



Swan Hill Health Precinct – Background Analysis

Swan Hill Rural City Council

Final Report

October 2017

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Report statement

The Swan Hill Health Precinct – Background Analysis has been prepared specifically for Swan Hill Rural City Council as the client.

The Swan Hill Health Precinct – Background Analysis and its contents are not to be referred to, quoted or used by any party in any statement or application, other than by Swan Hill Rural City Council without written approval from SED.

The information contained in this document has been gained from anecdotal evidence and research. It has been prepared in good faith and in conjunction with Swan Hill Rural City Council. Neither SED, nor its servants, consultants, agents or staff shall be responsible in any way whatsoever to any person in respect to the report, including errors or omission therein, however caused.

Contact details

Ballarat

19 Albert Street, Ballarat Vic 3350

T: +61 3 5331 2565

F: +61 3 5331 2989

E: admin@sedadvisory.com

W: www.sedadvisory.com

Document version

Report Stage	Authors	Reviewers
Version 0.1	Deon van Baalen, Haley Remington, Angela Plazzer	
Version 0.2	Deon van Baalen, Haley Remington, Angela Plazzer	
Version 0.3	Deon van Baalen	Stefan Louw
Version 1.0	Deon van Baalen	Stefan Louw

1. Executive summary

The Swan Hill Rural City Council has commissioned SED Advisory to prepare a Health Precinct Study to present solutions and opportunities to further establish and grow a health services employment precinct in Swan Hill. The project will culminate in the development of a precinct plan to increase job density and industry clustering in the health services sector around the existing Swan Hill hospital.

This background analysis document provides an overview of the policy context within which the proposed health precinct will be developed and outlines current and projected health service supply and demand in the Swan Hill area. The current policy context of both State Government and Local Government support the provision of health services and infrastructure in Swan Hill, to effectively service the growing demand, ageing population and support local economic development and liveability outcomes.

The Swan Hill Local Government Area had an estimated residential population of 20,580 in 2014, with a median age of 39.2. It should be noted that the population catchment area for health service providers in the Swan Hill township is broader than just the Swan Hill Local Government Area (LGA), with approximately 40,000 from adjacent regional towns and areas accessing Swan Hill for health services.

While the overall population for the suggested Health Precinct catchment area is projected to decline by 8% to 37,409 people in 2031, the population for Swan Hill rural city is expected to increase by 15% to 12,181 people over this time. This concentration of population within the rural city location provides a further case for centralising health services within Swan Hill, with outreach services for small regional towns in the area for people who are unable to travel into Swan Hill.

The health care and social assistance industry employed almost 14% of the Swan Hill population in 2016, second only to the agriculture, forestry and fishing industry, employing just over 18%. Health is responsible for the employment of 1,100 people, an increase of 18% from the 2010 figure of 920. The growth in the health sector of Swan Hill forms part of the broader increase in service based economies, reflecting the increasing significance of Swan Hill as a regional service centre. The health sector also contributes 8.3% of the value added to the local economy, to the value of \$89.4 million.

A Victorian Government survey of the population's health, identified a high demand for health services in the population based on a range of factors, including:

- A higher than average number of children aged 0-14 and persons aged 65 and older
- The highest rate of teenage pregnancies of all LGAs in the state
- The highest population of residents in Victoria identifying as Aboriginal or Torres Strait Islander
- A higher than average incidence of cancer compared to the Victorian average
- The rate of emergency department presentations per 1,000 people were the second highest in the state
- Primary care type presentations at an emergency department were the second highest in the state while GP attendances were below the state average
- The rates of drug and alcohol and mental health service utilisation were also above the state average.

There are a number of health service providers located within the Swan Hill township, providing a range of medical and allied health services. The results of a desktop based search found the types of service as listed below.

Health service providers in Swan Hill

Service type	Number of services
Mental health	6
Optometry and audiology	4
Medical centre or general practitioner	4
Chiropractic	3
Dental	3
Physiotherapy and podiatry	3
Pharmacy	2
Dietetics and nutrition	2
Hospital	1
District nursing	1
Speech pathology	1
Community rehabilitation	1
Occupational therapy	1
Myotherapy	1
Health promotion	1
Surgical	1
Total	35

Although the hospital and most SHDH facilities are within the tailored PUZ3, most private health service providers are currently located in the CBD and commercially zoned (C1Z) areas of the town centre. These health providers have invested in their facilities and will operate from these facilities at their own discretion into the future, and existing zoning provisions will not be altered. Should existing health service providers decide to relocate to a health precinct if established, this will be at their own discretion and business planning frameworks.

The study area for the health precinct includes the existing Swan Hill Hospital and immediate surrounding street blocks. The study area is divided into two areas:

- *Primary Study Area* – consisting of the existing hospital and the land immediately west of the hospital, bounded by McCallum Street, Splatt Street, McCrae Street and Gummow Street
- *Secondary Study Area* – consisting of land in close proximity to the hospital, main roads and current Central Business District (CBD). Three discrete secondary study areas have been included based on their spatial relationship with the primary study area.

Swan Hill Health Precinct Study Area



The existing land use and development pattern of the respective study areas are key indicators of both current and potential future medical use. Conversion of properties for health use from existing residential use could generally occur in two ways:

- Adaptive reuse of an existing dwelling (or dwellings) for a medical centre, including the provision of on-site parking;
- Redevelopment of a property (or multiple consolidated properties) for a medical centre by demolition of an existing dwelling and replacement with purpose-built consulting rooms and associated on-site parking.

The existing land use and potential suitability of the four study areas to become a health precinct has been analysed as follows:

- **Land Use** - The existing land use pattern based on development and use.
- **Neighbourhood Character** - The broad land use character of the respective street frontages.
- **Individual Property Characteristics** - Properties that could form part of a health precinct have been assessed on a high level in terms of their suitability for adaptive re-use.
- **Road Network and Parking** - The level of road access to service health related land uses and current/future provision of on-street parking.

A summary of the land use and suitability analysis is provided in the table below.

Summary of Land Use and Suitability Analysis

Study Area	Land Use Mix - Suitability for Health Precinct and Mixed Use Area	Neighbourhood Character Suitability for Health Precinct	Effective Land Use Transition Facilitated by Road Reserves/Boundaries	Individual Property Suitability (existing residential)	Parking Provision (On-street)	Road Access and Permeability
Primary Study Area	High	High	High	High	High (260)	High
Secondary Study Area 1	Medium	Medium	High	Medium	High (350)	High
Secondary Study Area 2	Medium	Medium	High	Low	Medium (190)	High
Secondary Study Area 3	Low	Low	Medium	Low	Low (130)	Medium

Based on this analysis the Primary Study Area (PSA) has the highest suitability for a health precinct. The characteristics of Secondary Study Area 1 (SSA1) also indicates suitability, noting that only a section of the area indicates high suitability. Secondary Study Area 2 (SSA2) and Secondary Study Area 3 (SSA3) does not show high suitability for a health precinct based on the analysis.

Consultation with a number of stakeholders was also undertaken to inform the development of the Swan Hill Health Precinct. An initial phase of consultation, undertaken over the period 15 March 2017 to 13 April 2017, was designed to capture the perspective of services users and service providers. Both service provider and service user questionnaires were distributed by hand to 25 providers in Swan Hill. A total of 19 health service providers and 56 health service users responded to the respective questionnaires.

Overwhelmingly, providers felt it was very important for their clients that their service was located within one block of the SHDH hospital, particularly for clients with complex health issues who access multiple health services. When considering their own service provision, the perceived need to be located near the hospital was somewhat less important providers, particularly those for supplying allied health services who reported they did not interact with the hospital. A number of other provider types however suggested that the close proximity of the hospital supported the integration of care for their clients and staff.

There appears to be an increasing demand for health services given the majority of providers report an increase in the number of patients over recent years. Further, most providers believed the supply and variety of services was not adequate to meet the needs of the population, particularly for specialist services.

All health service users who responded to the questionnaire, whether residing in Swan Hill or surrounding municipalities, used a car as their main transportation method when accessing health services in Swan Hill for themselves, or when caring for a dependent person. Car parking was therefore noted as a key issue of importance when health service users decided which services to use. Most respondent's accessed primary health (such as GP, allied health, pharmacy) type services in Swan Hill, while access to specialist services required travel to Bendigo or Melbourne for the vast majority of respondents.

In summary, the establishment of a health precinct in Swan Hill is recommended based on the following key findings from the research undertaken:

- The current policy context of both State Government and Local Government support the provision of health services and infrastructure in Swan Hill, to effectively service the growing demand, ageing population and support local economic development and general liveability outcomes for Swan Hill.

- The population for Swan Hill rural city is expected to increase by 15% to 12,181 people by 2031. This concentration of population within the rural city location provides a further case for centralising health services within Swan Hill.
- The health care and social assistance industry employed almost 14% of the Swan Hill population in 2016, making this the second largest employment sector in the Swan Hill economy. Health is responsible for the employment of 1,100 people, an increase of 18% from the 2010 figure of 920. The health sector also contributes 8.3% of the value added to the local economy, to the value of \$89.4 million.
- A Victorian Government survey of the population's health, identified a high demand for health services in the Swan Hill population based on a range of factors.
- The Swan Hill Hospital and multiple Swan Hill District Health services are well-established in the PSA, with SHDH currently reviewing their service plan and site master plan.
- The majority of services providers and service users surveyed felt it was very important for health services to be located within one block of the hospital, particularly for clients with complex health issues who access multiple health services.
- All health service users who responded to the questionnaire used a car as their main transportation method when accessing health services in Swan Hill for themselves or when caring for a dependent person. Car parking was therefore noted as a key issue of importance when health service users decided which services to use.
- The agglomeration economies and regional productivity gains are well understood to occur once an industry in a place reaches a particular level of employment density. Reduced service imports and increased service exports will support economic development. The development of a precinct plan to increase job density and industry clustering in the health services sector around the existing Swan Hill hospital will support this outcome.
- The Primary Study Area (PSA) has the highest suitability for a health precinct based on all analysis factors considered. The PSA could accommodate over 15 new medical centres, which will provide for the medium to long term needs of Swan Hill.

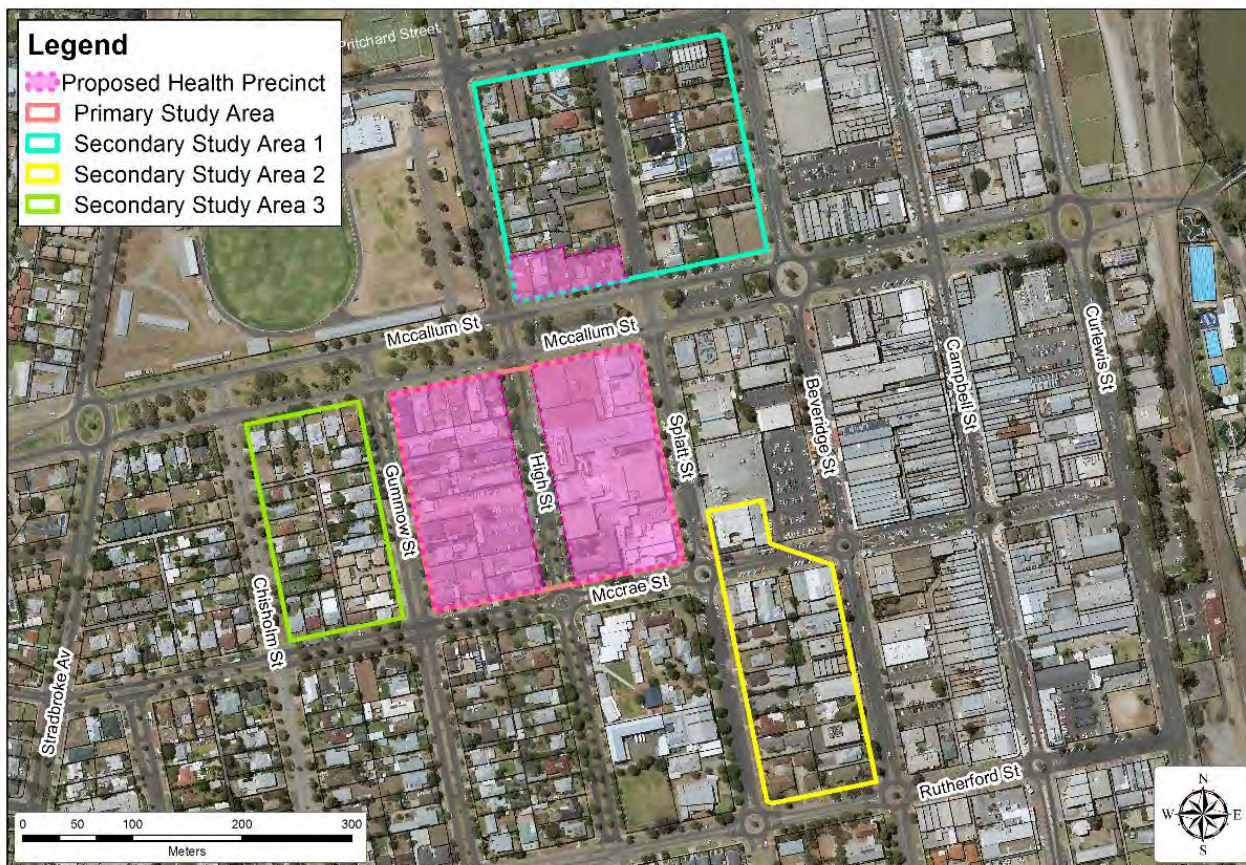
Based on the research undertaken for this report, the establishment of a health precinct in Swann Hill is recommended. The proposed boundary of the health precinct area is indicated below.

The following key findings regarding the PSA and proposed Health Precinct Plan are noted:

- The PSA already caters for public health care uses on PUZ3 zoned land. Appropriate land use policy directives needs to be prepared for private land in the PSA to support health use and development. The current zoning of all properties can be retained, and the current PUZ3 and GRZ provisions could facilitate the growth and development of the health precinct over time.
- The PSA has a number of established health uses. The area also has medium density and conventional residential development that will unlikely change to other uses over time, and this will ensure a mix of land use that will increase safety and liveability within the area.
- A large number of on-street and off-street public car parks are available in the PSA and surrounding areas. Additional parking should be provided to ensure densification of health uses have adequate access to parking. This could be done by increased efficiency of existing road reserves and on-site car parking provided for new health uses.
- A draft Swan Hill Health Precinct Plan should be prepared to guide potential establishment of a health precinct in Swan Hill.
- Appropriate local policy should be prepared for inclusion in the Swan Hill Planning Scheme under Clause 21 and Clause 22.

- Further consultation with key stakeholders should inform the final Precinct Plan and planning provisions.

Proposed Swan Hill Health Precinct Boundary



Subsequent to the analysis and consultation completed, a draft Health Precinct Plan and proposed planning scheme provisions have been prepared. These documents, together with the draft Background Analysis report were placed on public exhibition during August and September 2017. The respective documents have been updated to respond to comments provided during the public consultation period.

The final recommendations of the study are for Council to:

- Adopt the Swan Hill Health Precinct Plan (copy at Appendix A) to guide the activation and improvement of the precinct.
- Update the Local Planning Policy Framework (LPPF) of the Swan Hill Planning Scheme to:
 - Provide strategic support for the health sector as key employer and community service provider in Swan Hill
 - Identify the Health Precinct as preferred location for health uses in Swan Hill and include the Health Precinct Plan as reference document
 - Introduce a new local policy for non-residential uses in residential zones, with specific design and development guidelines for medical centres.
- Commence the implementation of policy, consultation and design aspects aimed at improving car parking availability in the Health Precinct to support the development of the precinct.

2. Introduction

The Swan Hill Rural City Council has commissioned SED Advisory to prepare a Health Precinct Study to present solutions and opportunities to further establish and grow a health services employment precinct in Swan Hill.

The **aim** of the project is to:

- Develop a long term strategic vision for expanding the existing health services precinct within Swan Hill.

The **objectives** of the project are to:

- Investigate and report with justification health services supply and demand within the study area
- Identify inadequacies in the medical infrastructure and the future issues that will inhibit growth on the existing sites and the impacts on the surrounding residential and commercial areas
- Examine the impact of the introduction of new medical centres and offices on existing residential and commercial properties in relation to parking, traffic management, hours of operation, residential security, open space, amenity and streetscapes and re-assess the need to provide parking spaces in relation to the establishment of new medical centres
- Examine the priority need of medical centres to be in close proximity to the hospitals.
- Identify potential medical centre / residential co-location scenarios in immediate and secondary areas to the hospital and develop a Precinct Structure Plan that supports the agreed approach
- Identify with justification, and plan for the enabling infrastructure required to facilitate long-term investment and job creation in the health services sector
- Establish suitable local policies to be included in Swan Hill Planning Scheme that support and encourage the expansion of the health services sector in the study area

The project will culminate in the development of a precinct plan to increase job density and industry clustering in the health services sector around the existing Swan Hill hospital.

This background analysis document provides an overview of the policy context within which the proposed health precinct will be developed and outlines current and projected health service supply and demand in the Swan Hill area.

3. Context and background

Swan Hill is a regional city in the northwest of Victoria, situated along the Murray River approximately 344 km from Melbourne. The Swan Hill Local Government Area had an estimated residential population of 20,580 in 2014, with a median age of 39.2 (slightly above than the Australian average of 37.3) (ABS, 2014). The health care and social assistance industry employed 11.8% of the Swan Hill population in 2011, second only to the agriculture, forestry and fishing industry (18.3%) (ABS, 2014).

Swan Hill, like many regional locations is experiencing a surge in demand for health and related services. Many factors, both demand and supply side, are driving this increase such as ageing populations, improved accessibility of health services, increased marketing by health providers and subsequent awareness by customers of the extent of services available as well improved technologies and procedures which have had the effect of bring the health industry closer to customers than ever before. Regional residents moving off farm and into townships also presents a notable change in many rural areas.

These trends are expected to continue into the foreseeable future. In addition to market driven considerations, Swan Hill, like all regional centres, needs to be able to consider its role in servicing the broader needs of the region, which extend beyond LGA boundaries. This raises considerations around connectivity between services and customers, physical access and locational issues as well as the growing use of digital and e-health services as means to both enable and service demand and service requirements.

In addition to these core elements, an often misunderstood element in regional development is the changing nature and expectations of the community towards services and service provision and their accessibility. Health is seen as a core service requirement, regardless of location. Communities expect certain health and medical standards and hold authorities to account to ensure these services can be delivered to acceptable levels. This community belief can present challenges to local authorities as they seek to maintain service standards for their communities and residents.

As well focussing on the service provision aspects of the industry and how these can be best met, the growth in the general medical and health industries, including allied health, presents substantial job creation and economic development opportunities. Infrastructures need to be established which enables forecast growth requirements to occur expediently and in a cost effective and competitive manner. Pertinent issues in this area include issues such as workforce, co-location, industry socialisation, networks and evidence of 'clustering' behaviour.

Agglomeration economies and regional productivity gains are well understood to occur once an industry in a place reaches a particular level of employment density (as opposed to residential density, which is a different concept). Appropriate planning can encourage these outcomes and in doing so support industry growth, development and increasing sophistication.

Appropriately, Swan Hill Rural City Council needs to develop a response to all of these issues that caters for the expected growth and needs of both the industry and its customers, community expectations, as well as concurrently establishing a framework that supports and encourages industry and employment growth and investment.

4. Study Area

The Swan Hill Health Precinct Plan will support the growth and development of the health services sector in the Swan Hill Local Government Area and the broader health services catchment area.

