

Hillbrow Health Precinct

BUSINESS PLAN

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GAPP-IODSA Consortium

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PROJECT DESCRIPTION

1 LOCATION

The Hillbrow Health Precinct (HHP) is located in inner city Johannesburg. The HHP is bounded by Kotze and Rissik Streets to the north, Joubert Street to the west, Smit Street to the south and Klein Street to the east.

The HHP is immediately adjacent to the Constitution Hill precinct to its north, and the Civic Centre to the west. It lies in the heart of Hillbrow, a high-density inner city neighbourhood with a relatively high prevalence of poverty and unemployment.

The HHP falls within the area being considered for the establishment of the Medical Precinct, which incorporates public and private health facilities, including the Johannesburg Hospital, Donald Gordon Medical Centre, Rand, Brenthurst and Park Lane Clinics, and the Wits Medical School.

A number of key development initiatives surround the precinct. These include:

- Constitution Hill;
- Braamfontein Regeneration corridor;
- Hillbrow-Berea Regeneration Initiative;
- Park Station; and
- Greater Joubert Park

It is important that, as it develops, the HHP forges links with these, and strengthens inter-connectivity.

2 GOAL

The goal of the HHP project is:

To create an integrated, safe, secure and functional area by:

- Being the preferred location for primary health care providers;
- Consolidating the research base and operational connections among stakeholders;
- Enhancing the existing residential accommodation; and
- Creating world class educational and training facilities.

3 STRATEGY

The rationale for the approach adopted in the Business Plan is as follows:

- Improve the precinct's external environment to prevent urban blight, build the confidence of the current NGO, institutional and commercial residents, encourage potential investor interest, and reinforce the positive impact of the Constitution Hill precinct

- Support the Centre of Excellence as the 'anchor tenant' and high-profile activity, around which NGOs and related activities can be encouraged to relocate into a supportive physical and institutional environment.
- Improve urban management through CID-type visible security, signage, parking, improved public lighting levels, and possibly CCTV
- Adopt a phased approach to development across the precinct in line with the availability of resources, beginning with the Centre of Excellence node along Esselen Street.

The Business Plan focuses on nine broad strategies to develop the HHP:

- **Governance and Sustainability**
Create sustainable partnership and leadership for development and management of precinct
- **Primary Health Care:**
Consolidate existing service providers, and encourage new service providers to locate to precinct
- **Centre of Excellence**
Support the Reproductive Health Research Unit (RHRU) Centre of Excellence initiative
- **Social and Support Services**
Encourage relocation of social service providers and coordinating provision via coordinated service linkages
- **Residential Accommodation**
Facilitate the improvement of residential properties in the precinct, and encourage development of new residential accommodation
- **World Class Education and Training Facilities**
Enable provision of top-quality education and training facilities in the precinct
- **Safe and Secure**
Promote better urban management and enhance public security
- **Integrated and Functional**
Provide and implement integrated spatial and development plan, with provision for improved pedestrian and traffic access, and public open space
- **Maximise Development Impact**
Identify and implement economic and regeneration opportunities for wider area communities

4 OBJECTIVES

Each strategy has project objectives, which will be delivered by a specific sub-project or activity.

4.1 Governance and Sustainability

- 4.1.1 Confirm active project coordination roles, responsibilities and individuals on basis of Memorandum of Understanding
- 4.1.2 Identify and secure clear lines of committed opex and capex as relevant in all key partners' budgets
- 4.1.3 Identify key funding requirements against projected Business Plan budget to inform fundraising strategy and activities
- 4.1.4 Design and establish viable joint Project Institutional Arrangements (PIA) for development of precinct
- 4.1.5 Broaden base of active consultation with other current and potential stakeholders in HHP (including NCOH, SAIMR, NGOs et al)

4.2 Primary Health Care

- 4.2.1 Determine precise portfolio of PHC services currently provided and planned for 5 year timescale in a single schedule covering space requirements and associated costs.
- 4.2.2 Confirm target list of viable NGO tenants and engage in forward planning for relocation and space take-up.
- 4.2.3 Confirm allocation of 'NGO Centre' as preferred location for NGO tenants.

4.3 Centre of Excellence

- 4.3.1 Develop Esselen Street as the Centre of Excellence node, forming the heart of Phase One development of the precinct through coordinated environmental improvements, urban management and refurbishment of selected buildings.
- 4.3.2 Structure Y-Centre establishment arrangements and implement.

4.4 Social and Support Services

- 4.4.1 Confirm range of potential and future activities of Social and Support Service providers that could be relocated to the Centre of Excellence node or elsewhere in the precinct, and develop forward plan for space and activity requirements.

- 4.4.2 Identification and development of suitable buildings for adaptive re-use as social facilities including hospice, facility for Orphans & Vulnerable Children (OVCs) and similar relevant activities.

4.5 Residential Accommodation

- 4.5.1 Identify portfolio of properties suitable for refurbishment or conversion to residential accommodation (including social housing) within the precinct
- 4.5.2 Showcase the property portfolio initially to the inner city Property Owners & Managers Association (POMA) as investment opportunities, with emphasis on financial incentives including the City of Johannesburg Inner City Bad Debt Write-Off Policy, the Inner City Mixed-Use Residential Rebate, and the incoming Urban Development Zone Tax Incentive.

4.6 World Class Education and Training Facilities

- 4.6.1 Facilitate the RHRU's objective of providing world class education and training facilities (appropriate services for the cultural and economic context) by prioritising planning and building plan approvals, and providing appropriate project management of physical developments.

4.7 Safe and Secure

- 4.7.1 Establish CID-type visible security presence along Esselen Street (Centre of Excellence / Phase One)
- 4.7.2 Install improved street lighting along Esselen Street and King George Street
- 4.7.3 Investigate technical specification and cost for future installation of CCTV in Centre of Excellence / Phase One

4.8 Integrated and Functional

- 4.8.1 Conclude integrated spatial and development plan, with provision for improved pedestrian and traffic access, and public open space, and clearly identified development phases, beginning with Centre of Excellence.

4.9 Maximise Development Impact

- 4.9.1 Organise street works and building refurbishment contracts in line with Expanded Public Works Programme guidelines
- 4.9.2 Develop and manage property portfolio (directly or in close coordination with Provincial Health facilities management) to maximise property development opportunities, meet operating requirements of current and future service providers and create viable and tradable assets.

