



Whitehorse Amendment C175

1 Arnold Street, Box Hill and 25 Nelson
Road, Box Hill (Epworth Eastern Hospital)

Expert Urban Design Evidence

Mark Sheppard

July 2017

Instructed by
Gadens

On behalf of
Epworth Healthcare and Vital Healthcare Property Trust



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1.0 Introduction

- [1] I am a Principal of town planning and urban design consultants David Lock Associates (Australia) Pty Ltd. I hold qualifications in architecture and urban design. I have over twenty five years' professional experience and have practised exclusively in the field of urban design since 1993. Further details of my qualifications and experience are outlined in Appendix A.
- [2] In May 2017, I was instructed by Gadens on behalf of Epworth Healthcare and Vital Healthcare Australia Property Trust to provide an independent urban design assessment of Whitehorse Amendment C175 as it relates to the property at 1 Arnold Street and 25 Nelson Road, Box Hill (Epworth Eastern Hospital – the subject site).

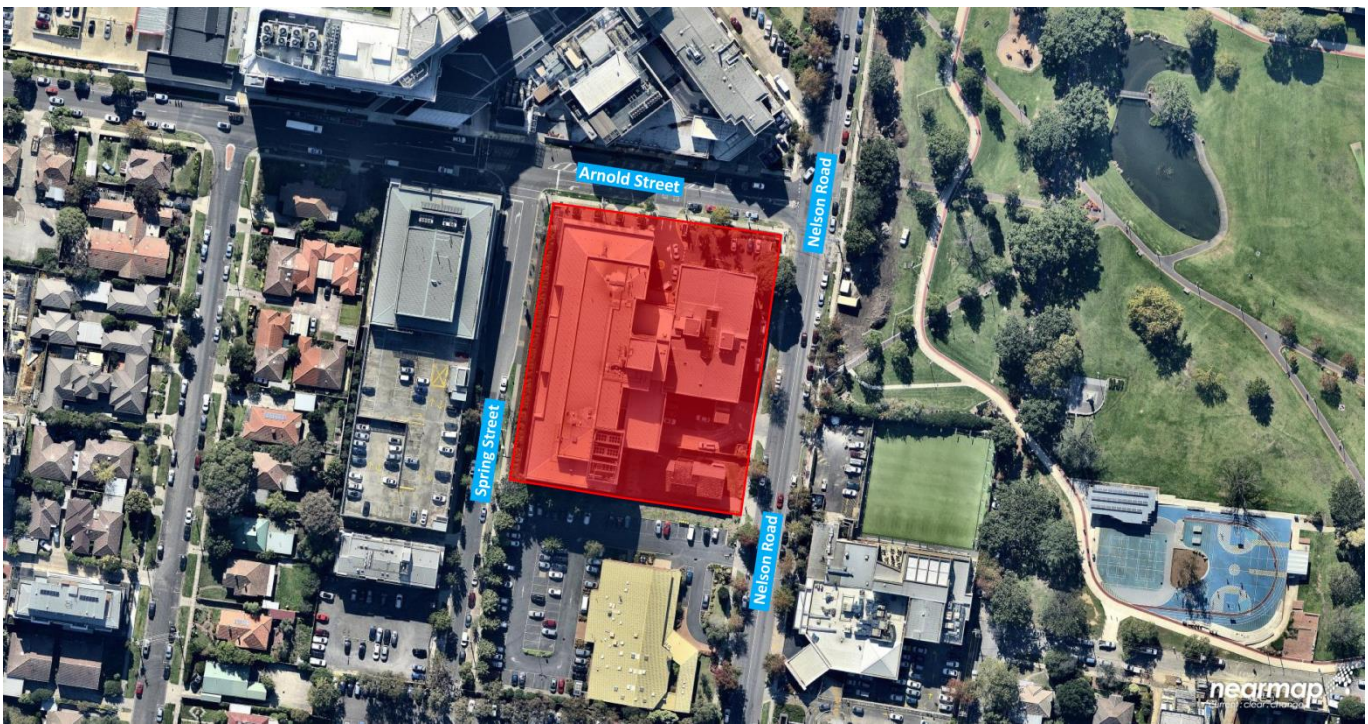


Figure 1 - Epworth Eastern Hospital (in red)

- [3] My professional involvement in this activity centre began when I provided assistance in the formulation of the Box Hill Urban Design Framework (2002), which is referenced in the Box Hill Structure Plan (2007).
- [4] I have given urban design advice on numerous development proposals within the Box Hill Major Activity Centre (MAC). However, I have not previously provided advice in relation to Epworth Eastern Hospital. Further details of the development proposals I have provided advice on are outlined in Appendix A.

^[5] I have organised my assessment of the Amendment within this statement under the following headings:

- Section 2.0 – The **Role of the Box Hill Metropolitan Activity Centre**;
- Section 3.0 – A description of **1 Nelson Road and 25 Arnold Street, Box Hill** ('the subject site');
- Section 4.0 – An assessment of **Proposed DDO6** as it relates to the subject site;
- Section 5.0 - A summary of my **Conclusions and Recommendations** based on the above.

2.0 The Role of the Box Hill Metropolitan Activity Centre

- [6] Strategic policy for the Box Hill Activity Centre is set at a State level through Plan Melbourne and the State Planning Policy Framework (SPPF), and at a local level through the Municipal Strategic Statement (MSS) of the Whitehorse Planning Scheme, supported by more detailed local policy.
- [7] Plan Melbourne identifies Box Hill as a Metropolitan Activity Centre (MAC) – one of only 11 in Melbourne (including two future MACs). Plan Melbourne also identifies Box Hill as one of only 10 Health and Education Precincts in Melbourne.
- [8] Plan Melbourne directs MACs to provide a diverse range of employment, activities and housing, and play a major service delivery role (including government, health, justice, education, retail and commercial services). It identifies MACs as critical to growth across a regional catchment, giving communities good access to a range of major retail, community government, entertainment, cultural and transport services. Box Hill serves a catchment covering many suburbs within the surrounding eastern metropolitan region.