The study area for the health precinct includes the existing Swan Hill Hospital and immediate surrounding street blocks.

The study area is divided in two sections:

- *Primary Study Area* – consisting of the existing hospital and the land immediately west of the hospital, bounded by McCallum Street, Splatt Street, McCrae Street and Gummow Street
- *Secondary Study Area* – consisting of land in close proximity to the hospital, main roads and current CBD. Three discrete secondary study areas have been included based on their spatial relationship with the primary study area.



Figure 1: Study Area

5. Policy context

A number of legislative and strategic documents have been considered in the development of this report and the masterplan for the Swan Hill Health Precinct. The following sections provides a summary of these documents and how they may influence the Health Precinct Plan are summarised in this chapter.

5.1 Council Plan 2013-17 – 2015/16 Update

The Council Plan 2013-17 – 2015/16 Update (the Plan) establishes the goals and priorities for the Swan Hill Rural City Council over 5 years.

The Plan recognises the role of Swan Hill as a regional centre and therefore as a provider of higher order services such as health, education and business services to local and neighbouring communities.

As a strategic initiative, that Plan states that Council will continue to implement actions within the Public Health and Wellbeing Plan.

The Plan states that Council has ongoing responsibility to identify possibilities and encourage multi-user, health facilities and to maintain and strengthen support for aged care services, early childhood education, maternal and child health services and health promotion and education.

5.2 Loddon Mallee North Regional Growth Plan

The Loddon Mallee North Regional Growth Plan (the Plan) provides guidance for land use planning for the region incorporating the Buloke, Campaspe, Gannawarra, Mildura and Swan Hill municipalities. The Plan addresses challenges and opportunities for the region and outlines how growth will be managed over 30 years. The Plan states that the region is undergoing a period of change, with modest but uneven population growth and an ageing demographic that will need to be catered for.

The average age of the population outside the main urban areas of the region is increasing at a faster rate than the Victorian state average. By 2041, the population of the Loddon Mallee North region is projected to have increased by 25,000 people. Most of the growth will be focused in the regional city of Mildura and the regional centres of Echuca and Swan Hill where there is a provision of higher order services for the wider region within Victoria and parts of New South Wales and South Australia. The Plan calls for planning to take into consideration the influence of external centres on the growth and service provision of settlements in the region.

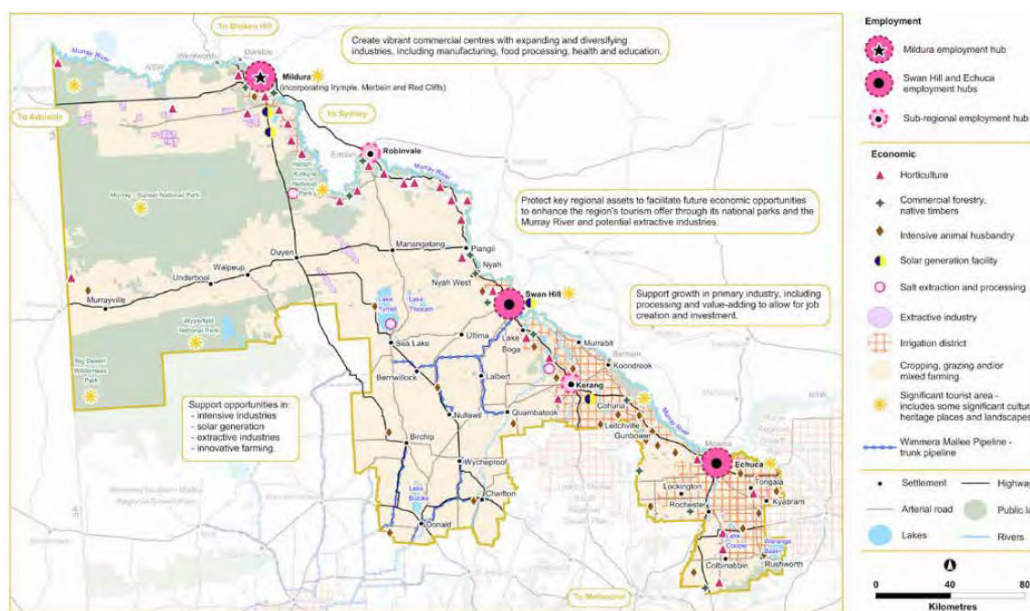


Figure 2: Future Directions for Economic Growth in the Region (source: DTPLI)

The Plan identifies Swan Hill as an employment hub and regional centre, and this role will expand by incremental growth and development, including improvements to infrastructure.

The Plan states that health and community services generated \$538 million in output in 2012. Infrastructure investment in education and health sectors is required to reverse population migration out of the region and promote the sustainability of towns.

Based on interrelationships between settlements, including those in adjoining regions and extending to interstate, five communities of interest have been identified within the region: Mallee, Eastern Mallee, Buloke, Campaspe and Gannawarra.

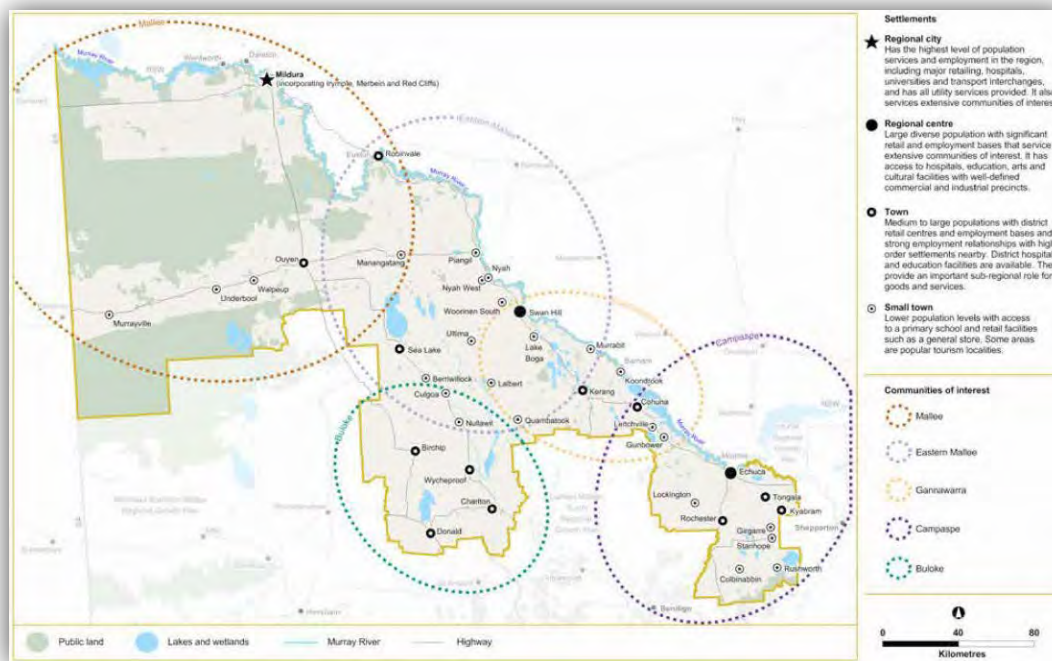


Figure 3: Settlement Framework Communities of Interest (source: DTPLI)

Swan Hill, which is located on the Murray River and services an area extending to the Southern Riverina of New South Wales to the North and the northern section of Buloke Shire to the South, is identified as belonging to the Eastern Mallee community of interest. This community of interest includes Swan Hill, Robinvale, Sea Lake and multiple smaller towns. The Eastern Mallee is heavily reliant on agriculture and associated processing, manufacturing and services. The Plan states that health services will become an increasingly important sector for the Eastern Mallee into the future.

As a principle for growth, the Plan advocates for regional infrastructure including health facilities to meet the needs of the region and enable healthy lifestyles. Infrastructure investment will also contribute to the reversal of out migration and the sustainability of towns. According to the Plan, a driver of change in the region include the centralisation of population, employment and services into large urban centres with access to education, health and transport.

As identified in the Plan, a key challenge for the region is skill shortages in the health sector, particularly as demand for health services and professionals increases with the aging population. In order to attract professionals to the region and reduce outward youth migration, the Plan states that it is important to offer attractive settlements with access to quality services and a range of housing and lifestyle choices. The Plan states that the provision of services and amenities in the region will also contribute to the creation of employment opportunities and attract public and private investment in the region.

The continued provision of services in smaller settlements that are located a long distance from major centres is supported in the Plan. However, it is recognised that managing the provision of health services in small or remote settlements and rural areas which are experiencing decline and aging is a significant challenge as their long-term viability is uncertain. The plan encourages the alignment of health services with road and rail networks, particularly public transport, in order to address disadvantage in the region.

The Plan supports the role of well-located towns in being service centres for surrounding smaller settlements and rural areas. The Plan states that social infrastructure, which includes community and cultural facilities, services and networks that assist in meeting social needs, needs to be provided in order to improve liveability and resilience in communities as well as attract and retain workers and new residents. It also states that any new infrastructure should be strategically planned and rolled out in line with growth projections. The Plan identifies challenges in the provision of social infrastructure, including changing demands for facilities and services as populations experience decline and aging, long distances for accessing and delivering services and improving liveability. Planning for social infrastructure in the region will focus on maintaining services at key locations and aligning social infrastructure with communities of interest.

The Plan recognises that education and skilled workers are key to the future development of the region. Currently, there is significant inequity in the availability of and access to education services ranging from early childhood through to vocational and tertiary in the region; a problem exacerbated by poor public transport. Consequently, there is significant youth migration from the region to regional and capital cities to undertake tertiary and vocational education. Furthermore, there is significant disadvantage in the region. To address skill shortages and combat disadvantage, improving educational attainment and skills development within the region is crucial.

The Plan recognises that built form, economic and social infrastructure, and the natural environment are factors that affect the health of individuals and communities. The lack of good quality affordable, public and emergency housing as well as poor public transport and car dependence are also challenges impacting the overall health of the community.

A particular issue for the region is how to expand health services in the few centres with growing populations, while at the same time maintaining services in the many small or remote settlements and rural areas with steady or decreasing populations and an ageing demographic profile. Planning for health includes meeting the needs of an ageing demographic in towns and rural settlements with decreasing populations. It is stated that recommending appropriate locations for infrastructure and services in the region is a way in which land use planning can improve community health outcomes.

The Plan outlines land use strategies and actions for social infrastructure, with the following being specifically relevant:

- *Recognise and foster networks between smaller townships and communities to leverage access to regional services and investment*
- *Recognise and support towns that are well located to provide an ongoing service centre role to maximise access to services for surrounding smaller settlements and rural areas*
- *Work with agencies and government to investigate social infrastructure needs for the region and target facilities to particular settlements where the need is greatest or planning identifies a strategic need*
- *Encourage social infrastructure that is well located, multi-purpose, flexible, adaptable and accessible*
- *Protect the operation of existing and planned health and education facilities from conflicting land uses.*

The Regional Growth Plan identifies Swan Hill as a regional centre in which growth, development and investment should be promoted.

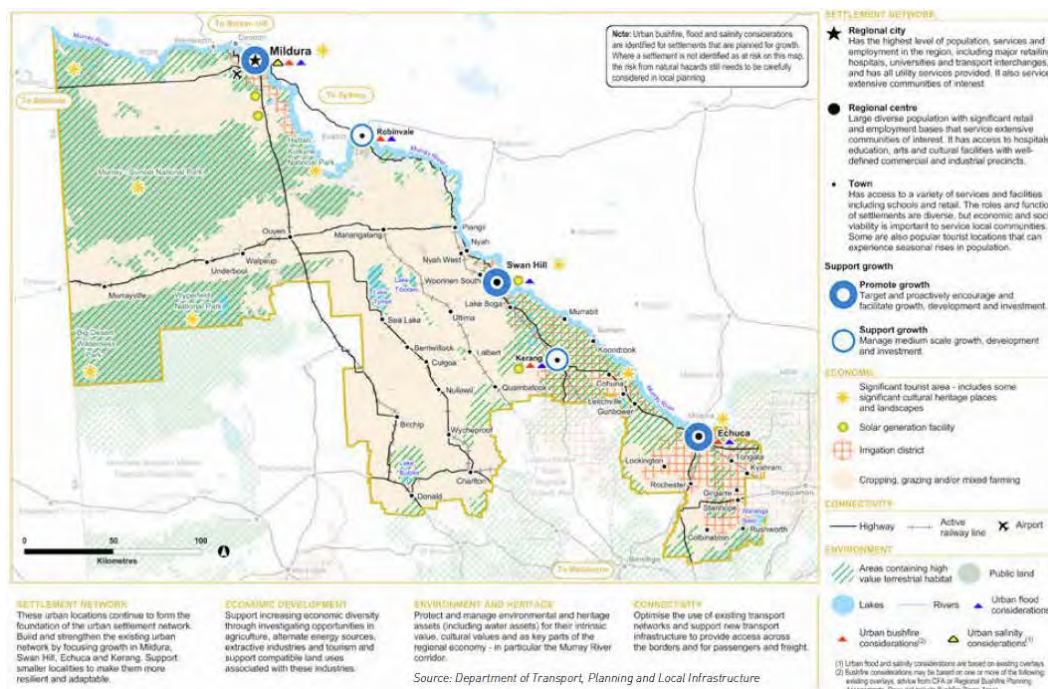


Figure 4: Regional Growth Plan Promoting Growth in Swan Hill

5.3 Swan Hill Rural City Council Public Health and Wellbeing Plan 2013-2017

The Public Health and Wellbeing Plan (the Plan) is one of Council's key strategic documents that guides decision making and provides advice on the important health and wellbeing issues facing the community. The Plan acknowledges Council's commitment to provide and maintain the necessary infrastructure assets and services to create healthier outcomes for the community. The Plan also highlights the following as key priorities to be addressed by the Council:

1. Promoting healthier, safer and sustainable communities
2. Enhancing the communities wellbeing, connectivity and participation

Under the first priority area, the following objectives and strategies are most relevant for the planned health precinct:

- Objective 1 - To promote and encourage healthier lifestyles
 - Strategy 1.1 - Continue to provide new, upgrade and maintain passive recreation facilities and infrastructure that enhances physical activity and active transport
 - Strategy 1.6 – Continue to work collaboratively with local agencies that provide health services for our communities
 - Strategy 1.7 – Continue to provide services that enable the ongoing improvement of health within our communities.
- Objective 2 - To improve personal and community safety
 - Strategy 2.2 – Incorporate the Safer Design Guidelines in public and private developments
 - Strategy 2.4 – Implementing building controls and enforcement to keep our community and individuals safe
- Objective 3 - To promote a sustainable economy that support healthier communities

- *Strategy 3.3 – Continue to provide and maintain facilities and services that provide economic benefits for the community*
- Objective 4 - To promote environmental sustainability that nurtures our communities
- *Strategy 4.1 - Promoting the reduction in usage of private motor vehicles through the implementation of the Active Transport Strategy*

Under the second priority area, the following objectives and strategies are most relevant for the planned health precinct:

- Objective 1 - To contribute to better mental health and wellbeing through more connected and resilient communities
 - *Strategy 1.9 – Planning for inclusive and attractive local areas including the investigation of including Healthy by Design Guidelines in the local Municipal Strategic Statement*
- Objective 2 - To improve social connectedness and respect for cultural diversity
 - *Strategy 2.3 – Advocate for the co-location of services to enhance sustainability of services, social groups and connect the community.*

5.4 Swan Hill Rural City Council Economic Development Strategy 2011-2016

The Economic Development Strategy (the Strategy) outlines Council's plan for driving growth in the region and identifies a series of actions to achieve growth. These actions are categorised under the following five strategic themes:

1. *Attracting New Business Investment*
2. *Supporting Existing Businesses to Grow*
3. *Marketing the Region*
4. *Addressing Infrastructure Needs*
5. *Education and Skills Development*

The Strategy identifies a number of key projects, most notably, the Swan Hill Hospital Redevelopment. The Strategy considers a number of Council strategic documents including the Swan Hill Rural City Council Plan 2009-2013 and Northern Region Loddon Mallee Regional Strategic Plan, and takes into consideration key projects (including the Swan Hill Hospital Redevelopment) that are critical to the economic development within the municipality.

Under the strategic theme of 'addressing infrastructure needs', Council notes that it is committed to supporting the achievement of a new hospital in line with the latest Swan Hill District Health Master Development Plan. The Master Development Plan includes a new aged care facility, emergency department, acute inpatient unit and day procedure unit.

The Strategy acknowledges that high quality health care is a significant factor when deciding where to live and that investment in health services and health infrastructure is required for the Swan Hill municipality to grow as a major regional service centre for the North West.

While the Swan Hill community is currently serviced by a major regional hospital providing a wide range of acute inpatient, community, aged residential, domiciliary and primary care services, the Economic Strategy notes that that population projected to age at a higher rate to that of the rest of Victoria placing extra demand on health and community care services.

The Strategy notes that a Swan Hill Hospital Development Master Plan was created to address gaps that currently exist in health service provision in the region. The hospital redevelopment did not receive funding in the last round of State Government funding provision, so Council notes that it will work with Swan Hill District Health to seek future funding for the project.

The Strategy also identifies Health and Community Services as third largest employer sector in Swann Hill LGA, accounting for 10.89% of the total workforce.

5.5 Swan Hill Riverfront Masterplan 2013

The Riverfront Masterplan provides a strategic plan for future improvements along the riverfront to reinvigorate the public space and enhance its social, environmental, cultural and economic values. The riverfront area included within the Masterplan is located adjacent the Swan Hill CBD, but does not include the proposed health precinct area.

Of most relevance to this current report, the Riverfront Masterplan outlines the findings of an earlier economic assessment undertaken as part of the Masterplan development. The economic assessment examined a number of issues and opportunities within the community, including the following demographic figures:

- The estimated population of the Swan Hill Urban Centre in 2011 was 9,894 persons. 40.5% of the Swan Hill Rural City's population was located within Swan Hill Urban Centre with the remaining 59.5% located within Robinvale and remaining areas of the Shire's rural areas.
- Between 2001 and 2011 Swan Hill Urban Centre population grew by 123 persons, at a rate of 10 persons per year or 0.1% p.a. State projections provided by the Victoria and New South Wales governments in 2008 suggest that the rate of growth in Swan Hill and surrounding regions will increase to 0.3% p.a. by 2026.
- Age structure projections indicate that over the next 20 years Swan Hill will see high growth in the population of residents aged over 65 years, while there will be marginal decreases in the population of residents aged 34 and below.
- The health care and social assistance industry in Swan Hill has grown substantially since 2006 and employed 837 people at the 2011 Census; representing the second largest employing industry behind retail trade. Swan Hill District Health reports employing approximately 450 staff, and servicing a catchment of 30,000 people.

5.6 Swan Hill Lake Boga Economic Development, Tourism and Marketing Strategy 2012-2017

The Lake Boga Economic Development, Tourism and Marketing Strategy 2012-2017 (the Strategy) was developed in line with the Swan Hill Rural City Council Economic Development Strategy 2011-2016 to address similar key strategic themes at a more localised level in the Lake Boga area. Lake Boga is the third most populated town in the Swan Hill Rural City Council with a population of 719 at the 2011 Census. The township of Lake Boga is located 17 kilometres south-east of Swan Hill in north-west Victoria, on the Murray Valley Highway so does not include the planned Swan Hill health precinct area.

Of most relevance to this report, the Strategy notes that largest industry of employment for Lake Boga was the health care and social assistance industry (employing 14.3% of the population) followed closely by retail trade (13.7%). Given that these types of businesses are not located in Lake Boga, the Strategy suggested that these residents must travel to Swan Hill for work.