5 OUTCOMES AND KEY INDICATORS

The outcomes and key indicators of the HHP are as follows:

Outcome	Indicator
Physically upgraded, well-lit and secure environment	Reduction in reported crimes in the area
Viable development partnerships among institutions	Phase One: PIA confirmed by March 2005
Better managed public, private and institutional property stock	Phase One: Property portfolio drawn up and operational by April 2005
Reduction in vacancy rates and adaptive re-use of property stock	Phase One: Up to three vacant or under-used buildings occupied and managed by December 2005
Increase in Centre of Excellence service activities	Phase One: Increase in client numbers of 10% by December 2005
Increase in Centre of Excellence training and educational activities	Phase One: Increase in numbers of trainees by 10% by December 2005
Improved public perception and image of the area	Phase One: Establish baseline question in JDA Inner City perception survey 2005 and measure subsequent changes
Improved climate of confidence among investors towards the area	Increased number of commercial and residential developments in HHP and immediate environs by June 2006
Increased well-managed residential provision	Phase One: At least two new residential developments underway by December 2005
Increased economic activity related to public sector health provision	Phase One: 10 new permanent jobs created by December 2005

6 ALIGNMENT TO POLICY AND STRATEGY FRAMEWORK

The HHP is aligned with all major policy and strategy frameworks for the City of Johannesburg.

6.1 Johannesburg 2030

Joburg 2030 is the vision and strategy for the growth and development of the city for the next 25 years. It identifies HIV/AIDS and safety and security as having major negative impacts on current and future economic growth of the city's economy. Both aspects are inherently addressed in the HHP, the first through the Centre of Excellence, and the second through the planned environmental upgrade and improved urban management.

Joburg 2030 identifies research, training and skills development as key focus sectors in supporting economic growth. The HHP will facilitate growth in research activities, particularly through supporting the RHRU's collaboration with the City of Johannesburg Health Department around HIV/AIDS research.

Similarly, the HHP Centre of Excellence component will contribute to the improvement in training provision and skills development identified in Joburg 2030.

Joburg 2030 also makes a call for improved spatial planning to facilitate economic growth, an objective towards which the spatial development framework for the HHP will contribute.

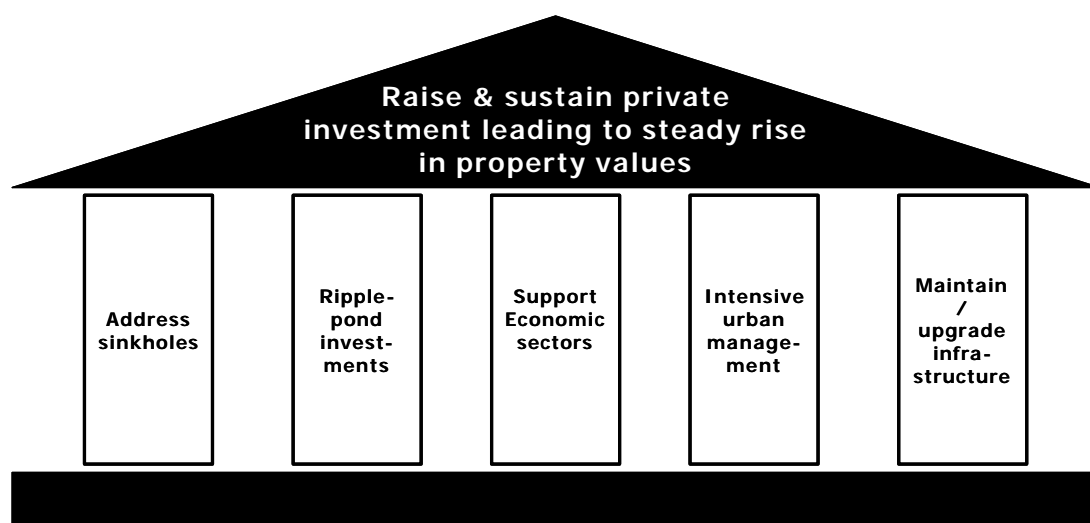
6.2 Mayoral Priorities

The Executive Mayor of Johannesburg has identified six priorities for his period of office. These are Inner City regeneration; economic development and job creation; public safety; service delivery excellence; good governance; and HIV/AIDS. The HHP complies with these priorities in the following areas:

Mayoral Priority	HHP aspect
Inner City regeneration	<ul style="list-style-type: none"> • Location in Hillbrow • Physical connection to Constitution Hill development
Economic development and job creation	<ul style="list-style-type: none"> • Buildings brought back into economic use • Improved investor confidence • A number of new permanent jobs
Public safety	<ul style="list-style-type: none"> • Improved and well-managed public environment
Service delivery excellence	<ul style="list-style-type: none"> • Centre of Excellence for HIV/AIDS, STIs and reproductive health services
Good governance	<ul style="list-style-type: none"> • Viable development partnership, with strong inter-government collaboration • Bi-partisan alliance between government and university
HIV/AIDS	<ul style="list-style-type: none"> • Key focus area for Centre of Excellence services

6.3 Inner City Regeneration Strategy

The Inner City Regeneration Strategy (ICRS) was approved by the CoJ Mayoral Committee on 27 February 2003, and has a goal to raise and sustain private investment leading to a steady rise in property values.



The 'five pillars' of the Strategy are to:

- **Address Sinkholes** (slummed and neglected properties and neighbourhoods)
- **Undertake Intensive Urban Management** (by-law enforcement, regular or improved delivery of services and utilities, and maintenance of the public realm)
- **Maintain and upgrade infrastructure** (maintenance and improvement of service delivery infrastructure)
- **Promote Ripple-pond investments** (catalytic, concerted investments in property that create confidence for further investment in adjacent areas)
- **Support Economic Sectors** (interventions to promote and assist growth of economic sectors that are of current or potential importance).

The programmes and projects identified to give effect to the Inner City Regeneration Strategy are set out in the Inner City Business Plan 2004/07 (approved March 2004), where the HHP is identified primarily as a project to support economic growth.

