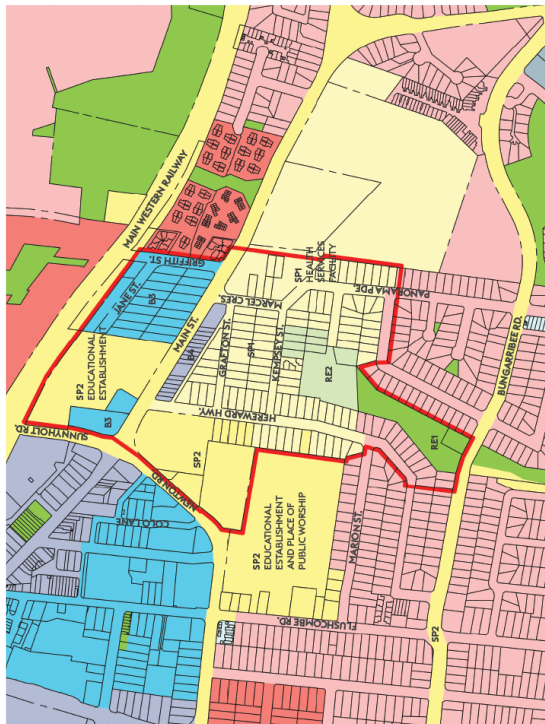
COST

Land acquisition within precinct: \$87.3m

Potential land acquisition outside precinct: (subject to further investigation) \$12.6m

# Land use planning

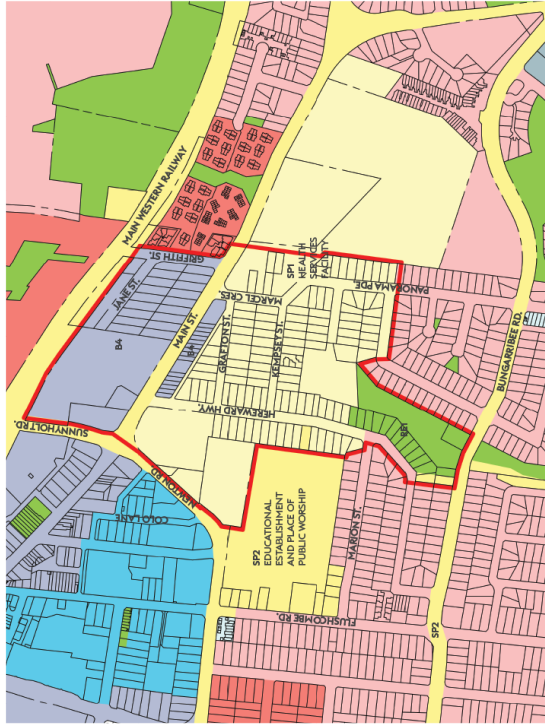
EXISTING PRECINCT LEP LAND ZONING



LEGEND

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<span style="display:inline-block; width:10px; height:10px; background-color:green; border:1px solid black;"></span>	RE1	PUBLIC RECREATION
<span style="display:inline-block; width:10px; height:10px; background-color:lightgreen; border:1px solid black;"></span>	RE2	PRIVATE RECREATION
<span style="display:inline-block; width:10px; height:10px; background-color:lightblue; border:1px solid black;"></span>	B1	NEIGHBOURHOOD CENTRE
<span style="display:inline-block; width:10px; height:10px; background-color:mediumslateblue; border:1px solid black;"></span>	B3	COMMERCIAL CORE
<span style="display:inline-block; width:10px; height:10px; background-color:slateblue; border:1px solid black;"></span>	B4	MIXED USE
<span style="display:inline-block; width:10px; height:10px; background-color:grey; border:1px solid black;"></span>	B5	BUSINESS DEVELOPMENT
<span style="display:inline-block; width:10px; height:10px; background-color:yellow; border:1px solid black;"></span>	SP1	SPECIAL PURPOSE 1
<span style="display:inline-block; width:10px; height:10px; background-color:orange; border:1px solid black;"></span>	SP2	SPECIAL PURPOSE 2