5.7 Swan Hill Car Parking Strategy (2016)

The Swan Hill Car Parking Strategy (the Strategy) establishes supply and demand for car parking in the Swan Hill CBD and makes recommendations for local policies regarding car parking. The study area of the Strategy encompasses the Swan Hill CBD and land to the west to Stradbroke Avenue, Gummow Street and High Street.

The Strategy identified that there is a total of 3,578 on-street car parking spaces within the study area, of which 1,099 are located within the Swan Hill CBD. The on-street car parking spaces comprise unrestricted, short-term, short-term ticketed and short-term metered parking restrictions generally applying to car spaces

A significant number of public and private off-street car parking spaces have been identified within the study area, of which 856 are publicly accessible.

Table 3 included in the Strategy shows that in 2007, Medical uses covered 16,685m² or 12.2% of the Swan Hill CBD (including 14,000m² of hospital). This excludes vacant floorspace which does not generate car parking demand.

The Strategy considers that there is an appropriate provision of disabled on-street and off-street spaces. However, it states that this provision should be monitored regularly, particularly as land uses change and the population of Swan Hill ages changing the demand for accessible spaces.

The Strategy states that the existing statutory car parking requirements for uses within the Swan Hill CBD are excessive and that it may be appropriate to that reduce them. Although some areas with high demand have been identified, the Strategy states that overall car parking supply in the Swan Hill CBD is adequate with occupancy at peak times ranging from 61.1% (southern precinct) to 78.7% (central precinct).

The Strategy supports the introduction of cash-in-lieu contributions from developments located anywhere within the town centre to contribute to the provision of new public car parking and/or other commuter transport related projects such as improving bus stops, bus facilities, bicycle parking, etc.

The Strategy noted that the Swan Hill Parking Study 2007 recommended that only 3 spaces per practitioner should be required for the use of a Medical Centre. However, Amendment C39 which changed a number of car parking requirements did not change Medical Centre car parking rates at Clause 22.02 in the Swan Hill Planning Scheme. As such, 5 car spaces to each 100m² of floor area is still required for the Medical Centre use.

The Strategy however recommended that a Parking Overlay be introduced into the Planning Scheme that will apply the rate in Column B of Table 1 in Clause 52.06-5. This will result in 3.5 spaces per 100m² leasable floor area being required for a medical centre.

The Strategy identified opportunities for additional on-street car parking, with the following recommendations outlined for car parking in the vicinity of the hospital:

- On McCallum Street between High Street and Splatt Street (#1):
 - *Change kerbside parallel parking to angle parking (north and south sides).*
 - *Reduce through lanes to one, except as required at intersections.*
 - *Retain unrestricted parking restriction for kerbside parking*
- On McCrae Street between Splatt Street and High Street (#5):
 - *There is an opportunity to increase the on-street car parking supply in the vicinity of the hospital by replacing the parallel parking on the south side of McCrae Street. This will involve narrowing the grass naturestrip in front of McKillop College.*
- On Splatt Street and High Street between McCallum Street and McCrae Street (#6):
 - *The 2P parking areas in these streets (ie the streets adjacent to the hospital) currently provide free parking and are in high demand. The introduction of ticket/meter parking in these areas is appropriate.*
- On McCrae Street between Splatt Street and High Street (#7):

- The 2P parking areas in this street currently provide free parking and are in high demand. The introduction of ticket/meter parking in these areas is appropriate.

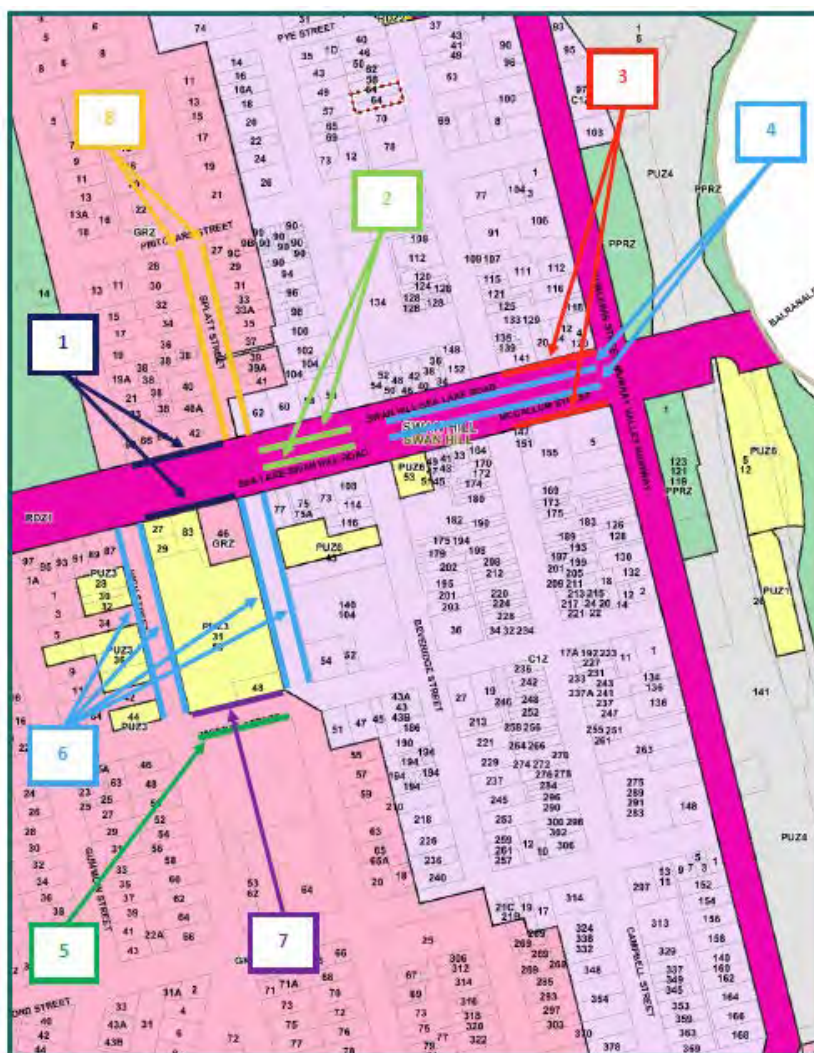


Figure 5: Opportunities for Change to On-Street Car Parking (Source - Swan Hill Car Parking Strategy)

5.8 Swan Hill Planning Scheme Amendment C52 Explanatory Report

Amendment C52 was prepared by Swan Hill Rural City Council at the request of Swan Hill District Health (SHDH). The land affected by the amendment is at 28 High Street, Swan Hill (Lot 7 LP 20174) and 44 High Street and 62 McCrae Street, Swan Hill (Lot 1 TP 117422J). The amendment rezoned the land from Residential 1 Zone to the Public Use Zone 3 – Health and Community.

The amendment allows Swan Hill District Health to redevelopment the land in order to improve its provision of services to the community. In terms of expansion, the report states that the main site for SHDH surrounded by High Street, McCrae Street, McCallum Street and Splatt Street is considerably constrained.

The land subject to this amendment is located opposite the hospital on the western side of High Street. The following uses have been accommodated on the land as a result of the amendment:

- A community palliative care service, district nursing service, hospital admission risk program and transitional care program operated by Swan Hill District Health would be carried out at 28 High Street.

- A clinical training centre for Swan Hill District Health to be located in an old vacant dwelling (44 High Street, on northwest corner of High and McCrae Streets) and newly constructed building to the rear of the dwelling (62 McCrae Street).
- An opportunity shop in the vacant dwelling at 44 High Street operated by the ladies' auxiliary as an ancillary use to the health service.

The re-zoning to the Public Use Zone 3 – Health and Community is consistent with the zoning of other land owned and operated by SHDH.

5.9 Swan Hill Retail Strategy 2014

The Swan Hill Retail Strategy (the Strategy) recognises Swan Hill as the main location for retail and services in the region.

Swan Hill is identified in the Strategy as a service centre for an area spanning the Murray Valley to the Mallee in Victoria and the Western Riverina in New South Wales. The area contains a catchment of more than 37,000 people, 20,870 of whom live in the Swan Hill municipality.

The Strategy states that the retail industry is significant in attracting investment to the Swan Hill region, providing essential services and merchandise for residents and businesses and supporting the overall function of the Swan Hill CBD and other town centres.

According to the Strategy, there is a total of 46,610m² of retail floor space and 22,020m² of commercial office floor space in Swan Hill. 40,250m² or 86% of retail floorspace in Swan Hill is concentrated in the CBD.

The Strategy states that there is 55,570m² of shopfront floorspace in Swan Hill, which is comprised of 46,610m² of occupied retail space, 5,130m² of occupied shopfront office space and 3,830m² of vacant space, constituting an overall vacancy rate of 7%. For the CBD, the vacancy rate is even slightly higher at 7.3%. This is considered high as the Strategy states that a vacancy rate of between 4-6% is consistent with a comfortable performing centre. The Strategy calls for a plan to be developed to address long-term vacant tenancies in the Swan Hill CBD.

5.10 Swan Hill Planning Scheme

5.10.1 Municipal Strategic Statement and Local Planning Policy

Clause 21.02 identifies the key issues facing Swan Hill focused around six strategic themes. Relevant strategies to this study are:

- Settlement and housing: *The maintenance of Swan Hill as the major regional centre which most other towns rely on for services and facilities.*
- Infrastructure and transport: *The need for a coordinated, efficient and equitable approach to the provision of infrastructure and community facilities.*

Clause 21.04 has the following relevant objective pertaining to settlement:

- Strategy 1.1 Encourage use and development that will assist Swan Hill and Robinvale maintaining and enhancing their respective regional roles as significant providers of residential, commercial, business, *industrial land and community services and facilities.*

Clause 21.08 has the following relevant objectives pertaining to economic development:

- Supporting the development of a prosperous, growing, vibrant and diverse economy.
- Encouraging development and new business establishment based on the region's comparative and competitive advantages.

- Providing infrastructure and a range of services that makes us a “region of choice”.
- Supporting *local employment opportunities*.

Clause 21.10 Local Areas does not specifically mention the hospital or medical uses, however Map1: Swan Hill CBD Precincts includes the hospital site in the area designated as precinct 2 for ‘Office & Institutional’ development and use. Precinct 2 does not include the land west of High Street that currently has PUZ3 zoning.



Figure 6: Swan Hill CBD Precincts (Source - Swan Hill Planning Scheme)

Clause 22.02 Car parking provides recommended car parking rates through a local policy. The policy stipulates five (5) car spaces to each 100m² of floor area for a Medical Centre.

5.10.2 Zoning

The analysis of existing zoned land within the study areas includes the following planning zones: Public Use Zone 3 – Health and Community (PUZ3), General Residential Zone (GRZ), and Commercial 1 Zone (C1Z). McCallum Street, as higher order road, is Road Zone (RDZ1).

The primary purpose of the GRZ is to provide housing. Educational, recreational, religious and community uses are also permitted, as well as a limited range of other non-residential uses which serve local community needs. The GRZ allows for a medical centre as of right under the condition that the gross floor area of all buildings for the use is less than 250m² and the site adjoins, or has access to, a road in a Road Zone.

The primary purpose of the Public Use Zone is to recognise public land use for public utility and community services and facilities. PUZ3 land is specifically reserved for health and community land use, therefore the existing hospital land uses are within this zone.

The C1Z primary purpose is to create vibrant mixed use commercial centres for retail, office, business, entertainment and community uses. The C1Z allows for a medical centre as of right.

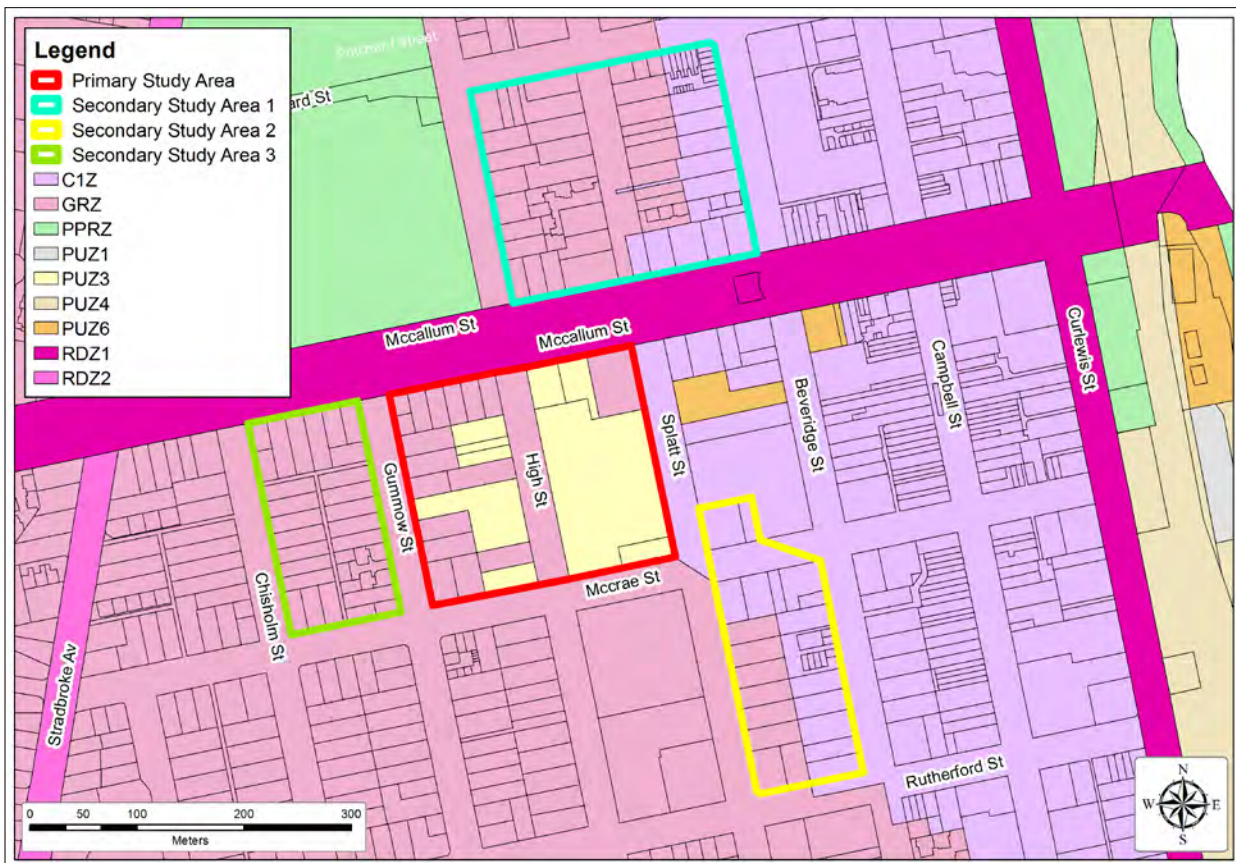


Figure 7: Zoning Map – Study Area

The land within the Primary Study Area are zoned GRZ and PUZ3. The PUZ3 applies to the Swan Hill Hospital and Swan Hill District Health land. The GRZ applies to the land bounded by High Street, McCrae Street, Gummow Street and McCallum Street not zoned PUZ3. Land fronting onto McCallum Street have frontage to a Road Zone (RDZ1).

Most of the land within the Secondary Study Area 1 is zoned GRZ. However, the land in the eastern side along Beveridge Street is zoned C1Z. The properties along McCallum Street between Splatt Street and Beveridge Street within the Secondary Study Area 1 are also zoned C1Z. Land fronting onto McCallum Street have frontage to a Road Zone (RDZ1).

The land in the western side of the Secondary Study Area 2 along Splatt Street is zoned GRZ. The land in the northern and eastern sides of the Secondary Study Area 2 along McCrae Street and Beveridge Street is zoned C1Z.

All of the land within the Secondary Study Area 3 contained by Chisholm Street, Gummow Street, McCallum Street and McCrae Street is zoned GRZ. Land fronting onto McCallum Street have frontage to a Road Zone (RDZ1).

5.10.3 Overlays

The study area is only subject to the Heritage Overlay (HO) which applies to specific properties:

- The Primary Study Area is affected by the Heritage Overlay at 38 High Street. HO131 specifies that tree controls apply to the Norfolk Island Pine (*Araucaria heterophylla*) on the site.
- The Secondary Study Area 1 is affected by the Heritage Overlay at 4 sites. HO163 applies to the dwelling “Glenlyon” at 34 Splatt Street, HO164 applies to the dwelling “Elwood” at 42 Splatt Street, HO104 applies to the dwelling at 100 Beveridge Street and HO105 applies to the dwelling at 102 Beveridge Street.
- The Secondary Study Area 2 is affected by the Heritage Overlay at 3 sites. HO107 applies to the dwelling at 236 Beveridge Street, HO143 applies to the Memorial Hall at 47 McCrae Street and HO144 applies to the Former Fire Station at 51 McCrae Street.

There are no overlays which affect the land in the Secondary Study Area 3.

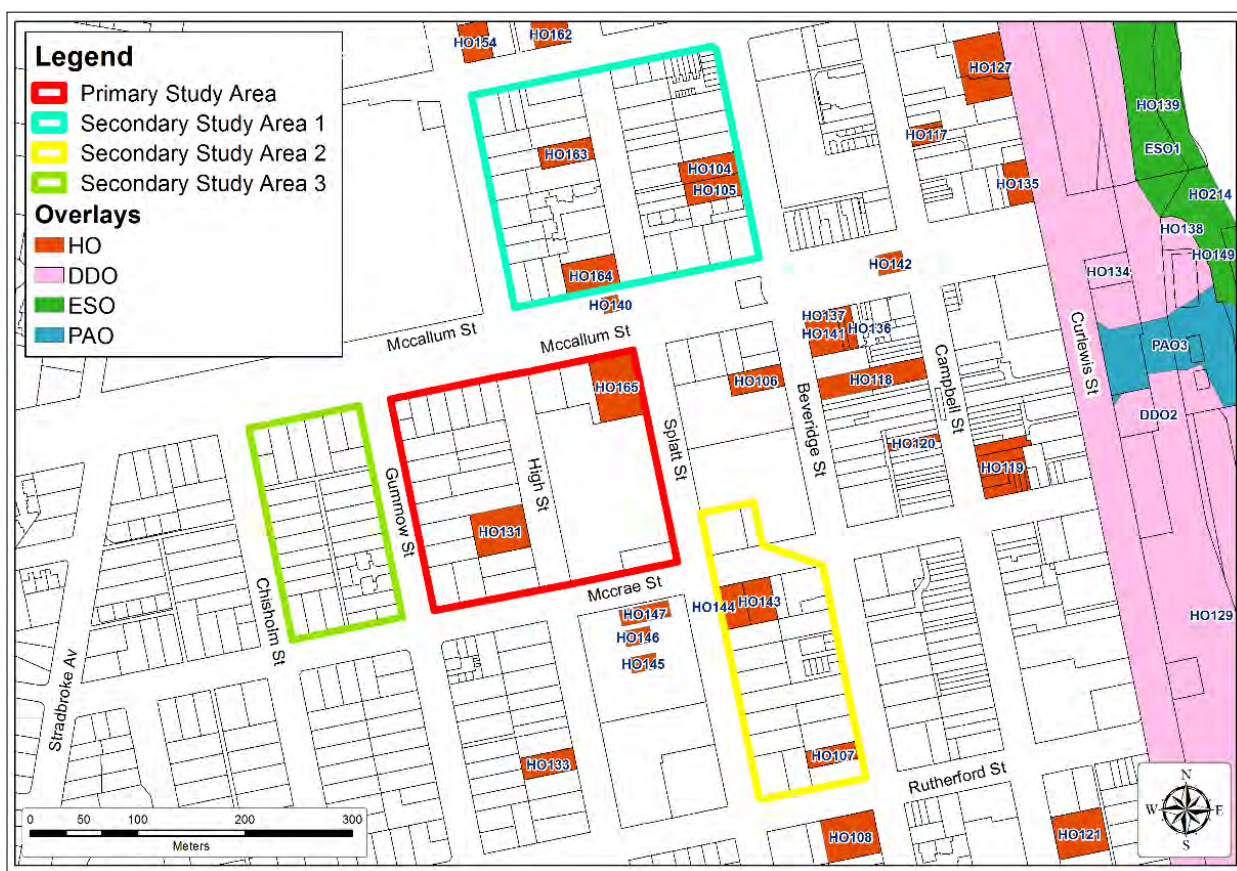


Figure 8: Overlays Map – Study Area

6. Existing medical services

There are a number of health service providers located within Swan Hill, providing a range of medical and allied health services. A desktop search found a range of medical and allied health services as listed in Table 1.