The HHP aligns with all five pillars of the ICRS:

Objective	HHP aspect
Support Economic Sectors	<ul style="list-style-type: none"> • Support for research, training and skills development in reproductive health, STIs and HIV/AIDS
Ripple-pond Investment	<ul style="list-style-type: none"> • Creation of Centre of Excellence, NGO shared accommodation and residential property • Reinforce impact of Constitution Hill precinct
Intensive Urban management	<ul style="list-style-type: none"> • Safe, secure and upgraded public environment
Maintain / upgrade infrastructure	<ul style="list-style-type: none"> • Improved road access
Address Sinkholes	<ul style="list-style-type: none"> • Arrest decline of institutional property to prevent deterioration to sinkhole level

6.4 Integrated Development Plan

The CoJ Integrated Development Plan 2003/04 (IDP) includes the local integrated development plan and spatial development framework for Administrative Region 8, covering the Inner City.

6.4.1 Sector Plans

The IDP sets out a series of sector plans to give effect to the Joburg 2030 Strategy, aligned with Mayoral priorities. These include economic sectoral development, skills development, economic regeneration and HIV/AIDS. The immediate priority areas for economic regeneration include the Inner City, within which the HHP is located.

The HHP will contribute to the achievement of the HIV/AIDS sector plan in the following aspects:

IDP Sector Plan for HIV/AIDS	HHP aspects
Inter-sectoral collaboration	<ul style="list-style-type: none"> • Tripartite alliance between City and provincial Health Departments, and the University
Social mobilisation	<ul style="list-style-type: none"> • Partnership with LoveLife and relevant NGOs

IDP Sector Plan for HIV/AIDS	HHP aspects
Prevention	<ul style="list-style-type: none"> • Condom distribution and public education at Esselen St clinic, Hillbrow CHC and proposed Y Centre
Care and Support	<ul style="list-style-type: none"> • Treatment for high-risk groups at Esselen St clinic • VCT services at Esselen St clinic • Syndromic management of STIs at Esselen St clinic and Hillbrow CHC
Monitoring and Evaluation	<ul style="list-style-type: none"> • Monitoring of service provision at Esselen St clinic (City Health and RHRU), and Hillbrow CHC (Provincial Health)
Integration of social services and support	<ul style="list-style-type: none"> • Clustering of NGO and social service providers as the precinct develops

6.4.2 City Scorecard and Key Performance Areas

The IDP links mayoral and Joburg 2030 priorities to overall performance of the council administration via the 'City Scorecard' and key performance areas (KPA's). The HHP aligns to the following aspects identified for attention in the Inner City over 2003/04:

- By-law enforcement
- Increasing residential occupation
- Increasing the rates base
- Building confidence to attract investment by reducing inner city crime

6.4.3 City Plan for Health

The CoJ Department of Health service delivery plan sets out specific KPAs to which there is close alignment in the development of the HHP and the services provided or planned for the precinct.

IDP City Plan – Health KPA 2004/05	HHP aspects
Improved performance in Reproductive Health, HIV/AIDS and STI services	<ul style="list-style-type: none"> • Creation of Centre of Excellence
Support to Inner City Regeneration	<ul style="list-style-type: none"> • Creation of Centre of Excellence
2 new health programmes introduced by end 04/05	<ul style="list-style-type: none"> • Programmes operated at Esselen St clinic
50% of all city wide health staff trained in HIV/AIDS clinical skills by end 04/05	<ul style="list-style-type: none"> • Training at Esselen St clinic
Development of physical upgrading and infrastructure health precinct as per plan/list by May 05	<ul style="list-style-type: none"> • Development of HHP

IDP City Plan – Health KPA 2005/06	HHP aspects
2 new health programmes introduced by end 05/06	<ul style="list-style-type: none"> • Programmes operated at Centre of Excellence
80% of all city wide health staff trained in HIV/AIDS clinical skills by end 05/06	<ul style="list-style-type: none"> • Training at Esselen St clinic
Development of physical upgrading and infrastructure health precinct as per plan/list by May 06	<ul style="list-style-type: none"> • Development of HHP

6.4.4 Spatial Elements

The Administrative Region 8 Spatial Development Framework June 2003 (RSDF) describes Hillbrow and Berea as a sub-area experiencing social and economic decline, as well as poor housing and environmental quality. The key development objective for the sub-area is to regenerate into 'sustainable and viable residential neighbourhoods'. The HHP will contribute to the achievement of this objective by promoting the adaptive re-use or refurbishment of properties for well-managed residential accommodation.

In addition, the RSDF specifically identifies as Esselen Street as a precinct development project.

6.5 JDA Business Plan

The HHP is identified as Project 015 in the JDA Business Plan 2003/08. It is incorporated as the initial catalyst to the development of the wider Medical Precincts project, which covers an area up to and including the Johannesburg Hospital and Wits Medical School.

The JDA project timescale distinguishes the following phases:

Phase	Activity
Detailed investigation	Complete by end 2004/05
Business Plan	Complete by end 2004/05
Implementation	Commenced 2004/05; complete 2005/06
JDA exit and evaluation	Complete by end 2006/07

6.6 Alignment with Gauteng Provincial Strategic Plan 2004-09

The Hillbrow Health Precinct is in line with the Gauteng Provincial Government's strategies to build sustainable communities and to develop healthy and productive people. Health MEC Gwen Ramokgopa emphasised these priorities during presentation of the 2004 health budget to the Gauteng Legislature. MEC Ramokgopa highlighted several major areas to be addressed by the new budget that includes but is not limited to:

- Health promotion
- Prevention and management of illnesses
- Addressing psychosocial factors that exacerbate health problems, particularly those that are related to poverty, lifestyle and violence.

The above form the foundation of a comprehensive HIV and AIDS programme. Specifically in the period 2004-2009, the provincial government has the following objectives for the management of HIV/AIDS, which will be facilitated by the successful establishment of the HHP. These include:

Provincial	HHP Aspects
Ongoing prevention to reduce new infections especially among youth	<ul style="list-style-type: none"> • Education and prevention activities at proposed Y-centre
Comprehensive HIV/AIDS care and treatment including ant-retroviral therapy	Creation of Centre of Excellence
Developing community capacity for prevention and care through partnerships with civil society and the private sector	<ul style="list-style-type: none"> • Establishment of referral system with Centre of Excellence as point of contact. • Training opportunities for community based organisations providing care and support for HI/AIDS affected clients. • Leveraging of public resources to attract private investment and create opportunities for partnerships to improve HIV service delivery.
Co-ordination of all efforts across government and civil society for maximum impact	<ul style="list-style-type: none"> • Leadership by Provincial Government working across sectors to facilitate development of the Hillbrow Health Precinct

The establishment of the Hillbrow Health Precinct will contribute to the achievement of provincial government's targets of reducing new HIV/AIDS infections through its unique combination of clinical and psychosocial services anchored around the Centre of Excellence.