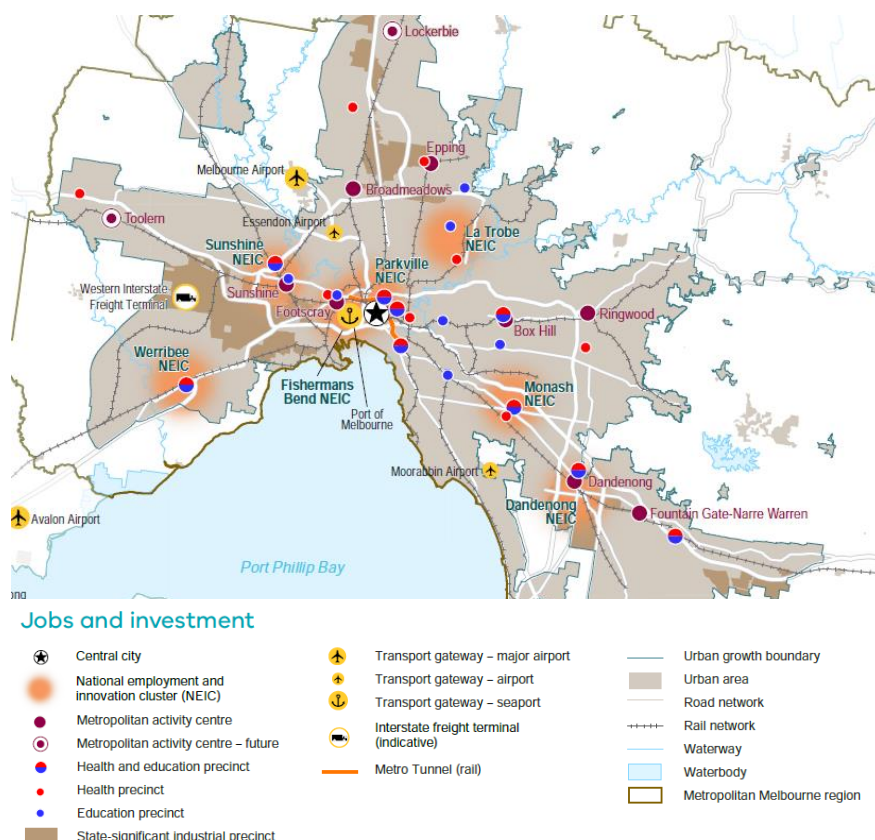


Figure 2 - Map showing the MACs and Health and Education Precincts (source: Map 3 of Plan Melbourne 2017-2050)

- [9] Plan Melbourne directs plans for MACs to accommodate significant growth and infrastructure. Policy 1.1.4 is to *“Support the significant employment and servicing role of health and education precincts across Melbourne”*. Box Hill is identified as a health and education precinct. This policy is repeated at Clause 11.06-1.
- [10] Within the SPPF, there is extensive policy supporting the continued growth and diversification of Metropolitan Activity Centres to give communities access to a wide range of goods and services, provide local employment and support the local economy (see Clauses 11.01-1, 11.06-1 and 17.01-1). Clause 11.03-2 contains a strategy to *“Locate significant new ... health facilities that attract users from large geographic areas in or on the edge of Metropolitan Activity Centres ...”* This is supported by Clause 19.02-1, which contains a strategy to *“Local hospitals and other large health service facilities in designated health precincts ...”*
- [11] The MSS recognises that the Box Hill MAC plays an important major service delivery role for the subregional catchment area and as a major regional transport interchange, and identifies the need to further develop, support and reinforce the role and the growth of the MAC (see Clauses 21.01, 21.07 and 22.07-2). In particular, Clause 21.07-3 contains an objective *“To develop the Box Hill Metropolitan Activity Centre as the major focus for retail, commercial, health, transport, education and entertainment facilities in Melbourne’s east.”*
- [12] Clause 21.07-1 states *“Council recognises the wider metropolitan, regional and national role of [the Box Hill Health/Education Precinct] ...Council understands the need to retain opportunities to expand and consolidate the facilities provided on site. Expansion of these facilities, if not comprehensively planned, can lead to conflicts between the needs of the institutions and those of residents nearby.”*
- [13] The growth of retail, health and education facilities within the core of the Activity Centre, along with the emerging character of high density office and apartment developments, reflects the metropolitan role of the Box Hill Activity Centre.
- [14] In summary, State and local policy clearly directs the continued growth and diversification of the Box Hill Activity Centre to serve the eastern metropolitan region. This includes growth in retail and commercial floor space, health and education facilities, and housing.

3.0 1 Nelson Road and 25 Arnold Street (the Subject Site)

- [15] The subject site is located on the western side of Nelson Road, and also bounded by Spring Street to the west and Arnold Street to the north. It currently has frontages to Nelson Road and Arnold Street, whilst the Spring Street edge of the site is generally occupied by back-of-house operations and loading bay/emergency access.
- [16] The site is generally rectangular and currently occupied by a hospital (the Epworth Eastern Hospital).
- [17] The site falls within the Hospital and Western TAFE Precinct identified by Clause 22.07. In addition to the Epworth Hospital, this includes the Box Hill Hospital and the Nelson Campus of the Box Hill Institute. Other specialist medical centres located within the vicinity are generally in converted dwellings, or purpose-built facilities such as the 'Ekera' Medical Centre (on the corner of Thames Street and Nelson Road) and medical consulting suites (on 120 Thames Street).