Table 1 – Health service providers in Swan Hill

Service type	Number of services
Mental health	6
Optometry and audiology	4
Medical centre or general practitioner	4
Chiropractic	3
Dental	3
Physiotherapy and podiatry	3
Pharmacy	2
Dietetics and nutrition	2
Hospital	1
District nursing	1
Speech pathology	1
Community rehabilitation	1
Occupational therapy	1
Myotherapy	1
Health promotion	1
Surgical	1
Total	35

These health services are located in various zones throughout Swan Hill as displayed in Figure 9. The location of four residential aged care facilities have also been mapped. While residential aged care facilities are not specially 'health' service providers, these facilities have been included given the clients of these services are frequent users of health care when compared with the general population.

Although the hospital and most SHDH facilities are within the tailored PUZ3, most private health service providers are currently located in the CBD and commercially zoned (C1Z) areas of the town centre. These health providers have invested in their facilities and will operate from these facilities at their own discretion into the future. The C1Z allows the use of medical centre as-of-right, and new medical centres could also locate in the C1Z in future. This study does not pre-empt any requirements for existing health providers to relocate to a health precinct from existing premises, should this be established in future.

Existing use rights and the provisions of the C1Z and other relevant zones will not be altered. Appropriate local planning policy for the health precinct and strategic support for the health precinct will however be incorporated into the Swan Hill Planning Scheme to support health sector clustering and the associated economic development benefits, providing Council with a decision-making framework for the future. Should existing health service providers decide to relocate to the health precinct, this will be at their own discretion and business planning frameworks.

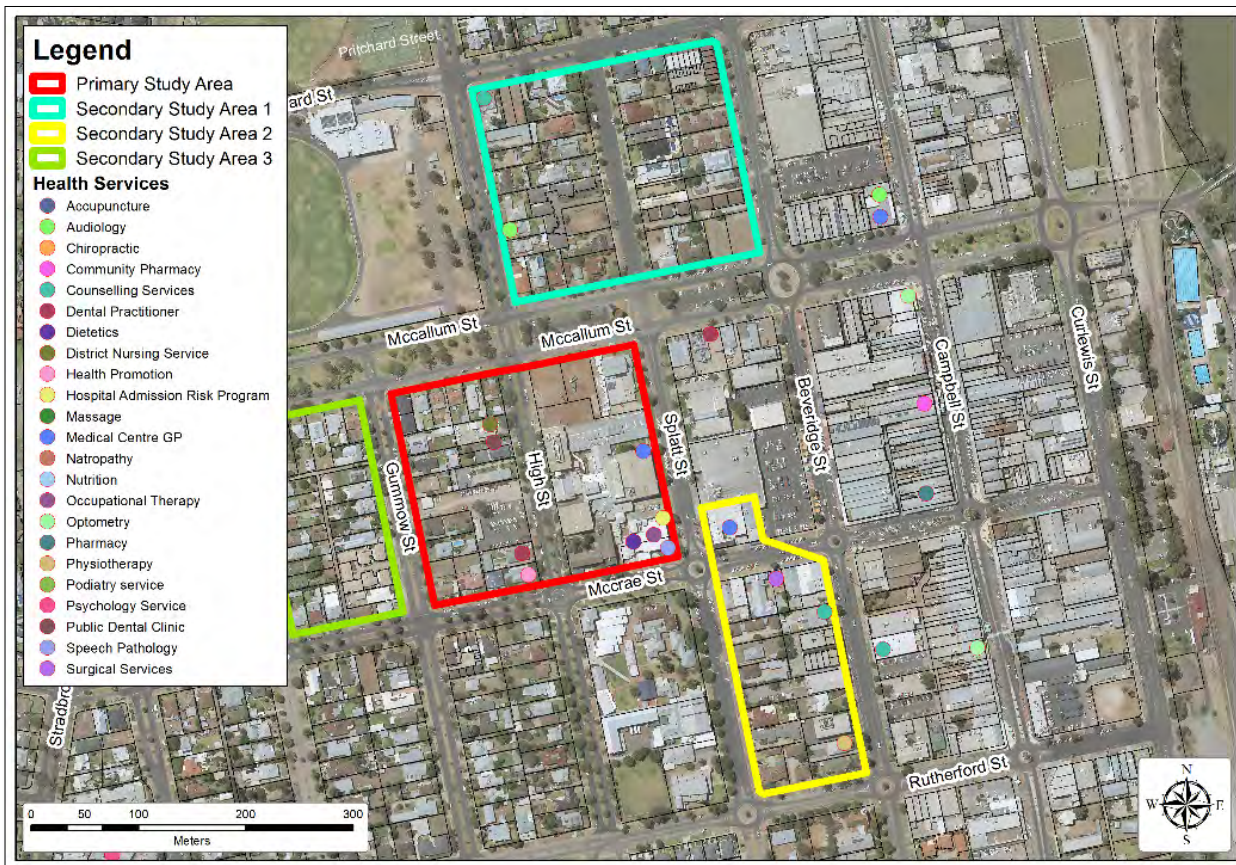


Figure 9: Existing Medical and Allied Health Services in Swan Hill

7. Demographic and Economic Analysis

7.1 Demographic Analysis

It is understood that the population catchment area for health services in the Swan Hill township is broader than just the Swan Hill LGA. Noting this, we have sought to estimate the residential population for the potential Swan Hill Health Precinct using surrounding LGAs, where the population is likely to travel to Swan Hill to access health services.

Table 2 presents the estimated residential population projection for Swan Hill and adjacent LGAs. It should be noted that while the overall population for the suggested Health Precinct catchment area is projected to decline by 8% to 37,409 people in 2031, the population for Swan Hill rural city is expected to increase by 15% to 12,181 people over this time. This concentration of population within the rural city location provides a further case for centralising health services within Swan Hill, with outreach services for small regional towns in the area for people who are unable to travel into Swan Hill.

Table 2: Swan Hill Health Precinct -catchment estimated residential population, by year

Area	2011	2016	2021	2026	2031	% change
Swan Hill Town (VIFSA)	10,610	10,883	11,290	11,735	12,181	+ 15
Swan Hill Rural (VIFSA)	6,646	6,105	5,768	5,462	5,186	- 22
Buloke Shire (VIFSA)	6,465	5,858	5,518	5,215	4,925	- 24
Gannawarra Shire (VIFSA)	10,453	9,919	9,497	9,119	8,773	- 16
Balranald LGA	2,350	2,250	2,200	2,150	2,100	- 11
Wakool LGA	4,054	5,858	5,518	5,215	4,925	- 25
Total	40,578	39,105	38,420	37,869	37,409	- 8

Note: The Victorian projections use *Victoria in Future Small Area (VIFSA)* data which divides the LGA into smaller areas for calculation of projections (*Department of Environment, Land, Water and Planning, 2016*). Balranald NSW data from *Department of Planning and Environment 2016*. Wakool NSW data from 2015 projection estimates. *id* noting that the Wakool LGA has now been combined with the Murray Shire to form Murray LGA.

Population health survey data for the Swan Hill LGA (as displayed in Table 3) shows that children aged 0-14 and persons aged 65 years and older are slightly overrepresented in the population, while the 25-44 age group is underrepresented when compared with Victorian state-wide averages (DHHS, 2013). The teenage pregnancy rate in Swan Hill was the highest of all LGAs in the state (at 41.9%, compared with the state average of 10.4%). The Swan Hill LGA also had the highest population of residents in Victoria that identified as Aboriginal or Torres Strait Islander (at 5.3%, compared with the state average of 0.08%) (DHHS, 2013).

Table 3 – Swan Hill LGA Population Age Profile, 2012

Years of age	LGA total	% total LGA population	% total VIC population
0 - 14	4,305	20.5	18.3
15 - 24	2,770	13.2	13.6
25 - 44	5,118	24.4	29.2
45 - 64	5,275	25.1	24.5
65 - 84	3,029	14.4	12.4
85 +	480	2.3	2.0
Total	20,977	100	100

The median household income (\$886 per week in 2013) was well below the state average of \$1,216 and there were relatively high percentages of low income individuals and families in the LGA. Social housing made up over 7.3% of total dwellings in Swan Hill LGA, almost double the percentage of Victoria as a whole (3.8%) (DHHS, 2013).

The percentage of the Swan Hill LGA population who reported heart disease was among the lowest in the state, but cancer incidence of 710.3 per 100,000 population was higher than average of 522.0 for Victoria in 2013 (DHHS, 2013). Table 4 shows that compared with the Victorian state average, Swan Hill has fewer dental service sites and a much lower percentage of the population is located near to public transport.

Table 4 – Swan Hill Health Services, 2012

Services	LGA measure	Rank among LGAs	Victorian measure
General practitioners per 1,000 population	1.2	33	1.2
General practice clinics per 1,000 population	0.8	15	0.5
Dental service sites per 1,000 population	0.1	65	0.2
Allied health service sites per 1,000 population	0.8	21	0.5
Pharmacies per 1,000 population	0.2	47	0.2
Percentage of population with private health insurance	31.8%	76	48.0%
Percentage of population near to public transport	38.6%	49	74.2%

As presented in Table 5, the number hospital inpatient separations per 1,000 population was well above the state average, and the rate of emergency department presentations per 1,000 population was the highest in the state. Primary care type presentations at an emergency department were the second highest in the state, while GP attendances were below average. Rates of drug and alcohol and mental health service utilisation were also above average.

Table 5 – Swan Hill Health Services Utilisation, 2012

Service utilisation	LGA measure	Rank among LGAs	Victorian measure
Hospital inpatient separations per 1,000 population	529.5	7	419.8
Average length of stay, public hospital inpatients	2.8 days	73	3.2 days
Per annum change in hospital inpatient separations, 2002-03 to 2012-13	2.39%	37	2.76%
Projected per annum change in separations, 2012-13 to 2021-22	0.75%	46	2.78%
ED presentations per 1000 population	563.8	1	258.8
ED presentations which are primary care type per 1000 population	302.2	2	107.5
GP attendances per 1,000 population	4,626.7	58	5,452.1
Drug and alcohol clients per 1,000 population	13.0	3	5.8
Registered mental health clients per 1,000 population	17.7	17	11.1

7.2 Economic Analysis

The Swan Hill economy is a diverse regional economy that has the following features:

- Dominated by agriculture and manufacturing, which combined account for 40% of output and 29% of value added
- A wide range of 'service and support' industries such as health, education and business services.

This profile is common amongst towns the size of Swan Hill located in regional Australia. The diversity of the local economy highlights the service centre role played by Swan Hill in providing services to a broader catchment than just the local LGA.

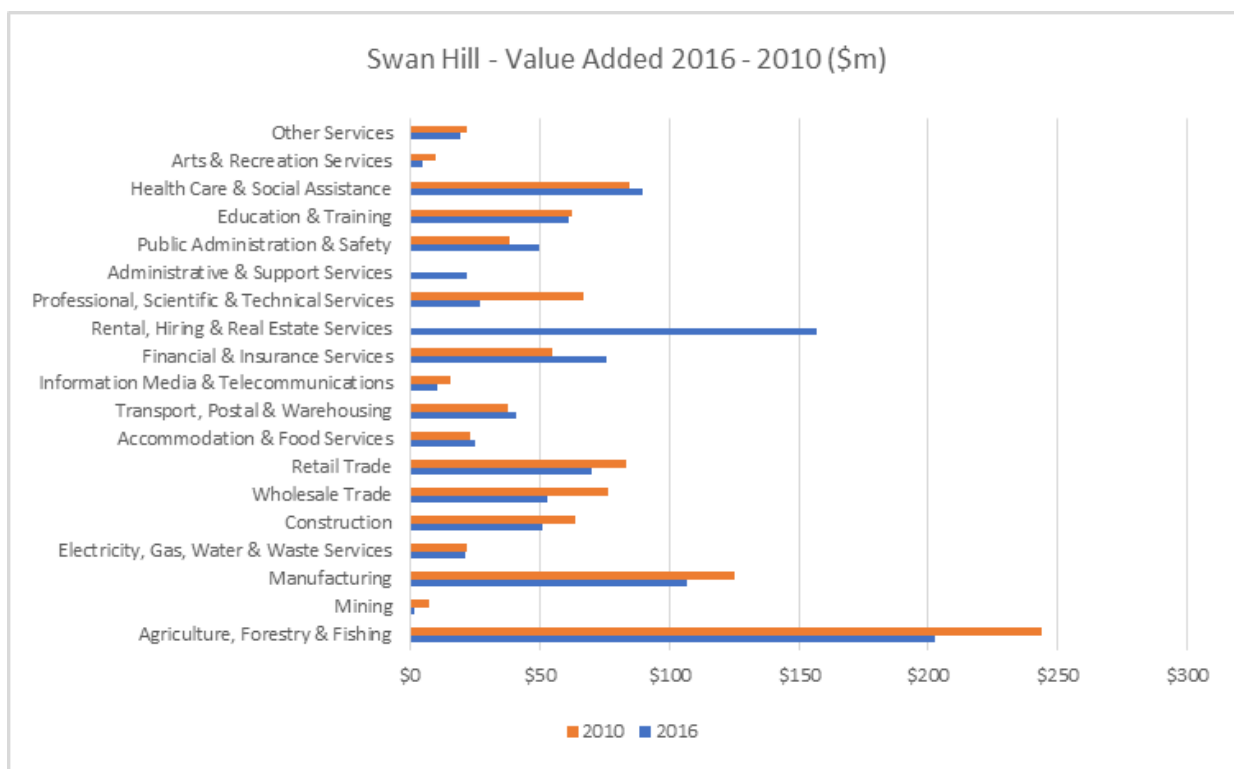


Figure 10: Value Added from 2010-2016 for Swan Hill (Source – REMPLAN)

Figure 10 shows the comparison of the economy from 2010 to 2016 in terms of output and value added. Over the period the economy has shrunk from \$2,328m to \$2,302m, however the value created by the economy has increased from \$376m per annum to \$540m, an average annual increase of over 6%. Prima facie, this reflects a more efficient regional economy as higher levels of value are now being created from lower output levels.

Declines in manufacturing and agriculture are noticeable and have been seen in large numbers of regions over this period due to global financial crisis, commodity price declines and the impact of a higher A\$. Equally significant has been the increase in service based economies which have grown from 27% of the economy in 2010 to 37% in 2016. These sectors now contribute 50% of regional value added, up from 36% in 2010. Services offered outside the LGA (regional exports) have increased from \$50m in 2010 to \$85m in 2016 or from 6% of the economies output to 11%. This change reflects the increasing significance of Swan Hill as a regional service centre.

The health care and social assistance industry employed almost 14% of the Swan Hill population in 2016, second only to the agriculture, forestry and fishing industry, employing just over 18%. Health is responsible for the employment of 1,100 people, an increase of 18% from the 2010 figure of 920. The growth in the health sector of Swan Hill forms part of the broader increase in service based economies, reflective of the increasing significance of Swan Hill as a regional service centre. The health sector also contributes 8.3% of the value added to the local economy, to the value of \$89.4 million.

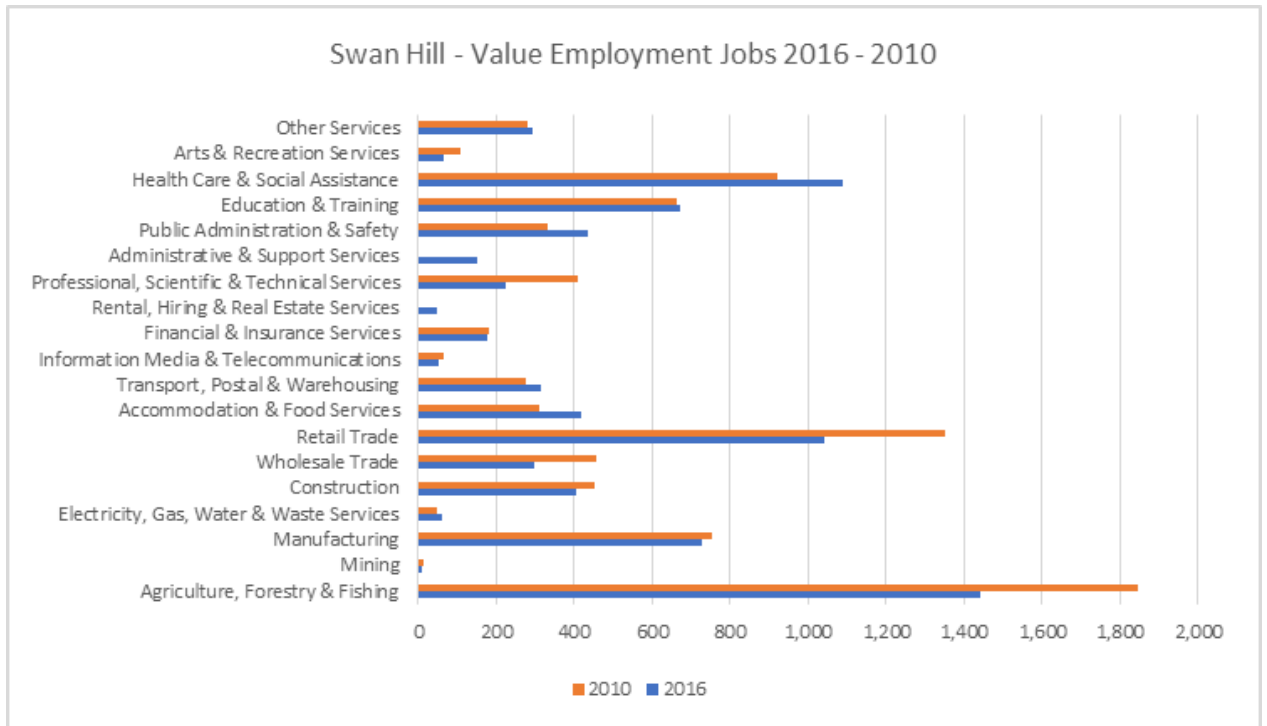


Figure 11: Employment per Sector 2010-2016 (Source: REMPLAN)

8. Land Use and Suitability Analysis

The existing land use and development pattern of the respective study areas are key indicators of both current and potential future medical use. Conversion of properties for health use from existing residential use could generally occur in two ways:

- Adaptive reuse of an existing dwelling (or dwellings) for a medical centre, including the provision of on-site parking;
- Redevelopment of a property (or multiple consolidated properties) for a medical centre by demolition of an existing dwelling and replacement with purpose-built consulting rooms and associated on-site parking.