7 CURRENT SITUATION, CONDITIONS AND RISK

7.1 CURRENT SITUATION

7.1.1 Background

Johannesburg's Inner City is a complex system in transition, subject not only to the dynamics of inner city decline that characterise urban settlements across the world, but is also exacerbated by the particular spatial and socio-economic impact of previous apartheid planning. The Inner City has the most acute and multi-faceted level of urban problems in the country, and likewise is the crucible in which new approaches are tested and implemented.

The residential heart of the Inner City is Hillbrow, a medium-high rise, high-density, overcrowded suburb. At least 90 per cent of Hillbrow residents live in blocks of flats, and although the 2001 Census states the neighbourhood's population is 49 600, city officials believe that this is an underestimate due to the degree of overcrowding and high levels of in-migration to the area.

Health services in the area are provided by the CoJ Department of Health (primary health care and local clinics) and the Provincial Department of Health (higher-stage services and district-level facilities).

The council's facility is the Esselen Street Clinic, which currently provides healthcare for people with tuberculosis and sexually transmitted infections, contraception, and HIV counselling and testing. Esselen St Clinic embodies a partnership between the city and Witwatersrand University's Reproductive Health Research Unit aimed at building world-class expertise and service provision in HIV, STIs, family planning and counselling in an African inner-city environment. It has 9 full-time and two part-time University staff involved in clinical services and training, while the city contributes a further 25 services staff.

The Esselen St Clinic currently sees up to 350 people daily across its various services, and plans to increase this to up to 1 000 streamed across its different services, requiring significant spatial expansion.

The Provincial facilities are located in the old Hillbrow Hospital complex, much of which was decommissioned by 1998. Currently, the Hillbrow Community Health Centre (CHC) provides a range of services including:

- Family planning, ante- and post-natal services, pregnancy termination
- Home based care
- Medico-legal facilities for child and sexual abuse, and domestic violence
- 24-hour casualty services
- Physiology and radiology

The CHC is currently being upgraded to consolidate services within the single building located at the SE of the site, corner Smit and Klein Streets. Services that will be accommodated include:

- Maternity and Obstetrics
- Mother and Child Health
- 24-hour casualty services and minor theatre
- Polyclinic / outpatient services
- Psychology
- Dental care

This consolidation will free up buildings for disposal or alternative use as functions relocate to the CHC building.

In addition, the Provincial Department of Health is considering re-opening the mothballed Hillbrow Hospital as a small 100-bed district hospital (Level One facility). This development will fill the gap between the CHC and higher level facilities, and relieve pressure on the Johannesburg Hospital. Patients needing higher level treatment will be referred to Helen Joseph / Coronation hospital. For this system to work effectively, an efficient public transport system between the CHC and the Helen Joseph / Coronation hospital is an absolute requirement, a factor to be taken into account in the development of the HHP. Planning for the re-opened Hillbrow Hospital is in its early stages, and the

estimated high-level cost of R60 million has yet to be included in the provincial health budget.

The proximity of the city and provincial facilities provide the spatial opportunity for expanding the 'Centre of Excellence' concept initiated at Esselen St. Underused land and property in the precinct has the potential for adaptive re-use to accommodate a wider range of organisations providing services that could improve health service provision and impart synergy to its delivery. These include academic departments from Witwatersrand University, government social service and welfare activities, and a variety of NGOs active in health service support and provision. In addition, the precinct currently houses other health-related service providers, including the National Centre for Occupational Health, SA Institute for Medical Research and the National Laboratory Service, all of which may have operational linkages to the development of the Centre of Excellence.

7.1.2 Urban Design Framework

The urban design framework (approved by the City of Johannesburg on DATE) and related traffic and services assessments have identified a range of current development issues:

- A significant number of historic buildings occupy the site, which will in part restrict the physical restructuring of the site through the demolition of such buildings. There is also a cost-premium in this regard as it is always somewhat more expensive to undertake the refurbishment of a building, as opposed to a new development.
- Much of the precinct comprises a dense agglomeration of buildings that is typical of incremental, ad-hoc building development to accommodate expansion and new uses. Accordingly there is minimal open surface space within the precinct to accommodate parking and introduce the establishment of a public environment as envisaged in the urban design scoping report.
- The older built fabric of the precinct has started to decay faster than usual because of the ingress of stormwater and the lack of services maintenance. There are underutilised and empty buildings that have not been maintained and vandalism is a problem. This all points to a decline in the quality of the building stock.
- The rationalisation of activities and the concomitant demolition of buildings will have to be undertaken in order to enable the restructuring of the precinct, introduce parking and establish the envisaged public environment.
- The proposed physical restructuring and reorganisation of the precinct will assist with the urban management of the precinct and enable the incremental phasing of the development, which is dependent of financial and institutional arrangements.
- The introduction of parking is considered to be an important component in the redevelopment of the precinct. This is important for accessibility to the precinct.
- The precinct is well served by public transport and is accessible by foot from all four sides, such as Hillbrow, Braamfontein and Constitutional Hill.

- Existing high order traffic mobility routes on the periphery of the precinct hinder safe pedestrian movement. Appropriate pedestrian crossings need to be established within the context that pedestrian movement is a high priority given that residents within the surrounding areas rely predominantly on public transport and walking as their modes of transportation.

7.1.3 Economic

Hillbrow is primarily a residential area, with economic activity confined to a small number of nodes, most notably the Pretoria/Kotze St retail and entertainment zone, street trading and market areas. A definitive study of key economic sectors and potential in the area is currently in production, commissioned by the CoJ Economic Development Unit. The results of this study are due in July 2004, and will provide a coherent economic data baseline and analysis, which can then be incorporated into this Business Plan.