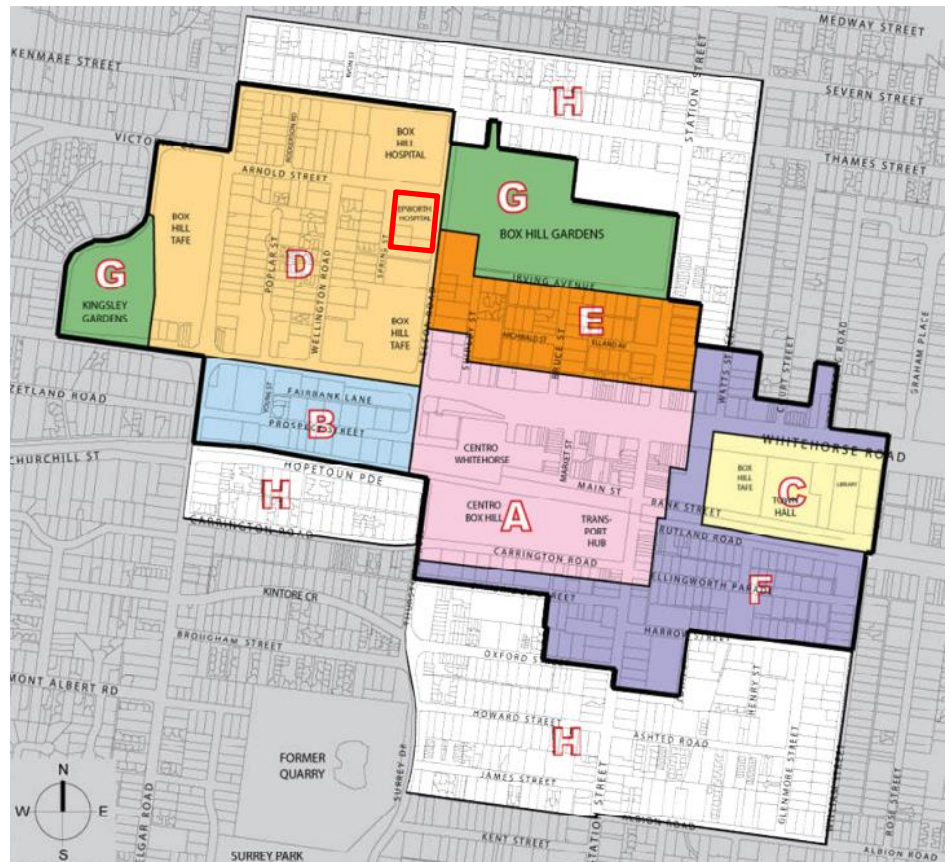


Figure 3 - Map of the Activity Precincts within the Box Hill MAC (subject site in red)

[18] The surrounding interfaces to the subject site can be summarised as follows:

- North: Arnold Street, beyond which is Box Hill Hospital.
- East: Nelson Road, beyond which is Box Hill Gardens and the Box Hill RSL.
- South: An existing single storey commercial building predominantly used as community centre (Salvation Army) with ancillary car parking.
- West: Spring Street, beyond which is a 6 storey medical centre building (Epworth Medical Centre).



Figure 4 - Epworth Eastern Hospital on Arnold Street looking south-east



Figure 5 - View of Epworth Eastern Hospital from Nelson Road looking north-west



Figure 6 - View of Epworth Eastern Hospital from Nelson Road looking north-west with 25 Nelson Road (2-storey apartment building) in foreground



Figure 7 - View of Epworth Eastern Hospital looking along Spring Street (Box Hill Hospital on the right)

4.0 Proposed DDO6

- [19] Amendment C175 proposes to apply a Design and Development Overlay – Schedule 6 (DDO6) to the subject site and rezone it to Mixed Use Zone (MUZ). Proposed DDO6 provides centre-wide and precinct-specific design objectives and design requirements.
- [20] Proposed DDO6 places the site in Sub-Precinct F6 (TAFE and Hospital), where it seeks to support higher density education/institution development within a landscape setting, taller and diverse building forms with smaller footprints and generous separation, equitable development opportunities and buildings oriented to have a positive relationship with a network of open space.
- [21] Preferred built form responses for Sub-Precinct F6 include a maximum of 60% site coverage, a minimum 10m separation between buildings, minimum 8m landscape setback from all street frontages and a preferred maximum height of 15 storeys.
- [22] Many of these design objectives and preferred built form attributes are at odds with the existing character of this precinct and fundamental principles of hospital design. These concerns are outlined further below.

4.1 Existing Character

- [23] Sub-Precinct F6 covers land generally on the east and west sides of Nelson Road (north of Whitehorse Road), the north side of Arnold Street and the east side of Elgar Road, as shown below:



Figure 8 – Sub-Precinct F6 (shown in purple) with the subject site identified (in red)

- [24] Existing uses within this precinct are dominated by institutions which require specific building types. Many of the existing developments within this precinct exceed a 60% site coverage and have front setbacks of less than 8m. Given their specialist nature and continuing demand for medical space, it is highly unlikely that they will be redeveloped in a form that 'gives up' land. Therefore, it is highly unlikely that the built form character sought by the proposed DDO will be achieved.



Figure 9 - The subject site currently occupies approximately 65% of the land, and has street setbacks in the order of 4m to 6m

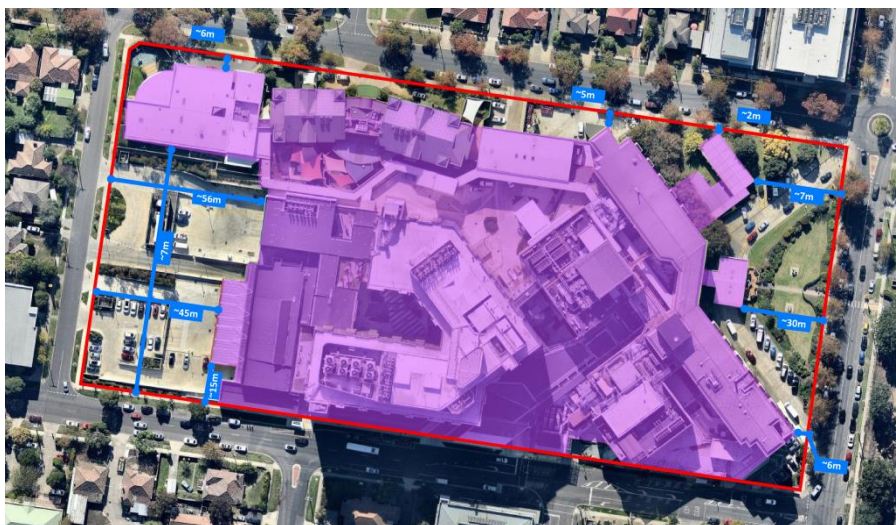


Figure 10 - Box Hill Hospital occupies a full street block, and has a site coverage of approximately 67% with buildings setback generally between 2m - 6m