The existing land use and potential suitability for a health precinct of the four study area have been analysed as follows:

- **Land Use** - The existing land use pattern based on development and use. Land use have been identified based on the following categories:
 - Health (including hospital, primary health, allied health and aged care)
 - Car Park (associated with the hospital)
 - Residential – Single dwelling
 - Residential – Multi-units
 - Commercial/Retail
 - Community
 - Vacant.
- **Neighbourhood Character** – The broad land use character of the respective street frontages.
- **Individual Property Characteristics** – Properties that could form part of a health precinct have been assessed on a high level in terms of their suitability for adaptive re-use based on: site coverage, access, road frontage and space for on-site parking. Note that internal layout and suitability for conversion has not been assessed.
- **Road Network and Parking** – The level of road access to service health related land uses and current/future provision of on-street parking. The number of on-street car parks have been derived from the *Swan Hill Car Parking Strategy (2016)*.

8.1 Overall Study area

The land use analysis shows the concentration of health services uses to be primarily around the hospital and High Street (between McCallum Street and McCrae Street), with isolated health services uses along Beveridge Street, McCallum Street and High Street (north of McCallum Street).

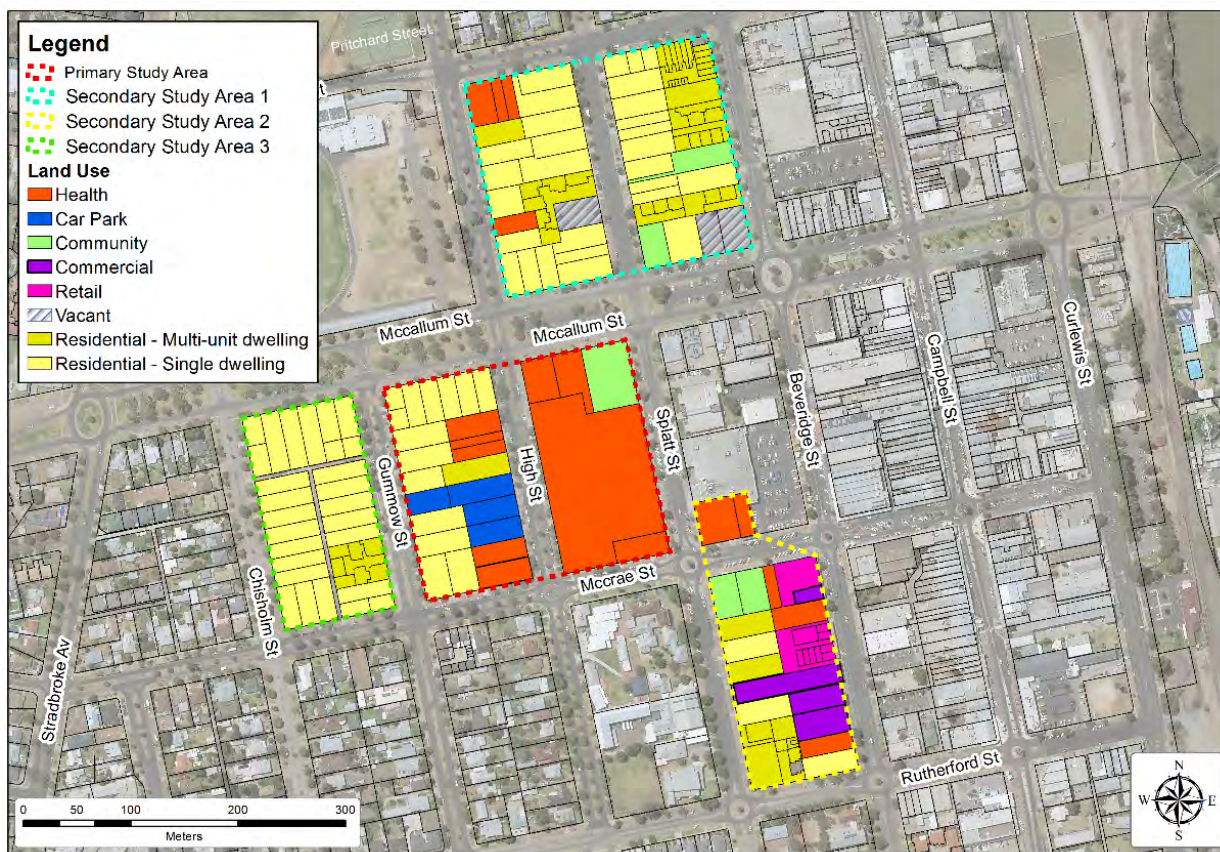


Figure 12: Existing Land Use in the Study Area

The overall study area generally forms the transition of land uses from either:

- commercial to residential
- commercial to health
- health to residential.

8.2 Primary Study Area

8.2.1 Land Use

The Primary Study Area (PSA) contains a range of health uses, including the hospital, a medical centre, a dental clinic, a dental laboratory, district nursing service and health promotion clinic, all but one operated by SHDH. The rest of the land comprises residential uses, mostly single dwellings with one multi-unit (8 dwellings). Car parking for SHDH staff is provided at 36-40 High Street. There is vacant land at 7 Gummow Street and the rear of the single dwellings at 64 McCrae Street and 66 McCrae Street (although fenced-off it is not on a separate title yet). Both street blocks within the PSA has direct linkages with the hospital.



Figure 13: Land Use - Primary Study Area

8.2.2 Neighbourhood Character

The street frontages of Splatt Street, High Street, McCallum Street (east of High Street) and McCrae Street (east of High Street) have a medical and commercial character, whilst McCallum Street (west of High Street) and Gummow Street have a residential character. McCrae Street (west of High Street) has a mixed residential and medical character. Medical uses are well-established within the PUZ3 zoned sites and medical uses could be extended within the PSA through the redevelopment or adaptive reuse of existing dwellings, and development of vacant land.

Splatt Street forms the western boundary of the commercial town centre and the PSA acts as the transition zone for commercial to health and community land uses. McCrae Street, given the width of the road reserve and central median, creates an effective boundary and transition area between the PSA's health uses and the residential and educational uses to the south. In the same manner Gummow Street could form an effective boundary for a future health precinct to residential interface, given the wide road reserve and central median. McCallum Street provides good access and exposure to a main road, and the wide reserve with wide central median provides a good buffer to the open space and other uses north of the PSA. McCallum Street also provides demarcated parking to the PSA, both on-street and within the median, adding to the non-residential character of the area.

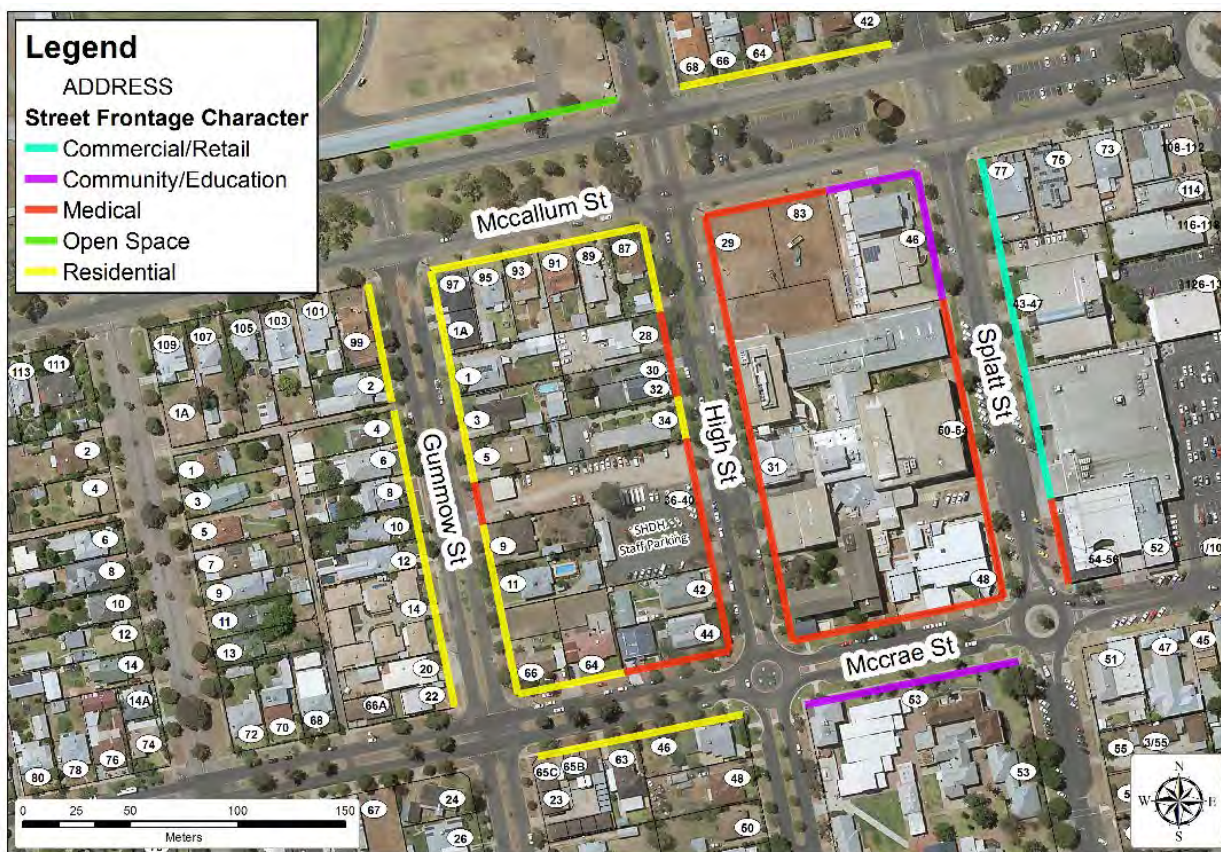





Figure 14: Street Frontage Character - Primary Study Area

8.2.3 Individual Property Characteristics

The characteristics of each property that could form part of a health precinct has been analysed on a conceptual level. For the PSA all properties are included given the direct link or close proximity to existing health services.

Table 6: Land Use Analysis - Primary Study Area





PROPERTY	LAND USE	PHOTO	COMMENTS
48 and 50-54 Splatt Street 31 High Street	Medical (Hospital & Public medical services)		<p>Existing medical use under the PUZ3.</p> <p>Master Plan for SHDH to guide future use and development.</p> <p>Key site within the proposed Health Precinct.</p>

PROPERTY	LAND USE	PHOTO	COMMENTS
			
<p>27 and 29 High Street</p> <p>83 McCallum Street</p>	<p>Aged Care (Health Care)</p>		<p>Existing medical use under the PUZ3.</p> <p>Master Plan for SHDH to guide future use and development.</p> <p>Key site within the proposed Health Precinct.</p>
<p>46 Splatt Street</p>	<p>Community Facility (Church)</p>		<p>Currently zoned GRZ and could be included in the proposed medical precinct due to its strategic location. The site is subject to HO165.</p>

PROPERTY	LAND USE	PHOTO	COMMENTS
62 McCrae Street	Medical (education centre)		Existing medical use under the PUZ3.
44 High Street	Residential	 	<p>Located within the PUZ3 and owned by SHDH.</p> <p>Key site within the proposed Health Precinct for future medical use.</p>
42 High Street	Medical (dental laboratory)		Existing medical use under the PUZ3.
38 and 40 High Street	Parking (SHDH staff)	 	<p>Existing use associated with medical under the PUZ3.</p> <p>Key site for future medical use and development and car parking.</p> <p>The site is subject to HO131.</p>

PROPERTY	LAND USE	PHOTO	COMMENTS
<p>36 High Street 7 Gummow Street</p>	<p>Informal Parking (SHDH)</p>		<p>Existing use associated with medical under the PUZ3.</p> <p>Key site for future medical use and development and car parking.</p>
<p>34 High Street</p>	<p>Residential (multi-units)</p>		<p>Medium density residential development can support the medical precinct and activation of the precinct.</p>
<p>30 and 32 High Street</p>	<p>Medical (Dental services)</p>		<p>Existing medical use under the PUZ3.</p>
<p>28 High Street</p>	<p>Medical (SHDH)</p>		<p>Existing medical use under the PUZ3.</p>
<p>87 McCallum Street</p>	<p>Residential</p>		<p>The site has frontage to a Road Zone (McCallum Street), making medical offices a Section 1 use if less than 250m².</p> <p>The corner site also has access to High Street and could accommodate on-site parking, making this site highly suitable for medical uses if the existing dwelling is converted to a medical centre. There is no HO over the site that will impact</p>

PROPERTY	LAND USE	PHOTO	COMMENTS
			redevelopment of the site (if required).
89 McCallum Street	Residential		<p>The site has frontage to a Road Zone (McCallum Street), making medical offices a Section 1 use if less than 250m².</p> <p>The site could accommodate on-site parking should the existing dwelling be converted to a medical centre, making this site highly suitable for medical uses. There is no HO over the site that will impact redevelopment of the site (if required).</p>
91 McCallum Street	Residential		<p>The site has frontage to a Road Zone (McCallum Street), making medical offices a Section 1 use if less than 250m².</p> <p>The site could accommodate on-site parking should the existing dwelling be converted to a medical centre, making this site highly suitable for medical uses. There is no HO over the site that will impact redevelopment of the site (if required).</p>
93 McCallum Street	Residential		<p>The site has frontage to a Road Zone (McCallum Street), making medical offices a Section 1 use if less than 250m².</p> <p>The site could accommodate on-site parking should the existing dwelling be converted to a medical centre, making this site highly suitable for medical uses. There is no HO over the site that will impact redevelopment of the site (if required).</p>

PROPERTY	LAND USE	PHOTO	COMMENTS
95 McCallum Street	Residential		<p>The site has frontage to a Road Zone (McCallum Street), making medical offices a Section 1 use if less than 250m².</p> <p>The site could accommodate on-site parking should the existing dwelling be converted to a medical centre, making this site highly suitable for medical uses. There is no HO over the site that will impact redevelopment of the site (if required).</p>
97 McCallum Street	Residential		<p>The site has frontage to a Road Zone (McCallum Street), making medical offices a Section 1 use if less than 250m².</p> <p>The site has recently been developed and has very limited space for on-site parking due to high site coverage, making this site less suitable for medical uses.</p>
9 Gummow Street	Residential		<p>A key site for future medical use and development given the strategic location and large area available for on-site parking and re-development.</p> <p>The east and north boundaries front onto the PUZ3.</p>
11 Gummow Street	Residential		<p>A key site for future medical use and development given the strategic location with frontage onto the PUZ3 at the eastern boundary and large area available for on-site parking and re-development.</p> <p>There is no HO over the site</p>

PROPERTY	LAND USE	PHOTO	COMMENTS
			that will impact redevelopment of the site (if required).
66 McCrae Street	Residential (vacant at rear of block)		The existing site could accommodate a medical centre. The large vacant area at the rear of the site has been fenced off for a potential subdivision; if this area is excluded limited space is available for on-site parking. There is no HO over the site that will impact redevelopment of the site (if required).
64 McCrae Street	Residential (vacant at rear of block)		The existing site could accommodate a medical centre. The large vacant area at the rear of the site has been fenced off for a potential subdivision; if this area is excluded limited space is available for on-site parking. There is no HO over the site that will impact redevelopment of the site (if required).

8.2.4 Road Network and Parking

The PSA is well serviced by the road network, providing excellent access to and permeability through the area. Demarcated parking and through lanes in all streets (with the exception of Gummow Street) provides a high level of access. McCallum Street, a divided four lane arterial road with a 60m wide reserve and wide centre median, provides direct access from the north. McCrae Street, a two lane divided road with a 30m wide reserve, provides access from the south. Splatt Street provides access from the east with a 30m wide reserve, including to the hospital's main entrance. High Street dissects the PSA with a 30m wide reserve and divided two lane road with centre median. Gummow Street provides access from the west, also with a divided two lane road with centre median and 30m wide reserve.

A total of 262 on-street car parking spaces are available in the PSA as outlined in the table below.

Table 7: On-street Parking in the Primary Study Area

Street Name	Location	Capacity
Splatt Street (McCallum St to McCrae St)	East side	33
Splatt Street (McCallum St to McCrae St)	West side	36
High Street (McCallum St to McCrae St)	East side	18
High Street (McCallum St to McCrae St)	West side	21
Gummow Street (McCallum St to McCrae St)	East side	21
Gummow Street (McCallum St to McCrae St)	West side	20
McCallum Street (Gummow St to Splatt St)	South side	17
McCallum Street (High St to Splat St)	Centre of road	54
McCrae Street (Gummow St to Splatt St)	North side	20
McCrae Street (Gummow St to Splatt St)	South Side	22
TOTAL		262

The SHDH land south of High Street provides approximately 80 off-street parking spaces for staff and visitors. These spaces not all demarcated and the layout is not optimal at present, therefore this number could easily be increased with a new parking design for the site.

8.3 Secondary Study Area 1

8.3.1 Land Use

The Secondary Study Area 1 (SSA1) comprises mostly single dwelling residential uses as well as multi-unit dwellings at 15 High Street, 38 Splatt Street, 41 Splatt Street, 90 Beveridge Street, 96 Beveridge Street, 98 Beveridge Street and 104 Beveridge Street. The land at 62 McCallum Street is used for social services provided by St Luke's Anglicare and there is a Kindergarten and childcare centre at 100 Beveridge Street operated by Goodstart. The SSA1 contains two existing health uses, including an audiology practice operated by Country Hearing Care at 21 High Street and counselling services provided by SHDH at 13 Pritchard Street. There is approximately 1,000m² of vacant land at 40 Splatt Street, 800m² at 11 Pritchard Street, 850m² at 58 McCallum Street and 1,000m² at 56 McCallum Street.

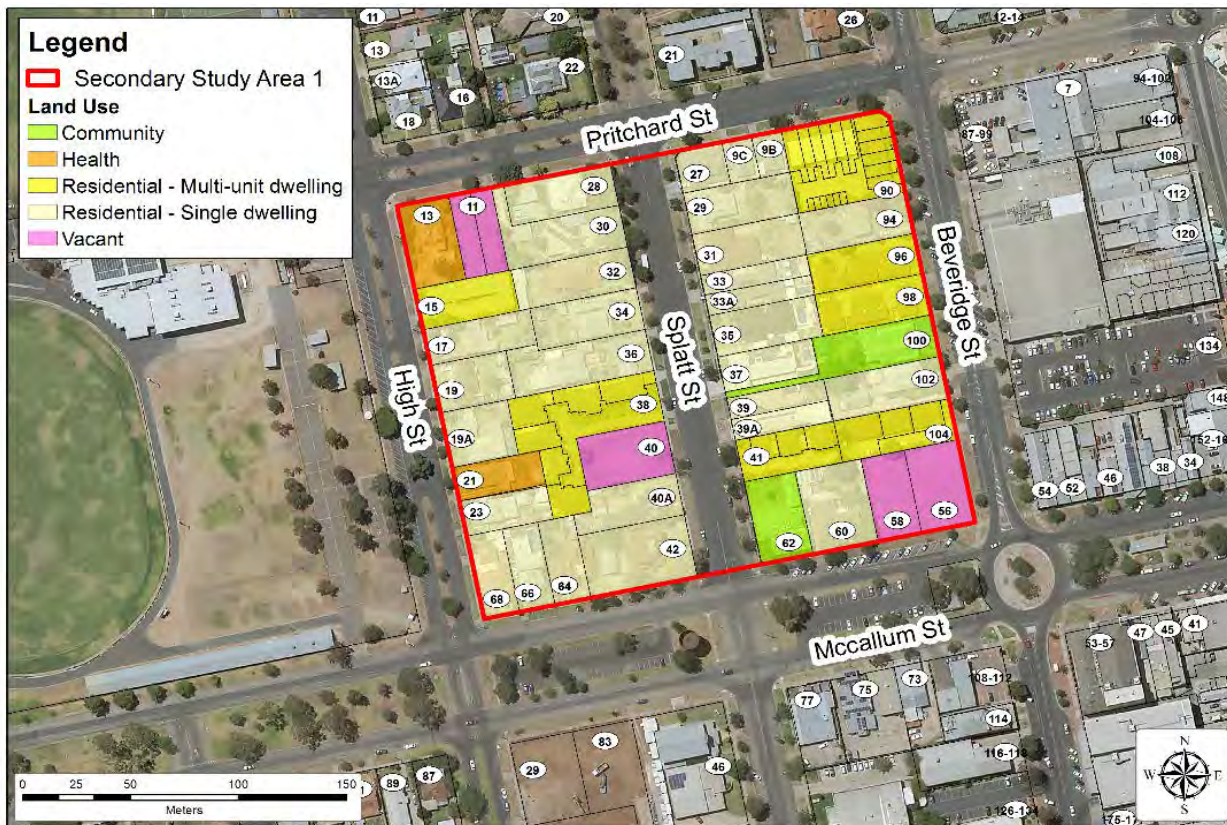


Figure 15: Land Use - Secondary Study Area 1

8.3.2 Neighbourhood Character

The area has a predominantly residential character with a number of multi-units supporting increased densities and housing diversity in close proximity to the CBD. The area has only two existing health uses at present, and the location of these use are appropriate for the type of health service provided.