PROPOSED PRECINCT LEP LAND ZONING



LEGEND

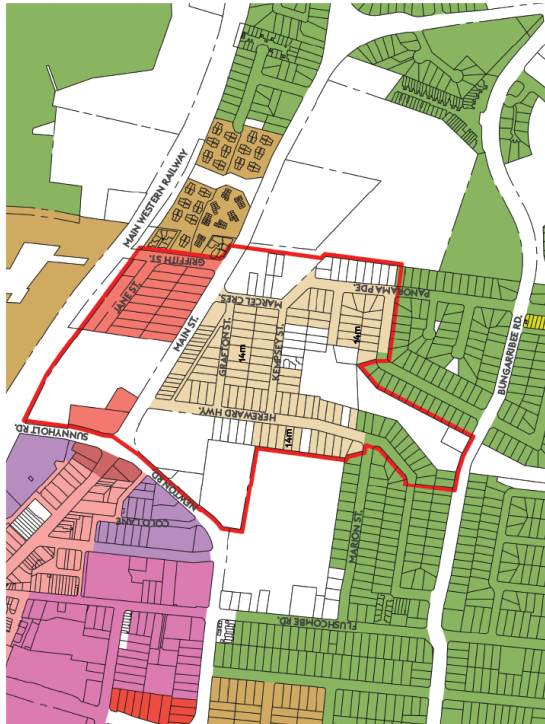
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<span style="display:inline-block; width:10px; height:10px; background-color:yellow; border:1px solid black;"></span>	SP1	SPECIAL PURPOSE 1 (HEALTH SERVICES FACILITY AND EDUCATIONAL ESTABLISHMENTS)
<span style="display:inline-block; width:10px; height:10px; background-color:orange; border:1px solid black;"></span>	SP2	SPECIAL PURPOSE 2

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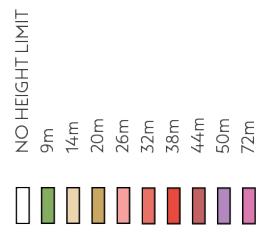


# Building height

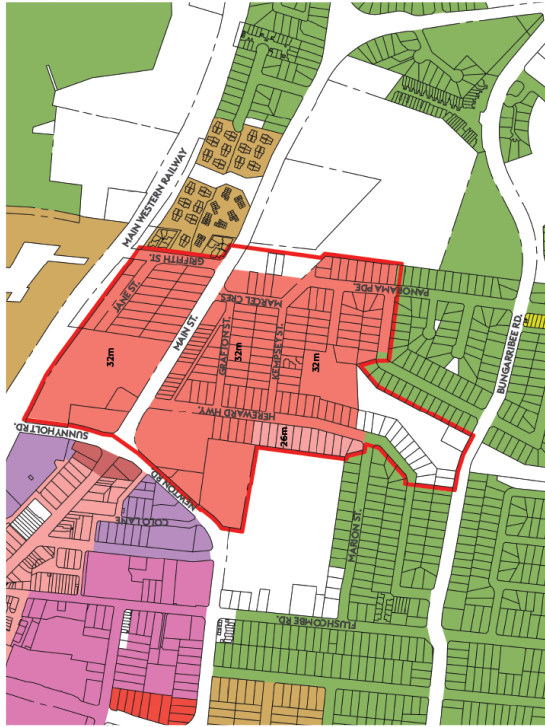
EXISTING PRECINCT HEIGHT LIMITS



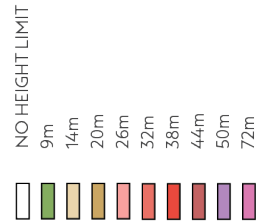
LEGEND



PROPOSED PRECINCT HEIGHT LIMITS



LEGEND





# Contributions

## Acquisitions and engineering works = \$150m

### Initial Health Precinct

- ▶ With proposed height controls of 26m (7-storey) and 32m (9-storey) full development yields **650,000 - 750,000sqm** of floor space (2,000sqm sites with 1,200 to 1,350sqm floor plates)
- ▶ This represents a contribution per sqm of floor space of **\$230/sqm-\$200/sqm** (excluding interest costs). The levy is 3.3 - 4.6% on allied health building costs of \$5,000-\$6,000/sqm.

### Expanded Health Precinct

- ▶ With proposed height controls of 26m (7-storey) and 32m (9-storey) full development yields **1,100,000 - 1,250,000sqm** of floor space (2,000sqm sites with 1,200 to 1,350sqm floor plates)
- ▶ This represents a contribution per sqm of floor space of **\$120/sqm-\$136/sqm** (excluding interest costs). The levy is 2.0 - 2.7% levy on allied health building costs of \$5,000-\$6,000/sqm.

# Next steps

1. Report to Council seeking a resolution to prepare a planning proposal to implement the recommendations in this briefing.
2. Preparation of planning proposal.
3. Referral to Blacktown Local Panel for endorsement.
4. Seek Gateway Determination from the Department of Planning, Industry and Environment.
5. Public exhibition of proposal.
6. Report exhibition to Council having considered submissions and resolved not to send back to DPIE until a Contributions Plan has been prepared.
7. Prepare more detailed concept designs and costings for a new Contributions Plan.
8. Once the Contributions Plan has been exhibited and adopted send to DPIE to make.





Looking North along Marcel Crescent