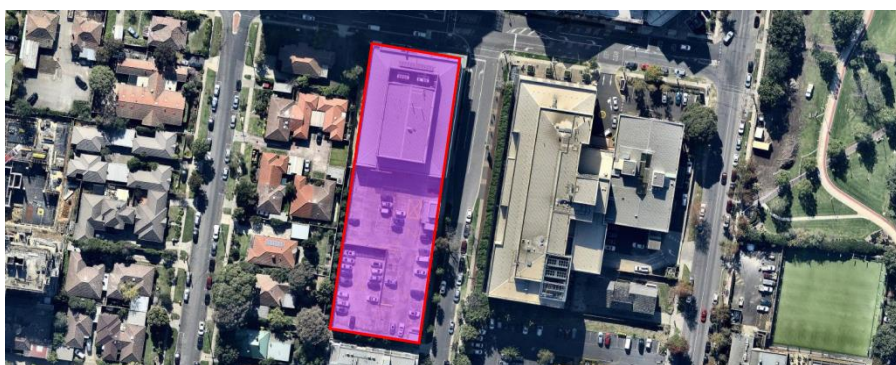


Figure 11 - Epworth Eastern Medical centre currently occupies 100% of its site and is built to the boundary on all street frontages

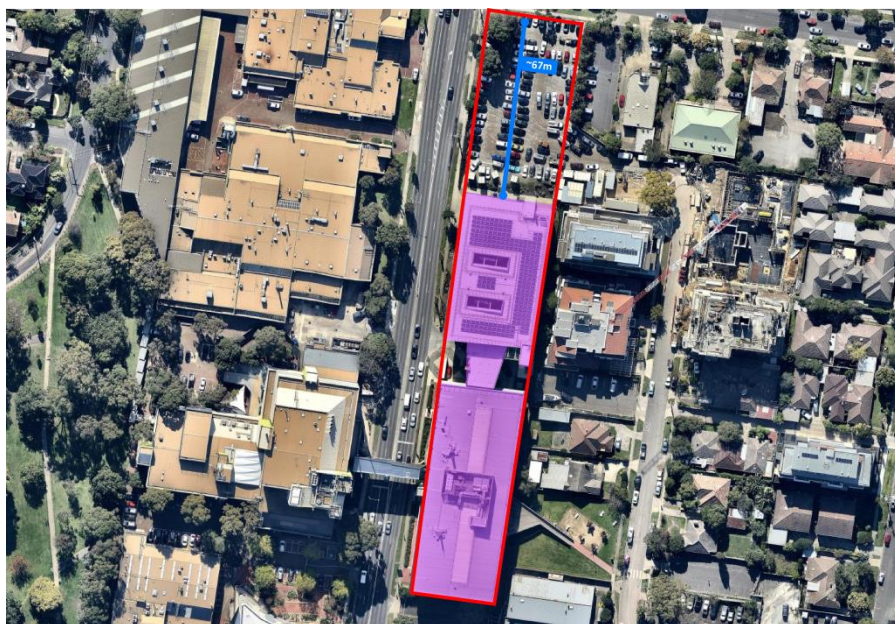


Figure 12 - The eastern wing of Box Hill TAFE (Elgar Campus) occupies approximately 63% of its site, with buildings generally built to the boundary, except a 67m setback from the north boundary for car parking

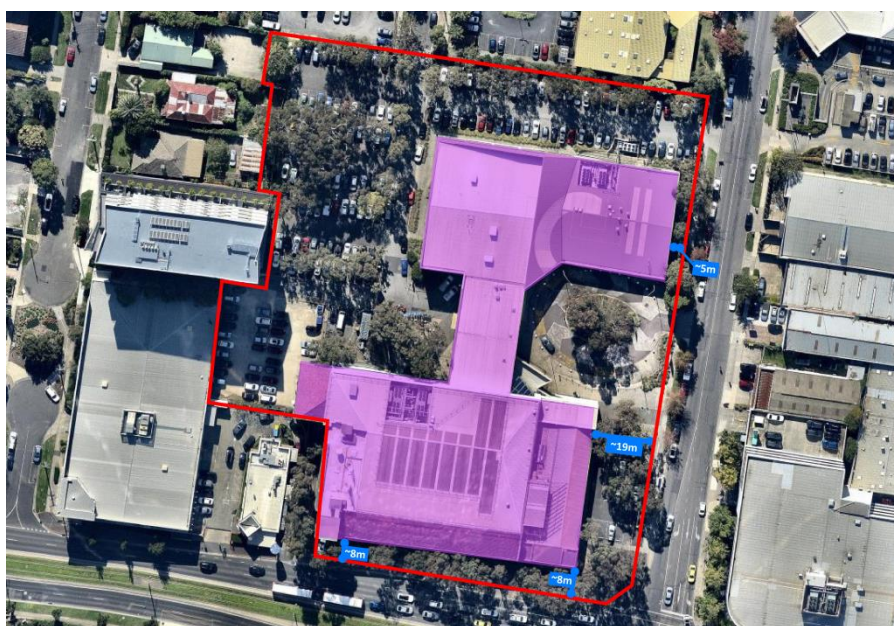


Figure 13 - Box Hill TAFE (Nelson Campus) occupies approximately 40% of its site and has street setbacks of 5m - 8m



Figure 14 - Industrial properties located on Nelson Road and Shipley Street have site coverages of 66% – 76% and street setbacks ranging from 3m - 11m



Figure 15 - Land within Spring Street developed for an apartment building built to the street boundary with a site coverage of 66% (excluding the adjoining surface car park)



Figure 16 - An existing residential building located on Nelson Road is setback approximately 7m from the street and has a site coverage of 33%. This site is the subject of a current application to extend Epworth Hospital



Figure 17 - A commercial building located on Nelson Road (Salvation Army) is set back approximately 7m with ancillary at-grade car parking and has a site coverage of 27%



Figure 18 - 12-14 Nelson Road occupies approximately 68% of the site and has street setbacks of 4m – 5m

- [25] I also note that approval has been given for a 20-storey mixed use building at 12-14 Nelson Road, which has a 0m – 1.4m setback from Nelson Road and 1m setback from Shipley Street, is built to both side boundaries, and occupies approximately 81% of the site.