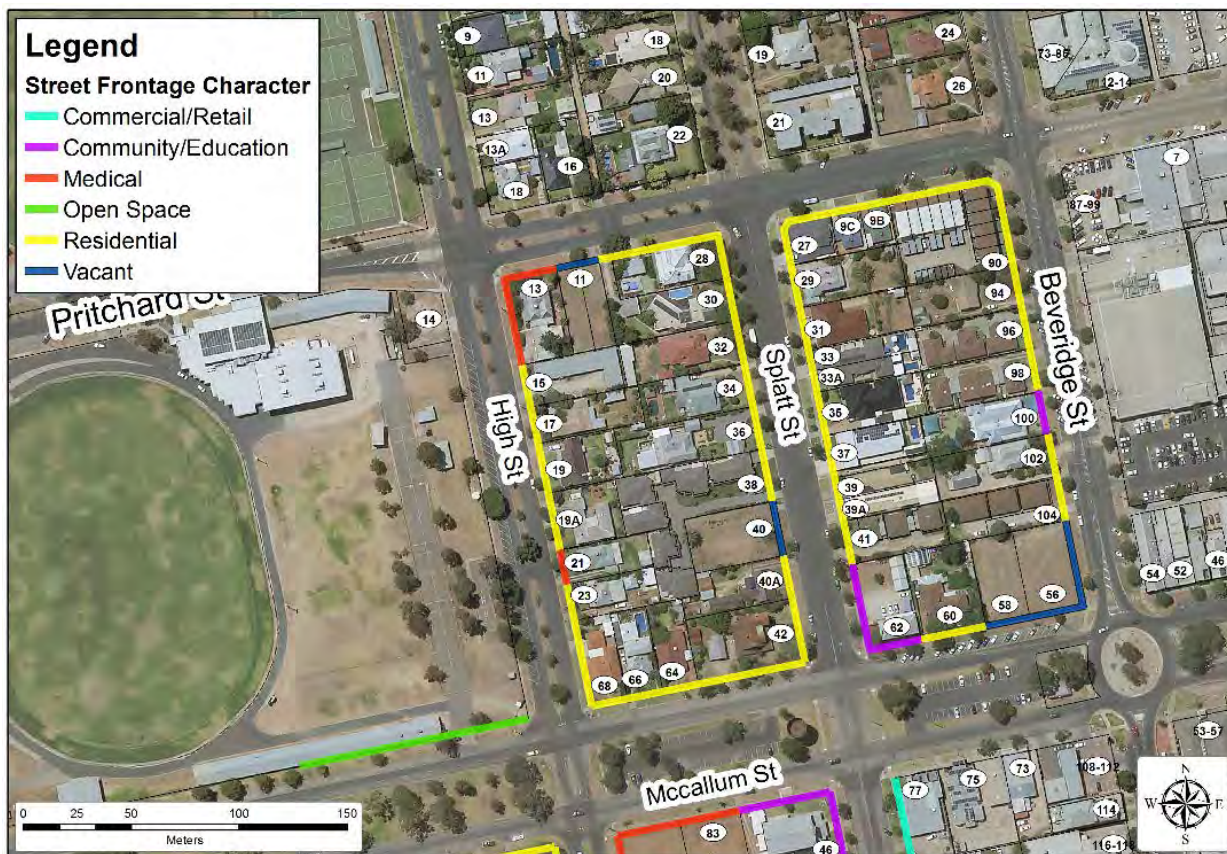


Figure 16: Street Frontage Character - Secondary Study Area 1

McCallum Street forms a physical buffer to the existing health uses on the southern side of McCallum Street, and except for the land with direct frontage to McCallum Road generally does not have a strong physical link or relationship with the hospital precinct.




The land with frontage to McCallum Street between High Street and Splatt Street, if developed for health uses, could however benefit from the exposure to the higher order road, access to parking, and relative proximity to the hospital precinct. It is worth noting that three of the four properties could technically accommodate a medical centre less than 250m² as of right under the GRZ, due to the Road Zone frontages of these properties and current GRZ provisions.

8.3.3 Individual Property Characteristics

The characteristics of each property that could potentially form part of a health precinct has been analysed on a conceptual level. For the SSA1 all properties that are in close proximity to the hospital site (100-150m) are included, and the remaining properties excluded.

Table 8: Land Use Analysis - Secondary Study Area 1

PROPERTY	LAND USE	PHOTO	COMMENTS
21 High Street	Medical (Country Hearing Care)		Existing medical use under the GRZ.
23 High Street	Residential		The site could accommodate on-site parking should the existing dwelling be converted to a medical centre, making this site suitable for medical uses. There is no HO over the site that will impact redevelopment of the site (if required).
68 McCallum Street	Residential	 	A corner site with frontage to McCallum Street and vehicle access from High Street. The site could be converted to accommodate a medical centre, however limited space for onsite parking is available. There is no HO over the site that will impact redevelopment of the site (if required).
66 McCallum Street	Residential	 	A site with frontage to McCallum Street. The site could be converted to accommodate a medical centre, with limited space for parking onsite. There is no HO over the site that will impact redevelopment of the site (if required).

PROPERTY	LAND USE	PHOTO	COMMENTS
64 McCallum Street	Residential		A site with frontage to McCallum Street. The site could be converted to accommodate a medical centre, with limited space for parking onsite. There is no HO over the site that will impact redevelopment of the site (if required).
42 Splatt Street	Residential		A corner site with frontage to McCallum Street and Splatt Street (vehicle access from McCallum Street). The site could be converted to accommodate a medical centre of substantial size, with ample space for onsite parking is available. The site is subject to HO164.
40A Splatt Street	Residential		The site could be converted to accommodate a medical centre, with ample space for parking onsite. There is no HO over the site that will impact redevelopment of the site (if required).

8.3.4 Road Network and Parking

The SSA1 is well serviced by the road network, providing excellent access to and permeability through the area. In all streets either dedicated angled parking and through lanes or very wide parking and through lanes provide a very high level of access. McCallum Street, a divided four lane arterial road with a 60m wide reserve and wide centre median, provides direct access from the south. Pritchard Street, a 30m wide reserve with a divided section, provides access from the north. Beveridge Street provides access from the east with a 30m wide reserve. Splatt Street dissects the PSA with a 30m wide reserve and wide road seal. High Street provides access from the west with a divided two lane road with centre median and 30m wide reserve.

A total of 350 on-street car parking spaces are available in the PSA as outlined in the table below.

Table 9: On-street Parking in the Secondary Study Area 1

Street Name	Location	Capacity
Beveridge Street (McCallum St to Pritchard St)	East side	29
Beveridge Street (McCallum St to Pritchard St)	West side	29
High Street (McCallum St to Pritchard St)	East side	21
High Street (McCallum St to Pritchard St)	West side	46
Splatt Street (McCallum St to Pritchard St)	East side	23
Splatt Street (McCallum St to Pritchard St)	West side	27
McCallum Street (High St to Pritchard St)	North side	30
McCallum Street (High St to Pritchard St)	Centre of road	94
Pritchard Street (High St to Beveridge St)	North side	18
Pritchard Street (High St to Beveridge St)	South Side	33
TOTAL		350

8.4 Secondary Study Area 2

8.4.1 Land use

The Secondary Study Area 2 is considerably mixed use, with health, retail, commercial, residential and other uses. Health uses in the SSA2 include: surgical services provided by Swan Hill Surgical Practice at 45 McCrae Street; a medical centre operated by Swan Hill Medical Group at 54-56 McCrae Street; counselling services provided by the Salvation Army at 190-192 Beveridge Street and physiotherapy provided by Swan Hill Physiotherapy & Sports Clinic at 236 Beveridge Street. There are 3 single dwellings at 246 Beveridge Street, 63 Splatt Street and 57 Splatt Street. Multi-units are located at 18 Rutherford Street, 20-22 Rutherford Street, 65 Splatt Street, 59 Splatt Street and 55 Splatt Street. The residential uses are contained on the western and southern sides of the SSA2 fronting Splatt Street and Rutherford Street. There are also a community uses (St Mary MacKillop College) at 51 McRae Street. Commercial and retail uses comprise the remainder of the area, including government services/offices (the Department of Human Services) at 210-216 Beveridge Street.



Figure 17: Land Use - Secondary Study Area 2

8.4.2 Neighbourhood Character

The mixed use character of SSA2 is consistent with the commercial-residential interface of the area, transitioning from the commercially zoned CBD to residential (and also education west of Splatt Street).

The existing health uses are appropriate developments within the C1Z and provide diversity to the commercially zoned area. The investment by health providers should be acknowledged to activate the area and these uses should continue based on the current zoning.

The residential land uses include densification and the GRZ sites all lend themselves to future densification given the proximity to the CBD; the GRZ land forms the commercial/residential interface of the CBD.

The SSA2 land in close proximity to the hospital (100-150m) that have not already been developed for health uses are not very suitable for conversion to medical centres. The only site that should be included in the health precinct is 54-56 McCrae Street, noting that it is already a medical centre directly opposite the hospital site.

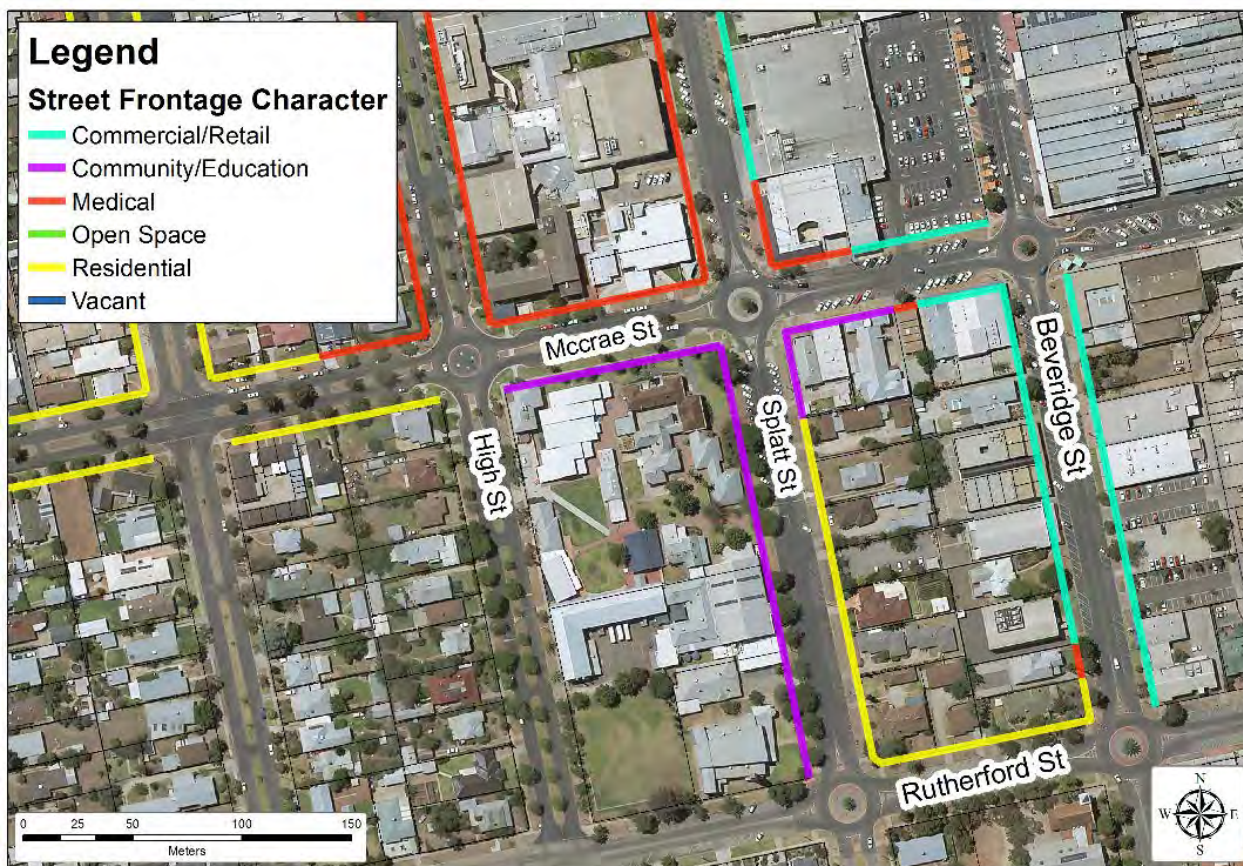





Figure 18: Street Frontage Character - Secondary Study Area 2

8.4.3 Individual Property Characteristics

The characteristics of each property that could potentially form part of a health precinct has been analysed on a conceptual level. For the SSA2 all properties with existing medical practices are included, although only 54-56 McCrae Street is likely to be included in the health precinct.

Table 10: Land use analysis - Secondary Study Area 2

PROPERTY	LAND USE	PHOTO	COMMENTS
54-56 McCrae Street	Medical (Monash University)		Existing medical use under the C1Z. No change proposed. The site could be included in the health precinct given its close proximity to the hospital.
45 Beveridge Street	Medical (Mid-Murray Chiropractic)		Existing medical use under the C1Z. No change proposed.

PROPERTY	LAND USE	PHOTO	COMMENTS
236 Beveridge Street	Medical (Swan Hill Physiotherapy & Sports Clinic)		Existing medical use under the C1Z. No change proposed.

8.4.4 Road Network and Parking

The SSA2 is well serviced by the road network, providing excellent access to and permeability through the area. Demarcated angled parking and traffic lanes provides for a high level of access. McCrae Street provides direct access from the north. Beveridge Street provides access from the east. Rutherford Street provides access from the south. Splatt Street provides access from the west. All these streets have a 30m wide reserve.

A total of 191 on-street car parking spaces are available in the PSA as outlined in the table below.

Table 11: On-street Parking in the Secondary Study Area 2

Street Name	Location	Capacity
Beveridge Street (McCrae St to Rutherford St)	East side	30
Beveridge Street (McCrae St to Rutherford St)	West side	34
Splatt Street (McCrae St to Rutherford St)	East side	28
Splatt Street (McCrae St to Rutherford St)	West side	46
McCrae Street (Splatt St to Beveridge St)	North side	10
McCrae Street (Splatt St to Beveridge St)	South side	15
Rutherford Street (Splatt St to Beveridge St)	North side	13
Rutherford Street (Splatt St to Beveridge St)	South Side	15
TOTAL		191

8.5 Secondary Study Area 3

8.5.1 Land Use

The Secondary Study Area 3 (SSA3) is entirely comprised of residential uses, all of which are single dwellings except for multi-unit dwellings at 14-16 Gummow Street.

At present the SSA3 does not have strong links to the hospital and surrounding health uses given physical separation to these uses. The area has a strong residential character and is furthest from the CBD and core commercial area of Swan Hill of all three Secondary Study Areas.



Figure 19: Land Use - Secondary Study Area 3

8.5.2 Street Frontage Character

SSA3 has a pure residential character. There are no non-residential uses in SSA3 and densification of residential use has not really occurred, resulting in a strong detached single dwelling character for the area.

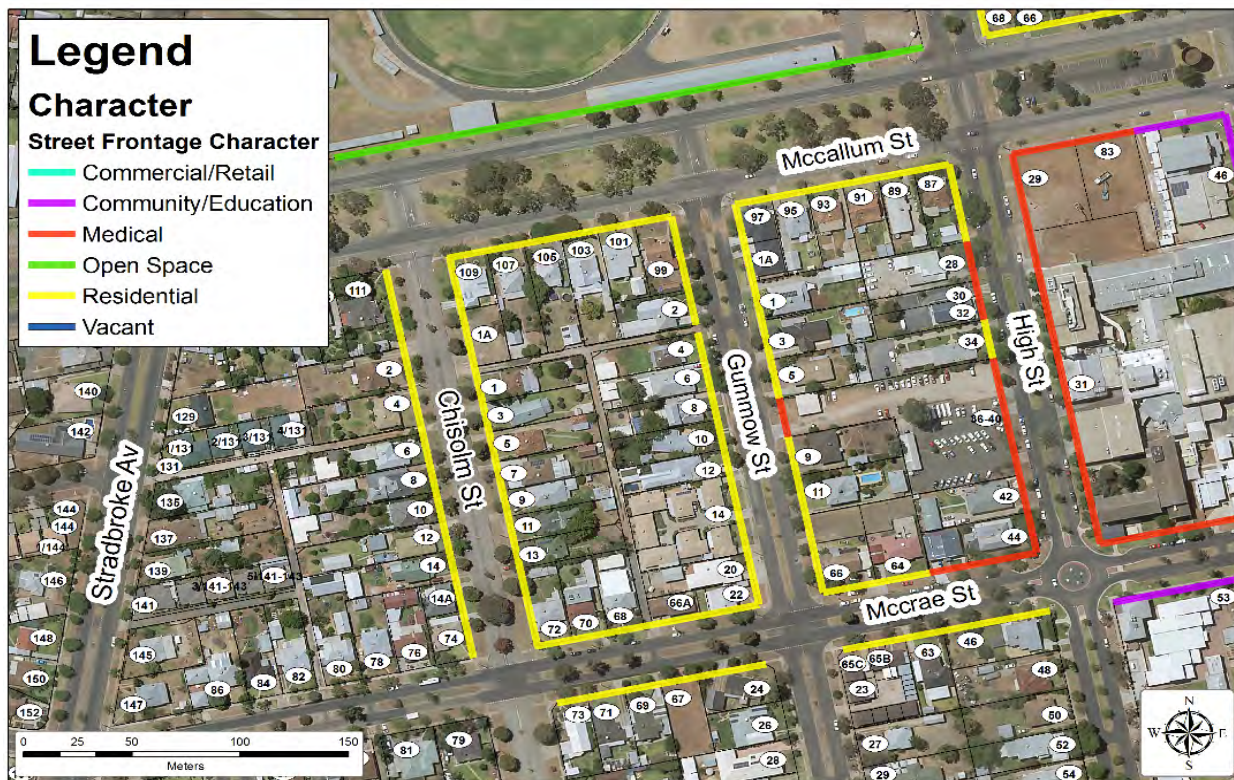


Figure 20: Street Frontage Character - Secondary Study Area 3

Chisholm Street forms the western boundary of the SSA3 and has a strong residential character. Gummow Street on the eastern boundary, given the wide road reserve and central median, could form an effective boundary for a future health precinct to residential interface.