The direct economic growth potential of the HHP is fairly limited, given its focus on public health provision. Positive indirect impacts may accrue from an increase in ancillary support services as the Centre of Excellence grows. In addition, the expansion of government and donor-supported health training services will lead to an increase in a small number of training-related staff, and a larger number of trainees visiting or to be accommodated in the area.

The conversion and refurbishment of properties in the area to provide residential accommodation is an important opportunity to meet a high current housing demand in the area, and bring buildings back into better-managed, productive economic use.

7.1.4 Social

Key social issues identified in the studies supporting the Hillbrow-Berea Regeneration Initiative include:

- Street children – an estimated 300 in Hillbrow
- Homeless people – an estimated 5 000 in the Inner City, of whom only a relatively small proportion sleep on the Hillbrow streets
- Sex workers
- Drug abuse
- Sexual and domestic violence

In addition, Hillbrow has a very high proportion of the 235 properties identified by the CoJ as bad buildings by the end of 2003. Bad buildings in Hillbrow - under-maintained, 'slummed', with tenants exploited by unscrupulous landlords – usually take the form of overcrowded residential blocks. Absentee landlords, often owing millions of rands in rates and services charges, abandon properties. Such properties, along with the 'sleazy hotels' identified in various criminology studies and targeted by the CoJ and SAPS, become associated with atrocious living conditions, by-law infringements, criminal and anti-social activities.

7.1.5 Environment

Hillbrow is a very high density residential suburb. There is no accessible, pleasant, safe and secure public open space in the formal township. The nearest parks are the Yad Vashem Park in Berea, Peter Roos Park in Parktown and Joubert Park adjacent to the CBD. An important element of the HHP spatial development plan will be to identify and open up suitable spaces for public use.

The HHP comprises an agglomeration of institutional land uses (predominantly health services / facilities and associated laboratories). The land uses have clustered such that they are inward facing and are isolated from their surroundings. The latter has also prevented the development of through-linkages, effectively forming a movement barrier between Hillbrow and Braamfontein (east - west), and to a lesser degree in a north-south direction.

In particular, the layout of the Hillbrow Hospital complex is unintelligible due to building on ad hoc basis over the past 100 years. The older built fabric is decaying due to a lack of services maintenance and the ingress of storm water. Furthermore underutilised and empty buildings have not been maintained, subsiding into a state of disrepair and becoming unusable.

A significant proportion of buildings are heritage buildings. The most important of these cannot be demolished and require to be refurbished before they can be reused (more detailed investigation required) to accommodate health related activities and functions. This is relatively costly and impinges on budgets.

It is stressed that the urban design framework report essentially sets out the broad development principles for the precinct:

- Making connections
- A grid of streets
- A public open space network
- A mixture of land uses
- Landmark elements
- Catalytic projects, and
- 'Putting it all together'

These principles will be applied in a pragmatic and realistic manner in order to contribute to the achievement of project objectives.

7.1.5 Stakeholder analysis

Agency/Organisation	Role in HHP	Activity
CoJ Health	Centre of Excellence Partner; MOU signatory	<ul style="list-style-type: none"> • Provision of health services at Esselen St • Provision of operational finance • Chair, Project Steering Committee
Witwatersrand University Reproductive Health Research Unit	Primary Project Champion; Centre of Excellence Partner; MOU signatory	<ul style="list-style-type: none"> • Provision of health services at Esselen St • Provision of training services & research at Esselen St • Provision of operational finance • Active fund-raiser for Centre of Excellence
Johannesburg Development Agency	Development Agent; MOU signatory	<ul style="list-style-type: none"> • Facilitating the feasibility and subsequent planning for the precinct • Direction of development of precinct • Responsible for oversight of consultants
Gauteng Department of Health	Centre of Excellence Partner; MOU signatory	<ul style="list-style-type: none"> • Provision of health services at Hillbrow CHC • Provision of operational finance • Property / facilities owner / manager at Hillbrow complex
Witwatersrand University Schools of Public Health, Law, Architecture, Human & Community Development	Potential partner	Provision of community outreach training, research and student placements to enhance Centre of Excellence
CoJ Region 8 Social Services	Potential partner	Provision of social and welfare services to enhance Centre of Excellence
Various NGOs in social development and HIV/AIDS	Potential partners	Provision of social and HIV support services, professional and lay staff training to enhance Centre of Excellence
Health-related institutions (NLS, NCOH, SAIMR)	Potential partners	Provision of professional health and research services to enhance Centre of Excellence
loveLife	Potential partner	Establishment and operation of Y-Centre as physical and operational component of Centre of Excellence

Agency/Organisation	Role in HHP	Activity
Central Johannesburg Partnership	Potential partner	Establishment and operation of Centre of Excellence City Improvement District
Johannesburg Property Company	Potential partner	Manager and developer of state-owned assets
NGO / private residential developers and managers	Potential partners, possibly represented by Inner City Property Owners & Managers Association (POMA)	Developers and managers of residential property for private and social housing.
Current and future international development cooperation partners	Potential partners	Source of operational and ideally capital finance
Current and future local corporate social responsibility partners	Potential partners	Source of operational and capital finance

7.1.6 Competitor analysis

The JDA has no direct competitor agencies vis-à-vis its role as development manager for the HHP. The Centre of Excellence partners have allocated this role to the JDA and confirmed it in the MOU.