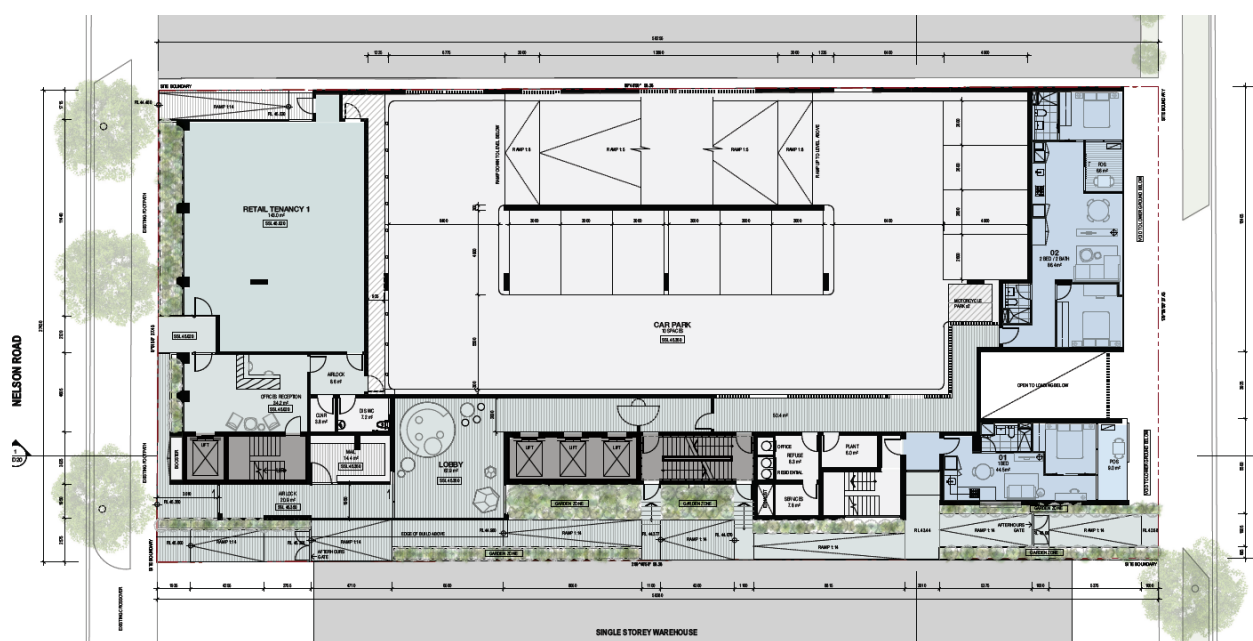


Figure 19 - Ground floor plan of the approved development at 12-14 Nelson Road, Box Hill

- [26] Given that the existing built form across so much of the precinct differs markedly from the preferred built form outcomes, and many of the buildings are for institutions which are highly unlikely to redevelop in a form that 'gives up' land, I question the rationale for these requirements.
- [27] Further, I consider that the proposal for 8m setbacks and maximum 60% site coverage would unnecessarily limit the future growth of the Hospital, inconsistent with the very strong policy support for growth in this location (see Clauses 11.01-1, 19.02-1 and 22.07-1). The existing buildings with site coverages of less than 60% are underdeveloped in this policy context.
- [28] This is reinforced by the fact that the proposed 8m landscaped setback requirement is a significant departure from the Box Hill Structure Plan (BHSP), which seeks "minimised front and side setbacks..." It also recommends actions to:

Adopt building height and setback controls for development to support efficient construction and use of land, including:

- Eliminate requirements for side setbacks ...

- Minimise requirements for front setbacks where these are of ornamental value only.

[29] In addition, the BHSP seeks to “avoid front and side setbacks” in this precinct.

[30] No new strategic rationale has been provided to justify varying from the built form strategies set out in the Structure Plan.

4.2 Hospital Design Principles

[31] As outlined in Section 2, there is extensive State and local policy that supports the growth of health facilities to meet future demand and, specifically, to grow and enhance medical institutions within the Box Hill Hospital and TAFE precinct.

[32] The objectives of Sub-Precinct F6 seek well-separated forms with smaller footprints that provide equitable development opportunities, oriented to have a positive relationship with a network of open space.

[33] I understand that best practice hospital design is primarily concerned with minimising patient transfer to reduce disease and infections, which in turn improves patient recovery time. This means that larger footprints are required to ensure efficiency along with direct, internal connections between buildings at each level. This is directly at odds with the Amendment’s vision for separated buildings with smaller footprints.

[34] This is illustrated by the current planning application for the subject site, which I understand is for:

- the demolition of the existing flats at 25 Nelson Road;
- the use and development of an expanded complex providing a net increase in operating theatres, overnight acute patient beds, rehabilitation beds, consulting suites and renewal of the Emergency department; and
- vehicle access (via existing arrangements on Arnold Street) including ambulance access to basement car parking and additional basement area to incorporate new car parking spaces.