Upon review SSA3 does not have merit for inclusion into a health precinct at this time. The eastern section of the SSA3 with frontage to Gummow Street may in future have merit to be included into a health precinct, should the PSA be developed as a health precinct and the land in the PSA with frontage to Gummow Street be fully developed for health purposes over the longer term.

Notwithstanding this, the six properties with direct frontage to McCallum Street could still be developed as medical consulting rooms under the GRZ provisions (as-of-right if less than 250m²); should a health precinct and associated local policy be incorporated into the Planning Scheme, Council may be able to direct medical uses into the precinct as first priority to retain the current residential character of the SSA3 and stimulate the development of the health precinct.

8.5.3 Individual Property Characteristics

The characteristics of each property in SSA3 have not been assessed based on the findings above.

8.5.4 Road Network and Parking

The SSA3 is well serviced by the road network, providing good access to and permeability through the area. Parking lanes are informal but of good width to allow traffic flow. Parking McCallum Street, a divided four lane arterial road with a 60m wide reserve and wide centre median, provides direct access from the north. McCrae Street, a two lane divided road with a 30m wide reserve, provides access from the south. Gummow Street provides access from the east with a 30m wide reserve. Chisholm Street provides access from the west, also with a divided two lane road with centre median and 30m wide reserve.

A total of 131 on-street car parking spaces are available in the PSA as outlined in the table below.

Table 12: On-street Parking in the Secondary Study Area 3

Street Name	Location	Capacity
Gummow Street (McCallum St to McCrae St)	East side	21
Gummow Street (McCallum St to McCrae St)	West side	20
McCallum Street (Chisholm St to Gummow St)	North side	23
McCallum Street (Chisholm St to Gummow St)	South side	9
McCrae Street (Chisholm St to Gummow St)	North side	9 (estimated)
McCrae Street (Chisholm St to Gummow St)	South side	9 (estimated)
Chisholm Street (McCallum St to McCrae St)	East side	20 (estimated)
Chisholm Street (McCallum St to McCrae St)	West side	20 (estimated)
TOTAL		131

8.6 Study Area Analysis Summary

A summary of the land use and suitability analysis is provided in the table below.

Table 13: Summary of Land Use and Suitability Analysis

Study Area	Land Use Mix - Suitability for Health Precinct and Mixed Use Area	Neighbourhood Character Suitability for Health Precinct	Effective Land Use Transition Facilitated by Road Reserves/Boundaries	Individual Property Suitability (existing residential)	Parking Provision (On-street)	Road Access and Permeability
Primary Study Area	High	High	High	High	High (260)	High
Secondary Study Area 1	Medium	Medium	High	Medium	High (350)	High
Secondary Study Area 2	Medium	Medium	High	Low	Medium (190)	High
Secondary Study Area 3	Low	Low	Medium	Low	Low (130)	Medium

Based on the analysis the PSA has the highest suitability for a health precinct, based on all factors considered. The characteristics of SSA1 also indicates suitability, noting that only a section of the area indicates high suitability. SSA2 and SSA3 does not show high suitability for a health precinct based on the analysis; it should be noted that the existing medical centre at 54-56 McCrae Street could form a functional part of the health precinct utilising current zoning and land use rights.

Should PSA and a small section of SSA1 be included in a proposed Health Precinct as identified in Figure 21, the area could accommodate over 15 medical centres by reuse of existing dwellings or redevelopment of properties. Accepting that not all properties are likely to be converted for medical use, this still provide ample opportunities in the proposed precinct for medical centres and health services, for either new or relocated practices.

The PSA also has medium density and conventional residential developments that will unlikely change to other uses over time, and this will ensure a mix of land use that will increase safety, amenity and liveability within the health precinct over the longer term.

The current zoning of all properties can be retained, and the current PUZ3 and GRZ provisions could facilitate the growth and development of the health precinct over time. Strategic support for the health precinct could be incorporated into the Swan Planning Scheme under Clause 21 and Clause 22.

There are a number of opportunities to increase on-street car parking in the PSA by more efficient use of road reserves and existing road surfaces. The majority of developable sites could accommodate off-street parking when dwellings are re-used for medical centres. Should properties be redeveloped, adequate on-site car parking could be incorporated into new site designs.

Effective interface transition can be achieved between the future residential-health interface areas by utilising and enhancing existing roads and centre medians.



Figure 21: Potential Health Precinct Boundary

9. Health Precinct Plan (draft)

A draft Swan Hill Health Precinct Plan (the Plan) has been prepared to guide potential establishment of a health precinct in Swan Hill. The Plan provides a clear directive for future land use, decision guidelines and parking infrastructure improvements to support the successful development of the precinct, whilst protecting existing residential amenity and character. The Plan provides an appropriate level of detail to inform future works and investigations, and does not identify detailed parking design and infrastructure upgrades that is still to be developed by Council. This provides certainty to all land owners, health professionals and Council on the future vision for and opportunities within the precinct, without affecting residential use rights and amenity.

Key elements of the Plan include:

- Land earmarked for core health uses
- Land earmarked for potential transition from residential to health care use
- Land earmarked for community and health care use
- Land for residential multi-units
- Parking upgrades.

A copy of the Plan as exhibited is at Appendix A.

The recommendation is that Council adopt the Plan as reference document to guide future land use, investment and decision-making in the proposed health precinct, and commence the implementation of key actions identified by the Plan.

The Plan provides for the continuation of existing uses (including the hospital, church, aged care centre, medical centres and residences) and the transition of some properties to medical centres over time. The health precinct could potentially accommodate up to 15 new medical centres over the next 20 to 30 years, dependant on demand for services and the uses activated by land owners. The precinct plan provides support for continued 'mixed uses' in the precinct, including multi-unit development to support housing diversity and availability in the precinct.

A key element of the plan is the improvement of parking availability in the precinct. Availability of on street parking in the broader precinct can be increased by:

- Improved parking design in High Street
- Adoption of time restrictions for on-street parking during business hours for key streets in the health precinct (e.g. signage for short term parking of 1 to 2 hour parking) to increase parking turn over and availability
- Demarcation of on-street parking along key residential streets in the health precinct to improve the functionality of existing car parking
- Provision of parking permits for residents and visitors on a demonstrated needs basis.

Ticketed parking has not been proposed, however this may form part of Council's options to address the issue. No specific design or policy recommendations are proposed in the precinct plan- Council will need to work with residents in developing the appropriate solutions.

There will be provisions that require new health uses to provide off-street car parking, preferably at the rear of the properties to maintain the residential character of the neighbourhood at the street frontage. The rate of provision will be as per Planning Scheme requirements.

10. Proposed Local Planning Policy Updates to the Swan Hill Planning Scheme

10.1 Retention of Existing Zoning and Overlay Provisions

The existing zoning of properties in the proposed Health Precinct will not change: properties with a residential zoning (General Residential Zone) will retain this zoning, similarly the Public Use Zone will be retained for properties used by Swan Hill District Health. All current overlays will be retained and no new overlays are proposed as a result of the proposed health precinct. The reason for this approach is to ensure current residential use and amenity can continue without any impacts to existing land owners and residents. Similarly existing health uses in the PUZ3 can also continue without any impacts.

The proposed Health Precinct will be implemented in the policy section of the Swan Hill Planning Scheme, through amendments to the Local Planning Policy Framework (LPPF).

10.2 Proposed Clause 21 and Clause 22 updates to the Swan Hill Planning Scheme

Appropriate local policy should be prepared for inclusion in the Swan Hill Planning Scheme under Clause 21 and Clause 22 to give effect to the proposed health precinct. This mechanism is considered more appropriate than rezoning and will provide strategic guidance to the assessment of future medical centre applications in the health precinct and embed the importance of the health sector to the local economy in the Planning Scheme. Specific planning provisions for medical centres will also be included that relate to hours of operation, car parking and access provisions, and site design outcomes.

Any future application for a medical centre within the health precinct will require a planning permit under the provisions of the Swan Hill Planning Scheme (noting that land with frontage to McCallum Street could potentially accommodate a medical centre without a permit under current and proposed provisions). Applications will be assessed on merit and how they respond to specified design outcomes.

The proposed Swan Hill Health Precinct Plan will become a reference document in the planning scheme to confirm the future land use framework for the health precinct and support decision-making.

The amendment process to incorporate these updates into the planning scheme can be included in the Municipal Strategic Statement (MSS) / Swan Hill Planning Scheme Review amendment that is expected to commence in the near future. This will allow for further public consultation on the proposed health precinct and facilitate the formal incorporation of the Health Precinct Plan into the planning scheme.

The following additions are proposed in a revised LPPF:

Clause 21.01-1 Profile

Add the following statement:

The health care and social assistance sector is the second largest employment sector in the municipality providing 13.7% of jobs, and the demand for health services is set to increase based on projected demographics and population growth. Swan Hill will continue the role of health service centre for the city, surrounding smaller settlements and the broader region.

Clause 21.01-2 Key Issues and Influences

Add the following statement:

Facilitate the growth of the health care and social assistance sector in the Swan Hill Health Precinct as important employer and value add component of the economy.

Clause 21.02-2 Swan Hill

Add the following statement:

The health care sector is a key employer in Swan Hill, and contributes to the liveability and quality of life of the broader region. The health precinct containing the Swan Hill District Hospital, associated health care services and private health care providers will continue to provide key health services and accommodate further expansion of the health care sector in Swan Hill providing agglomeration economies and regional productivity gains.

Add the following strategy:

Strategy 4.12 Encourage the expansion of the health care sector and location of new medical centres within the health precinct between Splatt Street, McCallum Street, Gummow Street and McCrae Street.

Clause 22 Local Planning Policies

To provide more clarity on the design and development outcomes sought for medical centres, a new local policy is proposed for non-residential uses in residential areas in Clause 22 Local Planning Policies which also covers medical centre developments.

Add the following in the section pertaining to medical centres in the new local policy:

Clause 22.05 Non-Residential Uses in Residential Zones Policy***Medical Centres and Veterinary Clinics***

- *Encourage Medical Centres to locate within the Swan Hill Health Precinct.*
- *Encourage hours of operation¹ for Medical Centres between:*
 - ✓ *8.00am to 9.00pm Monday to Saturday and*
 - ✓ *9.00am to 6.00pm Sunday.*
- *Car parks should be located to the rear of the building or set back suitably from the front boundary to provide adequate landscaping that is in keeping with the surrounding residential character.*
- *Direct access to the reception area should be provided from the car parking area.*

¹ Note: the proposed hours of operation has been reduced post public consultation to confirm the intent to ensure residential character and amenity in the proposed health precinct.

11. Stakeholder perspective

11.1 Phase 1 Consultation – Situational analysis and background review

Consultation with a number of stakeholders has been undertaken to inform the development of the Swan Hill Health Precinct. An initial phase of consultation, undertaken over the period 15 March 2017 to 13 April 2017, was designed to capture the perspective of services users and service providers. The results of this initial consultation phase are described below.

A second phase of consultation, with landowners and the general public, will be held once the draft Health Precinct Plan has been developed. This consultation will enable the community to review the options for the proposed health precinct and provide their feedback to shape the development of the final Health Precinct Plan.

11.1.1 Methodology for first phase of consultation

Both service provider and service user questionnaires were distributed by hand to 25 providers in Swan Hill. Table 14: The table below provides an overview of the number and type of services where questionnaires were distributed, noting that most organisations were provided with an average twelve service user questionnaires, and two service provider questionnaires.

Table 14: Distribution of service user and provider questionnaires

Service type	Number provided with questionnaires
Allied Health (Podiatry, Osteopathy, Physiotherapy, etc)	8
Dental services	2
GP or Medical Practice	3
Mental health services (counsellor or psychologist)	4
Pharmacist	6
Other health service	2

11.1.2 Findings from first phase of consultation – service provider questionnaire

A total of 19 health service providers responded to the questionnaire. As shown in Figure 22, the majority of responders were allied health providers. Two providers were established in the 1960's (both GP/medical centres), but the majority were established after 1980. One provider, a GP/medical centre, was established as recently as 2016. On average, the providers treated or managed approximately 5,200 patients or clients in the last financial year.

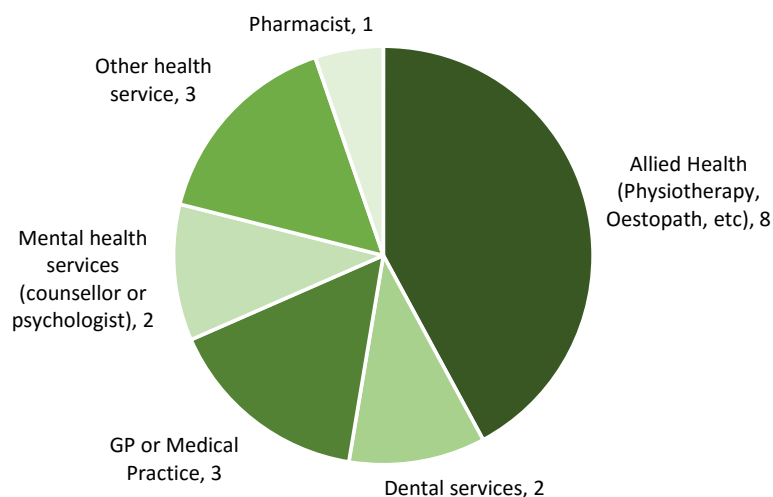


Figure 22 : Number of respondents by service type

The majority of providers (78.9%) reported there had been growth in the number of clients or patients they had treated or managed in the past three to five years, with more than a quarter of all respondents suggesting that growth had been significant (Figure 23). When thinking about their clients who accessed their services, all but one provider responded that the availability of car parking was very important. One provider reported that car parking was somewhat important.

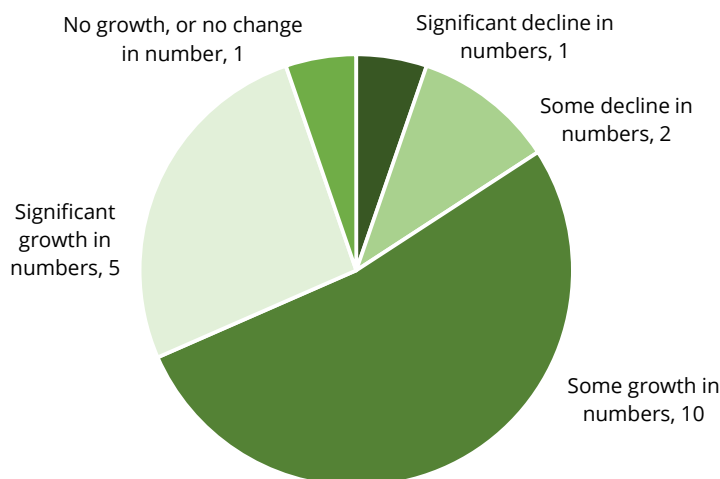


Figure 23: Change in client numbers in past three to five years, by number of respondents

Considering the proximity of the SHDH Health hospital, almost two thirds of providers (63.2%) reported that it was very important for their clients that the health service was located within one block of the hospital (Figure 24). When considering the types of service they provided, or interacted with, almost half of the respondents believed it was very important that their practice was located within one block of the hospital (Figure 25).

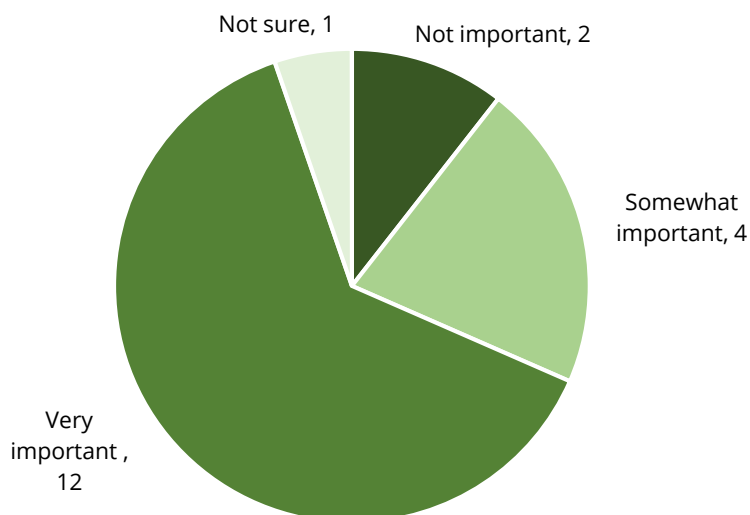


Figure 24: Importance of proximity to hospital for clients, by number of respondents

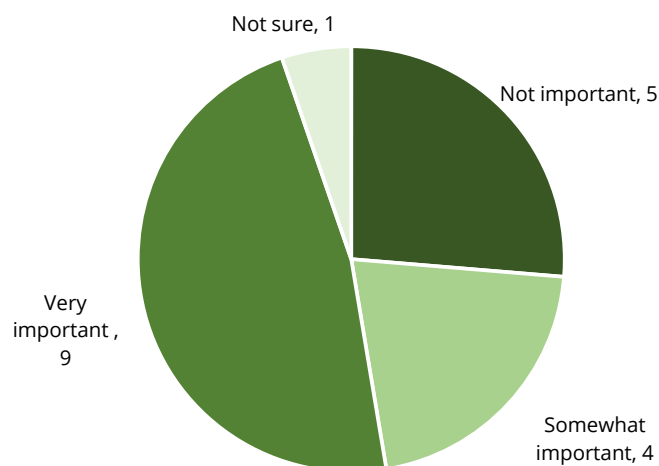


Figure 25: Importance of proximity to hospital for providers, by number of respondents

When asked to describe why they had selected their response regarding the importance of proximity to the hospital, providers who felt it was very important that their service was located within one block of the hospital given the complex care requirements of users. The following explanations highlight this issue:

- *'Shared/co-case management, better outcomes for clients who access more than one service'* (Allied Health provider)
- *'Many clients are elderly with mobility and complex health issues. They are often booked for multiple appointments with a variety of services on the one day because of these issues'* (Allied Health provider)
- *'Given the aging population and our emphasis on integrated care it is essential to have services readily available - parking is difficult in all parts of CBD and patients will not attend if they cannot access services easily'* (GP/medical centre)

Further, close proximity to the hospital was reported as important given the accessibility and convenience it provides for staff. The following explanations highlight these issues:

- *'Allows doctors easy and rapid access to hospital if required'* (GP/medical centre)
- *'The [staff] have to race to the hospital for emergencies and need to have access to all hospital facilities'* (Other health service provider)
- *'Very strong links to hospital and emergency department. Does not have medical staff based in Swan Hill so rely solely on hospital services or GP'* (Mental health service provider)
- *'Allied health team works across many areas of the hospital and require quick access to provide appropriate and timely care. Staff attend multiple on campus meetings'* (Allied Health provider)

For the providers who selected that it was not important for their service to be located within one block of the hospital, the following explanations were provided:

- *'Anywhere in Swan Hill to the hospital is about five minutes by car. Clients have known the location of the provider for [many years] and are happy to go there. It is about one and a half blocks from the hospital'* (Allied health provider)
- *'The practice is not dependant on SHDH hospital and therefore proximity isn't important'* (Dental Service)
- *'It is a private business'* (Allied health provider)

- *'Rarely is a client is directed to attend hospital. Appointments are usually made for a later date and require a separate trip. Hospital in town area is beneficial however'* (Allied health provider)

Providers were also asked to comment on whether they believed the variety and supply of health services in Swan Hill was adequate to meet the future needs of the population. Almost two thirds (63.2%) responded they did not believe the current supply or variety was adequate, with the following explanations highlighting the limited supply:

- *'There are ludicrously long waiting lists for services that indicates that more competition is needed. Aged care services and SHDH are not keeping pace with demand'* (Allied health provider)
- *'There is no facility for treating life threatening conditions that is no intensive care unit. We have to transfer to Melbourne with much difficulty'* (GP/medical centre)
- *'There is a lack of private allied health services and a lack of ability to provide continual care'* (Allied health provider)
- *'Supply and variety of services is getting there, but still have to refer some patients to Bendigo, for example oral surgery. Prefer not to refer patients, especially those accessing public dental who are less likely to have access to cars and money'* (Dental services)

The following responses provide examples of the types of services the respondents believed were required in Swan Hill:

- *'Paediatrician, psychologist needed'* (Allied health provider)
- *'Youth services (mental health) and sexual health'* (Pharmacist)
- *'... .. Aged care services and SHDH are not keeping pace with demand'* (Allied health provider)
- *'Oncology services, mental health services and anaesthetic services needed'* (GP/medical centre)
- *'... .. still have to refer some patients to Bendigo, for example oral surgery'* (Dental services)
- *'More quality private services needed'* (Mental health service provider)
- *'There is a lack of private allied health services... ..'* (Allied health provider)
- *'Not enough qualified consultants in the area'* (Other health service provider)
- *'SHDH needs to expand its available services'* (Allied health provider)
- *'SHDH needs upgraded facilities for example, intensive care unit and high dependency unit before more specialised medical procedures and specialists are available. But all allied health services are available'* (Allied health provider)
- *'There is no facility for treating life threatening conditions that is no intensive care unit'* (GP/medical centre)

Those who responded that they believed there was already adequate service provision in Swan Hill, provided the following explanations for their selection:

- *'It would be nice to have more medical specialists but the population does not warrant it'* (Allied health provider)
- *'Swan Hill is only a small town and near larger centres, for example, Bendigo is only two hours away'* (Other health service)
- *'Answer is inclusive of recent funding received for inpatient rehabilitation, transition care program, and hospice beds. Social worker commenced last year following increase in demand in Swan Hill'* (Allied health provider).