7.2 PRE-CONDITIONS AND IMPLEMENTATION

Critical pre-conditions for implementation of the HHP in line with this business plan are as follows:

- Business Plan confirmed and adopted by original MOU signatories
- Active cooperation and participation from all relevant sections of Provincial Department of Health
- Confirmation of capital budgets available for physical upgrading and building refurbishment
- Confirmation of operational budgets available for continued and expanded service provision
- All partner active support to RHRU fund-raising efforts

7.3 RISK ANALYSIS

7.3.1 Financial

Risk / Estimated Risk Level	Consequences	Indicator	Preventative Action/ Risk Minimisation
Reduction in CoJ's Health budget / <i>Medium</i>	Inability of JDA to meet its operational role in managing development of HHP.	Budget approvals; cash flows	JDA engages with CoJ to secure capex allocations.
Slow and inefficient financial transfers to JDA / <i>Medium</i>	Project time slippage	Cash flows	JDA regular business planning

7.3.2 Operational

Risk / Estimated Risk Level	Consequences	Indicator	Preventative Action/ Risk Minimisation
Key project partners unable to deliver on commitments / <i>Low</i>	Leadership fragmentation and loss of project direction and impetus	Lack of progress and follow-through on Project Exco decisions	Project partners and JDA keep progress under regular review and develop fallback / alternatives if necessary
Inability to secure land and property assets / <i>Medium</i>	Additional space requirements for new occupants and service providers not met. Centre of Excellence undermined.	Time delay and protracted negotiations in assets transfer	Effective forward planning, clarity over space requirements and early engagement with landowners
Key project partners unable to confirm requirements / <i>Low</i>	Space and property planning and development hindered	Delay in finalising arrangements	Effective forward planning and regular engagement with partners
Inadequate institutional arrangements / <i>Low</i>	Lack of coherence and direction in project development	Slow decision-making. Persistence of individual/corporate agendas	Ensure complete buy-in for all parties to institutional arrangements

8 INSTITUTIONAL ARRANGEMENTS

Current institutional arrangements for the project are straightforward. The three key project partners are signatories to the project Memorandum of Understanding, which formalises a Project Executive Committee (Exco). The Exco comprises named representatives of the three signatories, reflecting various appropriate structures and departments, plus the JDA. The JDA's role is clearly identified as Development Manager for the project.

The JDA will take responsibility for organising and managing construction activities, including all procurement, contracting and provision of technical services, as the agent of the Exco.

As the project development goes forward, the lead project stakeholders will need to confirm project-specific institutional arrangements (PIA) for the continued development of the HHP. Recent discussions and commitments at the Project Exco have led to positive commitments from all partners to increase their involvement. Future responsibilities for the PIA could include precinct and property management, and implementing ongoing development and expansion after the JDA's exit in 2007.

Ideally, the development of the PIA should be considered relatively early in the development of the project, with planned evolution of its responsibilities and operating practice. Given the primary public purpose nature of the HHP, the eventual institutional form of the PIA could be a not-for-profit legal entity – either a development trust or Section 21 Company. The key partners from the Exco could form the Founding Board. The JDA should be excluded from this structure, and its arrangement with the project re-formulated on a contractual or service delivery agreement basis.

9 OPERATING PLAN, OUTPUTS, OUTCOMES AND RESOURCES

9.1 OPERATING PLAN

9.1.1 Approach to physical development

The recommended approach is based on the philosophy of the urban design scoping report. The latter's proposals are slightly adjusted to accommodate both the physical implications and the institutional realities with regard to funding and urban management.

(a) Making Connections

The urban design framework study proposes the reorganisation of the traffic system into a two-way vehicular traffic system. A Previous study done by Arup indicated that this was not an option. For reasons of pragmatism regarding time frames and the fact that such a proposal implicates the entire inner city, the existing study will work within the

ambit of existing traffic flows. It will, however, make proposals regarding the physical reorganisation of the street space in order to accommodate pedestrian and public transportation needs.

The establishment of dedicated pedestrian links to and from the health precinct, as well as within, in order to improve public accessibility to the facilities within the precinct and improve connectivity to the public facilities and activities in Braamfontein (Civic Centre and Regeneration Corridor), Hillbrow, Constitutional Hill, Park Station and Joubert Park.

(b) Grid of Public Environment

The underlying rationale behind the reinstatement of a proposed grid of streets within the precinct is to enable accessibility to all users, allowing for choice and variety of movement within the precinct and through it to adjoining areas.

Given the intensity and density of built form, as well as the configuration and positioning of the historic buildings within the site, the physical creation of actual street space will be very difficult. In this regard it is proposed that a public environment grid be established, comprising a series of pedestrian paths and routes, public places such as piazzas and squares, and where possible, parking courtyards and vehicular access (even cross links).

The insertion of a public environment grid into and across the existing impenetrable precinct blocks makes connections between the surrounding fabric and the fabric and associated activities within the precinct.

The public environment is to be supported with active ground floor uses and designed to an appropriate standard for human comfort. This is to include appropriate landscaping (with an appropriate tree-scape), lighting, wide pavements, level crossings, street furniture, signage, etc.

(c) Public Open Space Network

The urban design scoping report proposes the establishment of a primary public open space running across the east west axis of the precinct. This will form the primary focus of the precinct with its landmark being the original Hillbrow Hospital building. This idea is based on a long-term vision and development approach of the precinct, and given current institutional arrangement and economic realities, makes the establishment of such a public open space in the first phase of development unviable. The existing study proposes an incremental development approach of a linked network of public spaces, both soft (existing and proposed local parks) and hard (piazzas and squares), throughout the precinct at key locations. These are connected via pedestrian walkways and paths.

A pedestrian network is also proposed throughout the precinct. This network is to form an additional offset grid to the existing road network and comprises pathways and walkways to key access points and follows key desire lines and linkages across the precinct.

The existing street spaces are to be redesigned and upgraded in order to accommodate both pedestrian and vehicular movement, such that a synergy is achieved for vehicular accessibility into and within the precinct, and human comfort and safety.

(d) Mixture of Land Uses

A mixture of land use activities is an important principle that allows for the diversification of economic activity and enables greater viability in the long term. The predominant land use of the precinct is to remain as being health-related, including health care and research.

It is proposed that activities that build on and establish synergies (synergy in this context also means no conflict) with the predominant use, such as social housing, formalised informal trading / retail, offices for NGO's (general institutional) and AIDS research etc.

(e) Landmark Elements (Imageability and Legibility)

An important aspect to the redevelopment of the precinct is to introduce imageability and legibility into the urban fabric by applying the following principles:

- *Gateways*, whether literal or implied, to certain parts of the precinct should be used to acknowledge arrival or departure at a place having a collective character (or specific function and / or activity);
- *Local nodes* of activity (e.g. local parks, piazzas) should be used to create focal points to areas and where more than one such node exists in within the precinct, these should be visually related to one another in order to reinforce this sense of identity;
- *Edges* are an important aspect in the definition of the health precinct and its sub-areas;
- *Landmarks* are crucial in achieving a sense of place. This is achieved through their scale, location and / or architectural significance. Apart from making landmarks strongly identified with the health precinct, they are also vital in forming an understandable system of references across the precinct and to and from it; and
- *Axial vistas*, whether formal or subtle, are necessary to achieve a visual relationship between the landmarks and the surrounding area.