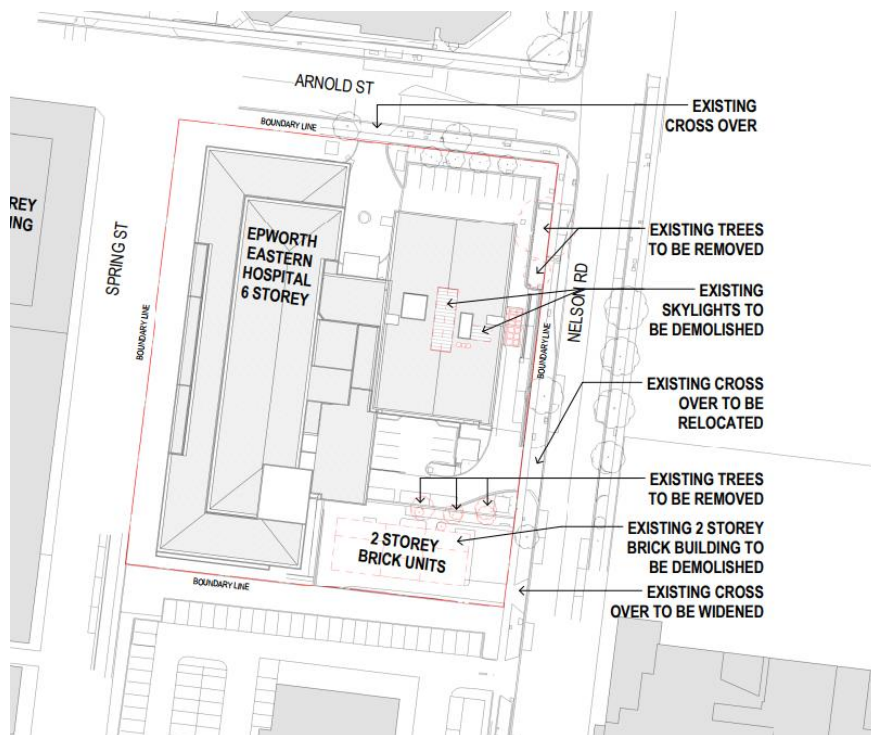


Figure 20 - Existing site plan of Epworth Eastern Hospital (source: STH Architects)

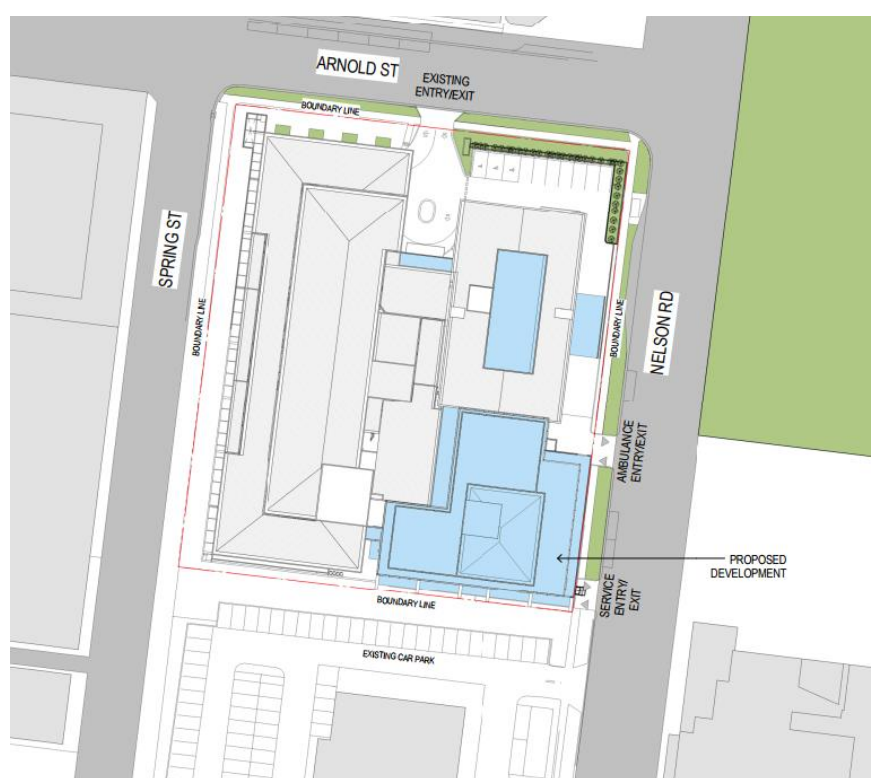


Figure 21 - Proposed site plan of Epworth Eastern Hospital (source: STH Architects)

[35] Various hospitals across Metropolitan Melbourne reflect the need for large footprint, connected buildings, as shown below:



Figure 22 - Alfred Hospital

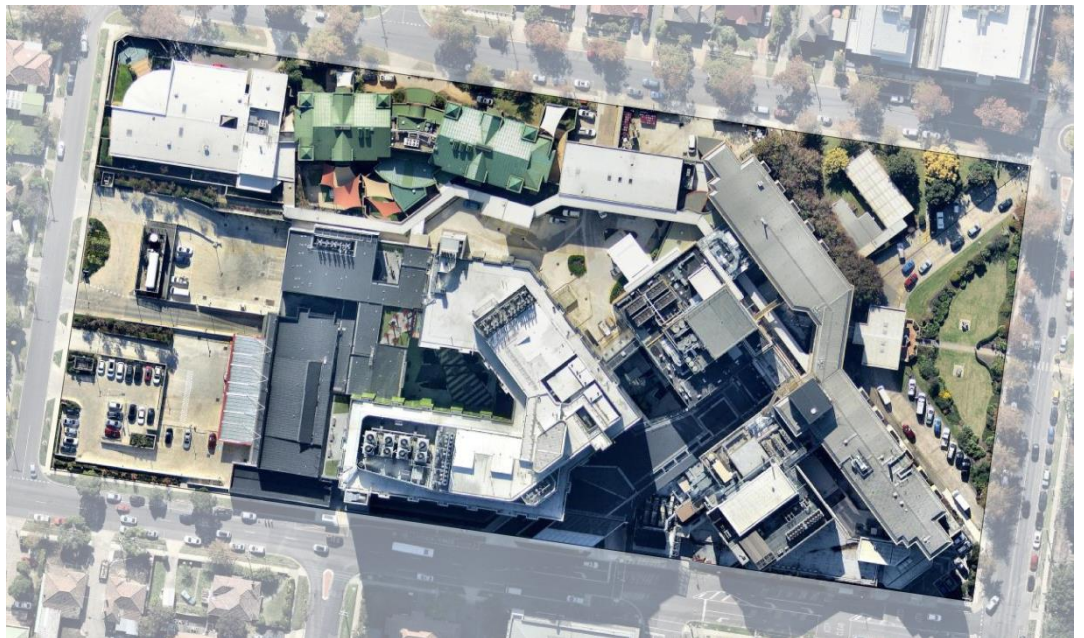


Figure 23 - Box Hill Hospital



Figure 24 - Dandenong Hospital

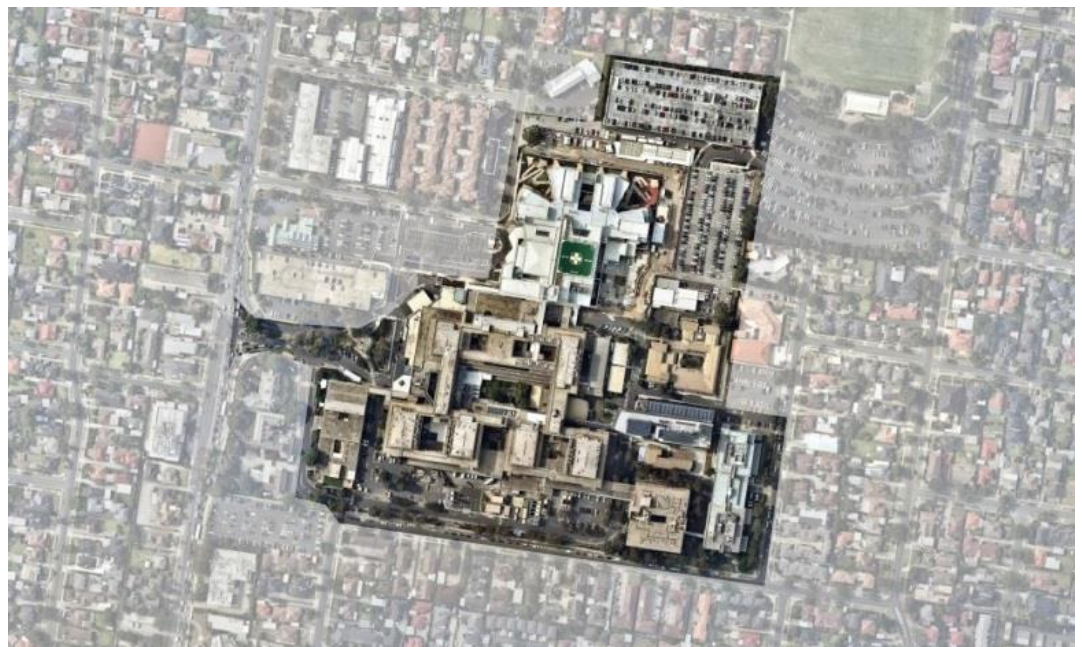


Figure 25 - Monash Medical Centre, Clayton



Figure 26 - Northern Health, Heidelberg

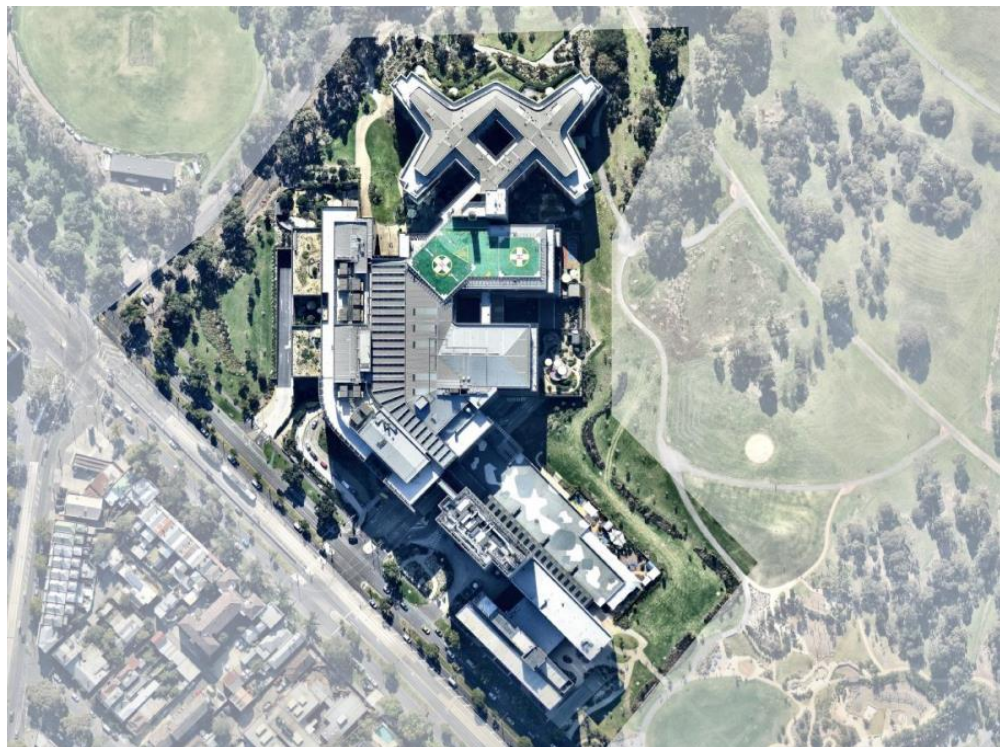


Figure 27 - Royal Children Hospital



Figure 28 - Royal Melbourne Hospital and Victorian Comprehensive Cancer Centre

- [36] Notably, all of these hospitals have large footprints and well-connected buildings with minimal separation.
- [37] In summary, I consider that the proposed character of separated, small-footprint buildings is at odds with the fundamentals of best practice hospital design. Further, the proposed 10m separation would hinder efficient patient transfer between different hospital departments/wings and is simply not relevant for medical facilities.
- [38] Whilst I appreciate that it is appropriate for Council to set out a vision for the future character of the activity centre, I consider that there is insufficient strategic basis for a future character that is so inconsistent with best practice hospital design.
- [39] Therefore, I recommend a review of the sub-precinct guidelines in order to better reflect the realities of a large scale health precinct. Potential changes include:
- Delete reference to *“a generous landscape setting at the ground level”*;
 - Delete reference to *“smaller footprints with a generous separation between buildings”*;
 - Delete site coverage, 8m landscape setback and building separation built form responses, and replace with a requirement to minimise front and side setbacks (consistent with the Structure Plan);
 - Add requirements for legible entries, and well-separated pedestrian and ambulance entry points; and
 - Add a requirement for the form of large footprint buildings to be well modulated to break up their visual mass.