11.1.2.1 Summary

Overwhelmingly, providers felt it was very important for their clients that their service was located within one block of the SHDH hospital, particularly for clients with complex health issues who access multiple health services. When considering their own service provision, the perceived need to be located near the hospital was somewhat less important for allied health providers who reported they did not interact with the hospital, however most other types of providers suggested the close proximity of the hospital supported the integration of care for their clients and staff.

There appears to be an increasing demand for health services given the majority of providers report an increase in the number of patients over recent years. Further, most providers believed the supply and variety of services was not adequate to meet the needs of the population, particularly for specialist services.

11.1.3 Findings from first phase of consultation – service user questionnaire

A total of 56 health service users responded to the questionnaire. Two thirds (66.7%) of respondents reported their postcode as 3585, suggesting that the majority of respondents were from Swan Hill (noting that the 3585 postcode incorporates a number of small localities surrounding Swan Hill). Three respondents were from areas in NSW and a further three form areas outside the LGA. Respondents were most likely (41.8%) to be between the ages of 56 and 75 years, and the majority (78.2%) did not care for a child or elderly parent who needed their assistance to access health service (Figure 26).

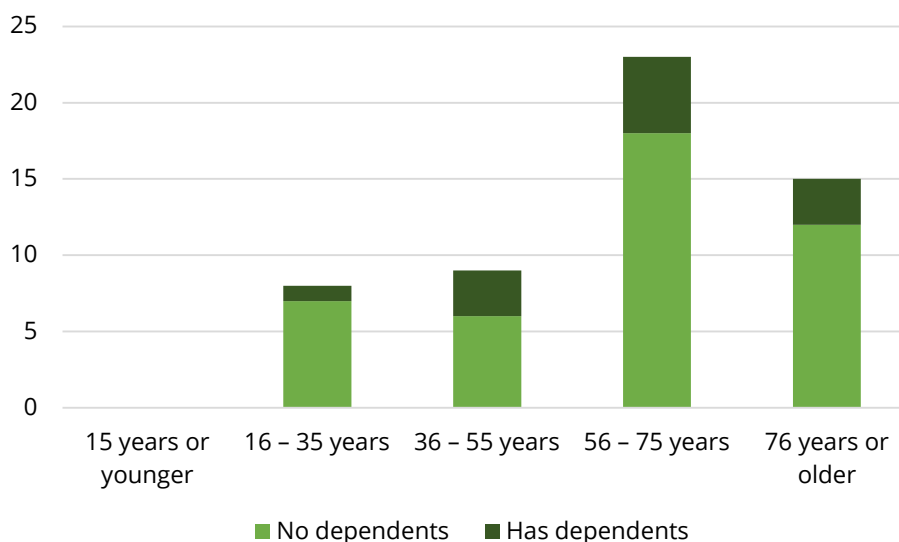


Figure 26: Number of health service users, by age and whether any dependents

Respondents were asked what type of health services they, or the child or elderly person they care for, had used in the last 12 months in Swan Hill. Multiple responses were allowed. The figure below shows that respondents had most often used a GP or medical centre service (22.9%, or 43 of 188 responses), followed by pharmacist (21.8%) and allied health service (20.7%).

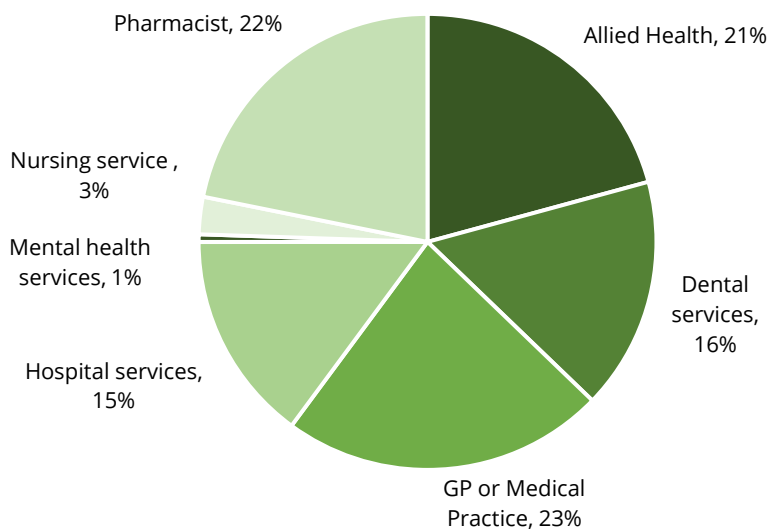


Figure 27: Service type access in last 12 months, by number of respondents

Almost a third (30.4%) of users had accessed four different types of health services in the last 12 months (Figure 28) and when asked how many times they had accessed a health service in the last 12 months, almost half (48.9%) responded 10 time or less in the last 12 months (Figure 29).

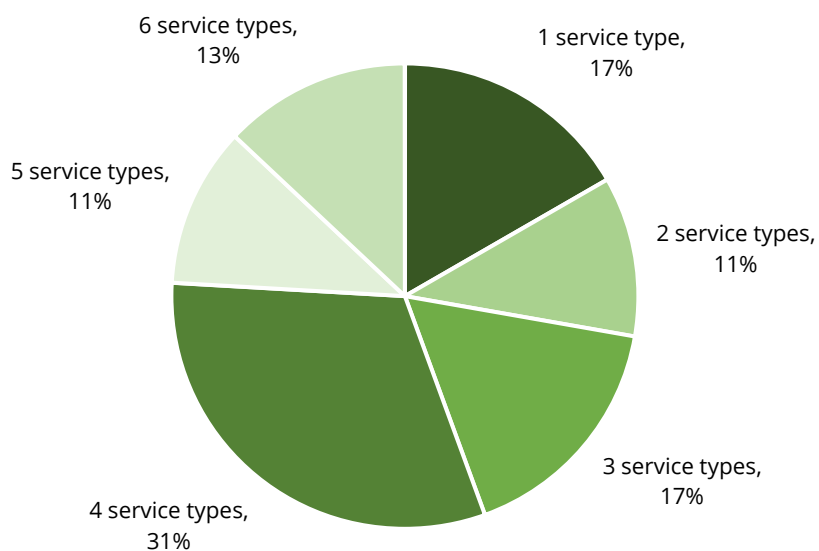


Figure 28: Number of types of services accessed, by number of respondents

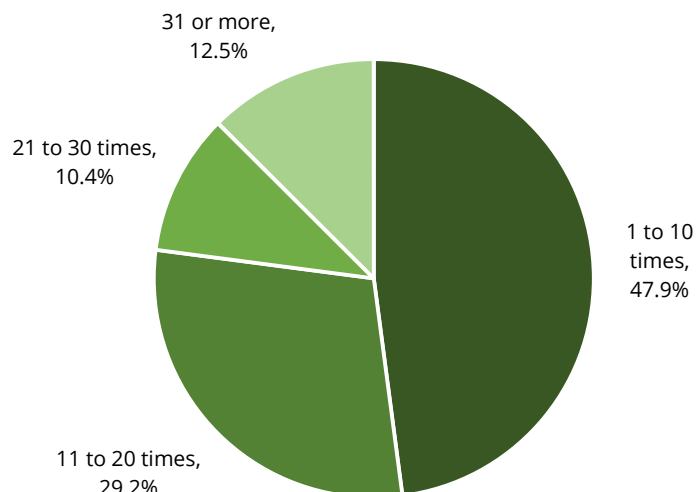


Figure 29: Number of times access services, by number of respondents

All respondents (100%) reported that they normally used a car as transport to access health services in Swan Hill, and of these, only 9% indicated that they also either walked or cycled, or used public transport/taxis in addition to a car. Given the extent to which health service users in Swan Hill use a car as their main type of transport for accessing health services, it is not surprising that the availability of car parking is a key issue for users. All health service users either responded that car parking was either very important (55.4%) or somewhat important (44.6%).

Respondents were also asked whether the proximity of health services to the SHDH hospital was important. As displayed in Figure 30, most respondents (55.4%) felt that it was very important for health services to be located within one block of the Swan Hill hospital.

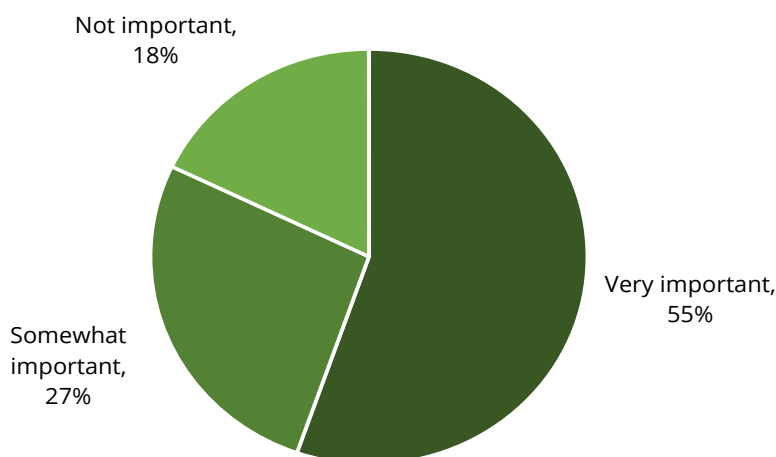


Figure 30: Importance of health service proximity to the hospital by number of respondents

The majority of respondents (72.7%) had to travel outside of Swan Hill to access health service in the last 12 months, with Bendigo (56.9%) and Melbourne (32.3%) the locations most often travelled to, followed by Mildura (3.1%) and other various locations (7.7%). As displayed in Figure 31, the types of services most often travelled to were specialist services (82.7%) and hospital (10.7%). Of the specialist services, almost a third of respondents reported travelling for access to ophthalmology or audiology specialist.

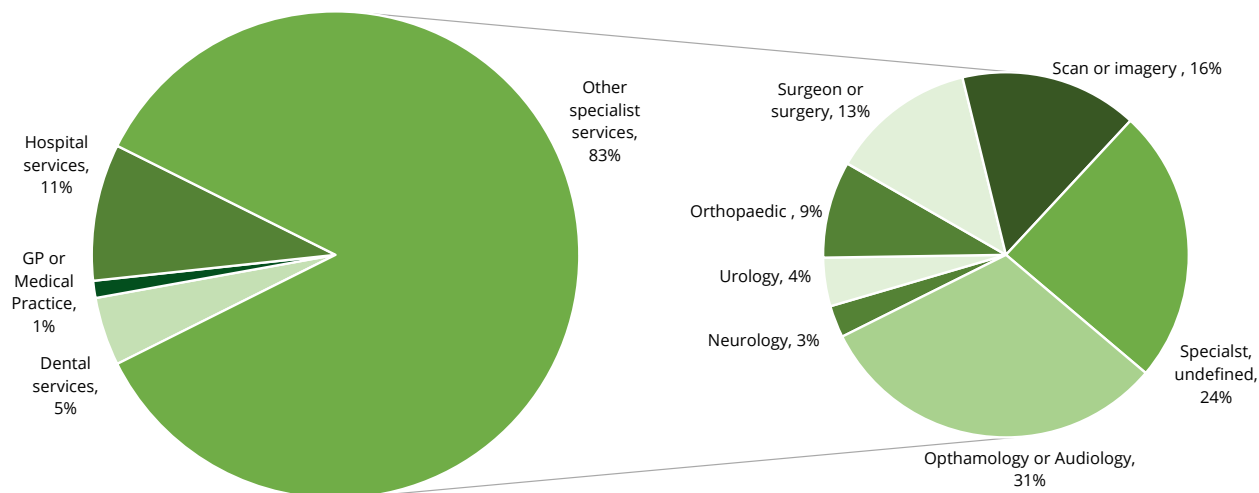


Figure 31: Types of service most often travelled to outside of Swan Hill, by number of respondents

11.1.3.1 Summary

In summary, all health service users who responded to the questionnaire, whether residing in Swan Hill or surrounding municipalities, used a car as their main transportation method when accessing health services in Swan Hill for themselves, or when caring for a dependent person. Unsurprisingly, car parking was therefore noted as a key issue of importance when health service users decided which services to use.

Most respondents accessed primary health (such as GP, allied health, pharmacy) type services in Swan Hill, while access to specialist services required travel to Bendigo or Melbourne for the vast majority of respondents. The majority of respondents (55.4%) felt that it was very important for health services to be located within one block of the Swan Hill hospital.

11.2 Phase 2 Consultation – Public exhibition of draft Health Precinct Plan

The draft Health Precinct Plan and Swan Hill Health Precinct Background Analysis Report was tabled at Council's Ordinary Meeting of 27 June 2017. Council endorsed the study for public exhibition.

Public exhibition occurred for a period of four weeks, with the submissions period concluded on 4 September 2017. All landowners and residents within the proposed health precinct and immediate surrounds were notified in writing of the exhibition period, which included an invitation to attend the public information session.

Two public information sessions were held in the Town Hall on the 22nd of August. Approximately sixteen people attended the sessions.

Copies of the Draft Health Precinct Plan and Background Report were displayed, as well as the proposed Clause 21 and Clause 22 updates to the Swan Hill Planning Scheme.

Four submissions were received, and detailed responses to each submission are provided in the Consultation Report prepared for the project. The key matters raised in submissions related to residential amenity, planning controls and parking.

In response to submissions this report has been updated to provide further clarity to two elements:

- The proposed Clause 21 and Clause 22 updates to the Swan Hill Planning Scheme related to the health sector and the proposed health precinct;
- Potential actions to increase on-street parking availability and numbers in the proposed health precinct; and
- Revised suggested hours of operation for medical centres in the proposed Clause 22.05 Non-residential Uses in Residential Zones Policy to ensure residential amenity in the health precinct. The revising hours of operation are proposed as follows:
 - 8:00am to 6:00pm Monday to Saturday
 - 9:00am to 3:00pm on Sunday.

12. Reference Documents

Australian Bureau of Statistics (2014), *National Regional Profile data*, various catalogues, accessible at <http://stat.abs.gov.au/itt/r.jsp?databyregion#/>

Department of Health and Human Services (2013), *Local government area profiles*, accessible at <http://www.health.vic.gov.au/modelling/planning/lga.htm>

Council Plan 2013-2017. Swan Hill Rural City Council

Economic Development Strategy 2011-2016. Swan Hill Rural City Council

Lake Boga Economic Development, Tourism and Marketing Strategy 2012-2017. Swan Hill Rural City Council

Loddon Mallee North Regional Growth Plan (2014). State Government Victoria

Public Health and Wellbeing Plan 2013-2017. Swan Hill Rural City Council

REMPAN

Swan Hill Car Parking Strategy (2016). TraffixGroup

Swan Hill Planning Scheme

Swan Hill Planning Scheme Amendment C52

Swan Hill Retail Strategy 2014 An overview. Swan Hill Rural City Council

Swan Hill Riverfront Masterplan (2013). Tract

Victoria in Future Small Areas (VIF2016). Department of Environment, Land, Water and Planning

13. APPENDIX A – Swan Hill Health Precinct Plan

SWAN HILL HEALTH PRECINCT PLAN



- A**
- B**
- C**
- D**
- E**
- 1**
- 2**
- 3**
- 4**
- 5**

SHDH HOSPITAL SITE
Continued use and development of the SHDH hospital, aged care and other health facilities, informed by a master plan for the site.

ANGLICAN CHURCH SITE
Continued use of the site as community facility. Possible future adaptive-reuse for health uses, noting the Heritage Overlay provisions for the site.

HEALTH CARE EXPANSION AREA (PRIMARY)
Expansion of health care uses (including medical centres) by adaptive-reuse and/or redevelopment of existing residential sites. Medium density housing that support the health precinct and contribute to the amenity of the area will also be encouraged. On-site car parking to be provided as per Council policy requirements.

HEALTH CARE EXPANSION AREA (SECONDARY)
Expansion of health care uses (including medical centres) by adaptive-reuse and/or redevelopment of existing residential sites, noting the Heritage Overlay provisions for 42 Splatt Street. On-site car parking to be provided as per Council policy requirements.

MEDIUM DENSITY HOUSING SITE
Retain the existing multi-unit development that contributes to the overall amenity and activation of the precinct.

HIGH STREET PARKING
Additional on-street parking by replacing parallel parking with angled to service existing and future health and medical uses.
Approx. 16 additional car parks

MCCALLUM STREET PARKING (SOUTH)
Additional on-street parking by replacing parallel parking with angled parking to service existing and future health and medical uses.
Approx. 3 additional car parks

MCCALLUM STREET - HIGH STREET INTERSECTION
Upgrade to a roundabout with appropriate intersection treatments and changes to on-street parking.

GUMMOW STREET (EAST)
Retain the centre median as interface between residential and health uses. Investigate opportunities to increase on-street parking to service new health care uses.

SHDH OFF STREET PARKING (36-40 HIGH STREET)
The existing SHDH parking (formal and informal) can be re-configured to increase the number of off-street car parks in the precinct. The number of crossovers can also be reduced to increase on-street parking. Possible pocket park with seating centrally located between car parks to contribute to the overall amenity of the precinct.
Approx. 24 additional car parks



SED