Existing natural features such as established trees are important landmark elements that must also be taken into account.

The public spaces should each have a unique character that can be established through their design, the introduction of a public art programme, and any cultural significance in terms of the historic types of health care that have taken place.

(f) Catalytic Projects

The establishment of catalytic projects to kick-start the redevelopment of the precinct is an important principle. Such projects show commitment to investment and the realisation of development plans. They form the platform to further development by showing the market, as well as development partners and institutions, that there is action. In this sense they become the springboard for further development as additional

partners join in over time, and thus directly and indirectly gears development. The HHP catalytic project is the Centre of Excellence, focused on the Esselen St Clinic.

9.1.2 Implementing the Urban Design Framework

The adjusted urban design framework is based on the urban design scoping study and comprises the following elements (see Design Frameworks attached).

(a) Cross Roads and Quadrants

To reinforce the cross roads principle the HHP is structured into four quadrants. The north-south axis of the cross is Hospital Street and the east-west link De Korte Street, with an extension through the Hillbrow Hospital site to link to Klein.

- Quadrant 1 (north-east) – Centre of Excellence. Esselen Street focus: upgraded Esselen Street into public space, the Esselen Street Clinic, the Y-Centre, support NGOs. Also includes the northern portion of the former Hillbrow Hospital complex.
- Quadrant 2 - The remaining southern portion of the former Hillbrow Hospital complex. It includes the newly refurbished Hillbrow Community Health Centre.
- Quadrant 3 (south-west) - Mixed uses consisting of education, residential, private and public medical facilities and services.
- Quadrant 4 (north-west) - Comprising the forensic chemical laboratories, the National Centres for Occupational Health and Health Laboratory Services and the Johannesburg Mortuary.

(b) The Crux and Functionality

The cross road is not viewed as divisive element, but literally and figuratively forms the 'crux' around which the identity, public image and functionality of the health precinct is formed. It is to act as a seam, providing vehicular and pedestrian access to each of the quadrants and enabling pedestrian permeability and connections between them. This 'crux' also establishes design principles that aim at improving the overall legibility and imageability of the area. It provides for the collective and cohesive unity of the HHP, while allowing each quadrant to have nuances of individual character depending on function, use and character of the particular quadrant. In this way, in subtle treatments, the viewer is presented with a legible environment that assists in orienting one in the greater whole.

(c) Public Space

The 'crux' is reinforced by two public spaces. The first is the existing park within the grounds of the National Health Laboratory services. It is proposed that this is opened for the use by the public, predominantly as a recreational facility. It is at the 'heart' of the precinct and represents the public interface of the institutional partnership that forms the precinct: national, provincial, local and university. The second public space is the proposed combination public park and public square, located at the intersections of

Hospital and Smit Streets (on the north-west corner), part of the Community Health Centre quadrant. The proposed public space is to be multi-functional, providing for:

- Structured parking: there is a dire need to accommodate vehicular parking and the ground slopes such that a single level structured parking garage with natural ventilation can be built;
- A public park on the surface of the structured parking, providing a residential recreation facility (play area, relaxation etc.) for the surrounding residential communities. This would include the idea of being an open 'waiting' room for the clinic; and
- Retail activities in the form of formalised informal trade (eating, personal services - hairdressers, fruit & vegetable sales).

The proposed public parks do not achieve the public open space axis as envisaged in the urban design scoping report. The existing institutional arrangements and proposals by the Braamfontein regeneration project currently prevent the establishment of such a focal public open space. However the above proposals reinforce the principle to structure the redevelopment of the precinct around a redeveloped, safe, secure, comfortable and functional public realm.

(d) Linkages

The four quadrants are connected by a system of public environment linkages. These linkages are in the form of pedestrian pathways, parking courts and public areas (not unlike local access lanes) that allow for both vehicular and pedestrian movement. This public environment network disaggregates each of the quadrants into smaller parcels, establishing the refined grid as envisaged in the urban design scoping report.

The public environment linkages are inserted across the site in a series of north / south and east / west connections. The primary pedestrian link is east / west from Hillbrow along Esselen Street through the north / western quadrant, through the Metropolitan Council concourse and into Braamfontein via Stiemens (the main pedestrian link in Braamfontein). The secondary east / west connection is from the Community Health Clinic, westward along De Korte and into Braamfontein.

Two north / south pedestrian links are established through quadrants 1 & 2, and 3 & 4 respectively, forging links with Constitutional Hill, Park Station and Joubert Park. This makes the Community Health Clinic accessible from all areas, and creates increased access possibilities to Constitutional Hill. Albeit that these connections are predominantly pedestrian links, some will have dual functions and be access lanes and act as parking courts. These will all require detailed design work before they can be finalised. Some existing building stock will have to be demolished to make way for these connections and create the public spaces envisaged.

9.1.3 Phases of Development

At this stage of the precinct development, it is only possible to frame up its earliest phases in detail. More detailed planning and preparatory activities identified in the business plan will be carried out, producing more specific financial, technical and

operational information. In turn, this will allow more certainty on land and property acquisition, and upgrading of the physical environment.

Phase / Activities	Timescale
Phase 0 Preparatory Activities	From Business Plan
Confirm business plan, operational roles and funding requirements	Current
Develop marketing brochure / presentation based on business plan	Current
Develop fundraising strategy and initiate fundraising activities	Current
Partners confirm opex, capex and identify funding gaps	Current
Phase One: Governance	March 05
Confirm PIA and its evolution.	By end March
Phase One: Urban Upgrade / Buildings	July – December 04
Implement Esselen St streetscape upgrade	By end September
Confirm space requirements for expended RHRU activities	By end August
Confirm space requirements of potential tenants in NGO Centre	By end September
Secure development agreement for Nurses Homes, Solomon Building and former Streetwise property	By end September
Confirm Y-Centre establishment arrangements and secure site	By end September
Initiate discussions with POMA / showcase potential properties	By end October
Support residential / social housing developments by fast-tracking planning approvals, decision turn-round times and incentive packaging	By end December
Collate property information as portfolio database	By end December
Phase One: Safe and Secure	
Initiate CID establishment	By end December
Phase Two:	January – December 05
Depending on funds availability, implement property upgrades for RHRU and NGO centre	To be determined
Depending on funds availability, implement east link through hospital site and/or public space in Quadrant 2	To be determined
Expand coverage of CID	To be determined
Property portfolio drawn up and operational	By end January
Residential developments underway	By end December
PIA operational	By end December

9.2 OUTPUTS AND OUTCOMES

9.2.1 Outputs

There is a target of 10 new permanent jobs in public sector health provision by December 2005.