4.3 General Comments

- [40] The general design objectives and buildings and works requirements make no reference to medical buildings. It appears that DDO6 has been drafted with a primary focus on residential development. This residential-centric approach is illustrated by the objectives relating to building depths, building separation and overshadowing. This is a key shortcoming of proposed DDO6, given the significance of the Hospital and TAFE Precinct.

5.0 Conclusion and Recommendations

^[41] In conclusion, I consider that—as it relates to the Epworth Eastern Hospital—the intent of Amendment C175 appears to be misguided and is at odds with both the existing (and likely future) character and the strategic role of the Box Hill Hospital and TAFE Precinct. Therefore, I make the following recommendations with regard to Sub-Precinct F6:

- **Recommendation 1:** Delete reference to *“a generous landscape setting at the ground level”*.
- **Recommendation 2:** Delete reference to *“smaller footprints with a generous separation between buildings”*.
- **Recommendation 3:** Delete site coverage, landscape setback and building separation built form responses, and replace with a requirement to minimise front and side setbacks.
- **Recommendation 4:** Add requirements for legible entries, and well-separated pedestrian and ambulance entry points.
- **Recommendation 5:** Add a requirement for the form of large footprint buildings to be well modulated to break up their visual mass.

Appendix A: Summary of Evidence & Personal Details

Name and Address

Mark Peter Sheppard
Principal
David Lock Associates (Australia) Pty Ltd
2/166 Albert Road
SOUTH MELBOURNE VIC 3205

Qualifications

- Recognised Urban Design Practitioner (Urban Design Group, UK), 2014
- Corporate Member of the Planning Institute of Australia, 2008
- MA Urban Design, Oxford Brookes University, UK, 1992
- Diploma Urban Design, Oxford Brookes University, UK, 1992
- Bachelor of Architecture, University of Auckland, NZ, 1990

Professional experience

- Director, David Lock Associates (Australia), 1997 to present
- Urban Designer - Associate, David Lock Associates, UK, 1993 – 1997
- Architectural Assistant, Sipson Gray Associates, London, UK, 1990 – 1993
- Architectural Assistant, Kirkcaldy Associates, Auckland, NZ, 1988 – 1990

Area of Expertise

I have over twenty years' experience in private practice with various architecture and urban design consultancies in New Zealand, England and Australia, and have practised exclusively in the field of urban design since 1993. I am the author of '*Essentials of Urban Design*' (CSIRO, 2015).

Expertise to prepare this report

I have been involved in the design and assessment of numerous activity centre and urban infill projects in Victoria. These have included:

- Structure Plans for Montague, Preston Central (2007 National PIA Urban Planning Award), Highpoint, Forrest Hill, Wheelers Hill and three urban villages in Moreland;
- Urban Design Frameworks for Darebin High Street (2004 National PIA Urban Design Award), Highpoint, Central Dandenong, South Melbourne, Carlisle Street Balaclava, St Albans and Footscray;

- Built form controls for the Brunswick Major Activity Centre, Port Melbourne and Ormond Road, Elwood; and
- Numerous independent urban design assessments of development proposals to inform panel and VCAT hearings.
- Urban design advice in relation to development proposals for the following sites in the Box Hill Activity Centre:
 - 702-706 Station Street, Box Hill;
 - 820 Whitehorse Rd, Box Hill;
 - 845-851 Whitehorse Rd, Box Hill;
 - 850 Whitehorse Rd, Box Hill;
 - 874-878 Whitehorse Road, Box Hill;
 - 997-1003 Whitehorse Rd, Box Hill;
 - 1 Wellington Rd, Box Hill;
 - 19 Wellington Rd, Box Hill;
 - 16-22 Wellington Rd, Box Hill;
 - 17-19 Arnold St, Box Hill;
 - 9 Prospect St, Box Hill;
 - 13 Prospect St, Box Hill;
 - 31-35 Prospect St, Box Hill;
 - 17 Poplar St, Box Hill;
 - 19-21 Poplar St, Box Hill;
 - 5-7 Irving Ave, Box Hill;
 - 15-17 Irving Ave, Box Hill;
 - 21-23 Irving Ave, Box Hill;
 - 9-11 Bruce St, Box Hill;
 - 6 Archibald St, Box Hill;
 - 1 Elland Ave, Box Hill;
 - 2-4 Elland Ave, Box Hill;

- 712-714 Station St, Box Hill;
- 517-521 Station St, Box Hill;
- 9-11 Ellingworth Parade, Box Hill;
- 41 Ellingworth Parade, Box Hill;
- 54 Rutland Rd, Box Hill.

Other significant contributors

I was assisted in the preparation of this report by Vincent Pham (Planner of David Lock Associates).

Instructions which define the scope of this report

I have been requested to give expert evidence in relation to urban design aspects of the proposed planning provisions.

I am engaged by Epworth Healthcare and Vital Healthcare Property Trust.

I have received written instructions from Gadens, including various documents relating to the proposal.

Facts, matters and assumptions relied upon

- Inspection of the subject site and surrounding area; and
- Review of planning controls and policies affecting the area.

Documents taken into account

- Whitehorse Planning Scheme Amendment C175 documentation;
- The Whitehorse Planning Scheme and Reference documents;
- Panel version of the Proposed DDO6;
- Development Plans for the 12-14 Nelson Road, Box Hill;
- Various correspondences relating to the proposed amendment; and
- Witness Statement by Louise O'Connor

Summary of opinions

Refer to the conclusion of this statement (Section 5).

Provisional Opinions

There are no provisional opinions in this report.

*Questions outside my
area of expertise, incomplete
or inaccurate aspects of the report*

This report is complete and accurate to the best of my knowledge.

I have made all the inquiries that I believe are desirable and appropriate and confirm that no matters of significance which I regard as relevant have to my knowledge been withheld from the Panel.

A handwritten signature in black ink, appearing to read 'Mark Sheppard', with a vertical line drawn below it.

Mark Sheppard