Short-term jobs (primarily during construction stages) can be more accurately calculated once contract prices have been finalised.

Black Economic Empowerment and Small Medium & Micro Enterprise outputs can be calculated against contracts let. Given the JDA's affirmative procurement targets, it will be a requirement that a minimum of 50% of contract value will be given to BEE.

9.2.2 Outcomes

Projections on economic activity outcomes (property rates increase, re-use of vacant and underused buildings and business confidence) will be firmed up as Phase One and Two components are finalised.

9.3 RESOURCE REQUIREMENTS

This element relates most closely to the establishment of the SPV and its role as development coordinator for the project. Projected resource levels at this stage include:

- A dedicated, equipped project office, ideally housed on Esselen St
- A dedicated Development Coordinator, on a project-linked contract, with administrative support

These requirements will be reviewed and finalised with the organisational design of the SPV and institutional arrangements.

9.4 FINANCIAL INFORMATION

The current costs for the physical developments identified in Phase One are set out in the attached spread sheet Development Cost Estimate. This information will be supplemented with more detailed operational and capital expenditure figures as this business plan is refined in future, leading to a substantive project budget.

PHASE 1 - ESSELEN AND KING GEORGE STREETS

				<u>Quantity</u>	<u>Rate</u>	<u>Amount</u>	<u>Professional fees (12.5%)</u>	<u>JDA Contingency (10%)</u>	<u>Sundries</u>	<u>TOTALS</u>
Upgrade public open space										
Rip existing finish and pave with decorative paving			m2	4641	496	2,302,516	287,815	259,033	42,740	2,892,104
Redo public space lighting			No	17	18,428	313,268	39,158	35,243	5,815	393,484
Street furniture (benches, dustbins, signage etc.)			No	35	2,953	103,359	12,920	11,628	1,919	129,826
Landscaping (Tree including tree ring allowance)			No	17	7,678	130,528	16,316	14,684	2,423	163,951
Upgrade safety and security by means of cameras			No	6	17,719	106,313	13,289	11,960	1,973	133,535
Building upgrades										
	Storeys	Use								
Boundary wall demolitions allowance			m	200	41	8,269	1,034	930	153	10,386
Allowance for sewer, water and electrical upgrades			Item	1	118,125	118,125	14,766	13,289	2,193	148,372
Upgrade old nurses home	4	Social housing	m2	6040	4,134	24,971,625	3,121,453	2,809,308	463,536	31,365,922
Upgrade Solomon Building	2	NGO / Health	m2	3180	3,839	12,208,219	1,526,027	1,373,425	226,615	15,334,286
Upgrade building next to RHRU	1	NGO / Health	m2	264	3,839	1,013,513	126,689	114,020	18,813	1,273,035
Open space in front of buildings to be upgraded			m2	1600	496	793,800	99,225	89,303	14,735	997,062
TOTAL DEVELOPMENT COST										52,841,964

Note: All the above figures are based on current rates (July 2004) and do **NOT** include for escalation

PHASE 2 - HOSPITAL AND DE KORTE STREETS

				<u>Quantity</u>	<u>Rate</u>	<u>Amount</u>	<u>Professional fees (12.5%)</u>	<u>JDA Contingency (10%)</u>	<u>Sundries</u>	<u>TOTALS</u>
Upgrade public open space										
- Rip existing finish and pave with decorative paving		m2		10914	496	5,414,708	676,839	609,155	100,511	6,801,212
- Redo public space lighting		No		37	18,428	681,818	85,227	76,704	12,656	856,405
- Street furniture (benches, dustbins, signage etc.)		No		73	2,953	215,578	26,947	24,253	4,002	270,780
- Landscaping (Tree including tree ring allowance)		No		37	7,678	284,091	35,511	31,960	5,273	356,836
- Allowance for traffic signal upgrades @ major intersections		Item		3	590,625	1,771,875	221,484	199,336	32,890	2,225,586
- Upgrade safety and security by means of cameras		No		12	17,719	212,625	26,578	23,920	3,947	267,070
Establish East West road link through hospital area										
- Allowance for the demolition of existing buildings		Item		1	974,531	974,531	121,816	109,635	18,090	1,224,072
- Allowance for sewer, water and electrical upgrades		Item		1	118,125	118,125	14,766	13,289	2,193	148,372
- Rip existing finish and pave with decorative paving		m2		4582	496	2,273,245	284,156	255,740	42,197	2,855,337
- Redo public space lighting		No		13	18,428	239,558	29,945	26,950	4,447	300,899
- Street furniture (benches, dustbins, signage etc.)		No		27	2,953	79,734	9,967	8,970	1,480	100,151
- Landscaping (Tree including tree ring allowance)		No		13	7,678	99,816	12,477	11,229	1,853	125,375
- Allowance for traffic signal upgrades @ major intersections		Item		1	590,625	590,625	73,828	66,445	10,963	741,862
- Upgrade safety and security by means of cameras		No		4	17,719	70,875	8,859	7,973	1,316	89,023
New buildings	Storeys	Use								
- New building	3	NGO / Health	m2	8700	4,134	35,969,063	4,496,133	4,046,520	667,676	45,179,391
Development of open park area										
- Rip existing finish and pave with decorative paving		m2		2813	496	1,395,600	174,450	157,005	25,906	1,752,960
- Landscaping allowance		m2		2813	177	498,428	62,304	56,073	9,252	626,057
- One level basement parking including park on grade		m2		5625	2,185	12,292,383	1,536,548	1,382,893	228,177	15,440,001
TOTAL DEVELOPMENT COST										79,361,390

Note: All the above figures are based on current rates and do **NOT** include for escalation