



PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

Kingston Health Centre Development

*Presented to Her Excellency the Governor pursuant to the provisions of the
Public Works Committee Act 1914.*

MEMBERS OF THE COMMITTEE

Legislative Council

Mr Farrell
Mr Valentine

House of Assembly

Mrs Rylah (Chair)
Mr Llewellyn
Mr Groom

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1 INTRODUCTION

To Her Excellency Professor the Honourable Kate Warner AC, Governor in and over the State of Tasmania and its Dependencies in the Commonwealth of Australia.

MAY IT PLEASE YOUR EXCELLENCY

The Committee has investigated the following proposal:-

Kingston Health Centre Development

and now has the honour to present the Report to Your Excellency in accordance with the Public Works Committee Act 1914 (the Act).

2 BACKGROUND

- 2.1 This reference recommended the Committee approve works to construct a new Health Centre in Kingston to serve the needs of the Kingborough and Huon Valley communities.
- 2.2 The current Kingston Community Health Centre, which has served the community for 27 years, is located in a leased building in John Street, Kingston. It is expected that demand for primary, acute and continuing health care services for residents from this region will increase in the coming years. The current facility has no capacity to accommodate the additional services required by the community, now, or into the future. The current centre was not built as a Health Centre, and has no flexibility to meet those demands.
- 2.3 The new Kingston Health Centre will be located on land retained by the Crown on the former Kingston High School site. The new centre has been specifically designed to allow for future growth and expansion. The new centre is based on a modular design which will allow the facility to expand with minimal impact on service delivery and client access.
- 2.4 It is expected that following services will be provided through the new centre:
- Allied Health Services – including dietetics, podiatry, physiotherapy, occupational therapy, social and speech pathology;
 - Community Nursing services including clinic based services;
 - Child Health and Parenting Services (CHaPS);
 - Drug and Alcohol Services;
 - Adult Mental Health services;
 - Specialist Nursing Services e.g. Wound Care;
 - Southern Pathology Service; and
 - Oral Health Services – both paediatric and adult services.

2.5 The new facility will provide a range of benefits for the community, and includes:

- Providing a purpose built facility for delivering high quality health care services;
- Providing the capacity to accommodate a greater range of complex health services and number of service providers at the centre and facilities for visiting services and groups to enable the community to safely access services closer to home;
- The opportunity to offer outpatient clinics locally so that residents do not need to travel to the Royal Hobart Hospital for these services;
- New ways of coordinating care and integrating services across the primary health and acute care continuum, particularly for people with complex health conditions requiring the involvement of a number of health professionals;
- Reducing the need for admission to hospital or the required length of stay through strengthened community based services; and
- Providing an environment that promotes teaching, training and inter-professional learning for students and health providers throughout the catchment area.

3 PROJECT COSTS

3.1 Pursuant to the Message from Her Excellency the Governor-in-Council, the estimated cost of the work is \$6.5 million.

The following table details the cost estimates for the project:

Description	
Construction Costs	\$4,225,000
Construction/Design Contingency	\$400,000
Post Occupancy Allowance	\$100,000
Professional Fees and associated costs	\$415,000
Other Fees	\$40,000
The Tasmanian Government Art Site Scheme	\$80,000
ICT Infrastructure	\$250,000
Furniture and Equipment	\$400,000
Land & Title related costs	\$570,000
Unallocated funds	\$20,000
PROJECT TOTAL	\$6,500,000

The estimated construction costs have been provided by the project's Quantity Surveyor and are based on reasonable allowances for the project's location and current market conditions.

4 EVIDENCE

4.1 The Committee commenced its inquiry on Tuesday, 3 October last with an inspection of the site of the proposed works. The Committee then returned to Committee Room 2, Parliament Square building, whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:-

- Mark Ballard, Project Manager, Capital Works, Asset Management Services, Department of Health and Human Services;
- Fred Howard, Area Services Manager, Complex Chronic and Community Service Group, Tasmanian Health Service Southern Region; and
- Shane Cox, Architect, BPSM Architects.

Overview

4.2 Mr Ballard provided an overview of the proposed works:

Mr BALLARD - The purpose of the submission before the Parliamentary Standing Committee is to seek approval of the project to construct a new health centre at Kingston. This follows on from the design of similar centres initially at Clarence and Glenorchy, both of which are about four times larger than this site. In designing the new centre we have allowed for future expansion, having regard to the future needs of the communities of Kingborough and southern areas.

The construction of the new facility will be located on the former Kingston high school site, which was vacated about 2009-10. Following that, arrangements were made between the state government and the Kingborough Council for the land to be redeveloped and a master plan was commissioned by the Kingborough Council. The land is still in crown ownership pending completion of the rezoning and subdivision requirements. The Crown will retain a portion of the land upon which the new health centre at Kingston will be constructed. As part of the rezoning of the land from the high school to a special purpose zone, a special planning area has been created which has a number of design and other requirements that we have modelled our design of the new building on.

The property will be situated on a very prominent corner of what is termed a pedestrian thoroughfare, the Promenade, and a road avenue called the Boulevard. The council has intended, as part of its redesign, that the Boulevard will become one of the main thoroughfares for Kingston and will include public transport options which it will negotiate appropriate routes with Metro Tasmania.

..... The health facility, as it is presently designed, is intended to replace the existing health facility in John Street, which is nearby. That is a lease facility that no longer suits our operational needs and its design currently reflects design philosophies that were current some 20 years ago.

The new facility has been designed having regard to the Australasian Health Facility Guidelines. Extensive consultation has taken place with the relevant business unit users within the Tasmanian Health Service that will be occupying the new facility.

Building Design

4.3 The of Department of Health and Human Services (the Department) submission highlighted that the building had been designed with a “very efficient and highly

economical floor plan layout”¹, and to “to allow for the greatest possible level of flexibility and adaptability without requiring demolition of the facility.”²

4.4 Mr Ballard expanded on these points at the hearing:

... The design has undergone a series of value management reviews. Initially, the budget for the facility was set several years ago and the project has had a long gestation because of various history reasons. Prices are relatively high at the moment because of the amount of the work happening in Hobart and Tasmania in general. It is a very buoyant construction time at the moment so, like any other project, we have to compete against that.

Our pre-tender estimates, which has driven some of the design of the project, have forced us to consider some aspects of the design. One of the key features, is we have tried to duplicate the floor plan on the ground floor with that on the upper floor. This will minimise the area in which there is no single floor area using an extensive slab for that one area. The facilities, such as toilets, sit one above each other, giving economy. The design has gone through a number of reviews to get the best bang for buck with the design of the building.

We have also undergone a master planning process on the site to allow for future expansion. I draw members' attention to page 8, with the diagram. The other facilities such as Clarence and Glenorchy are probably four times as large as this, but this site has been designed to give us a lot of flexibility in future design and changes in the types of services the Department of Health and the Tasmanian Health Service may wish to deliver from this facility.

4.5 The Committee questioned the witnesses on how health service providers had been engaged in the design process to ensure the new facility would be suitable for delivering the proposed services. The witnesses noted that the design was based on Australian Health Facility Guidelines and outlined the service provider engagement and consultation process:

Mr SHELTON - *From my point of view, there has been an overall master plan and this is just filling in the gaps and the department has done a great job coming up with something that suits the needs down there. The building has a number of rooms in it, ranging in variable sizes. What consultation has taken place with the different users of these areas to make sure they are appropriately sized? Anybody can draw up a drawing and put sizes on them and so on. It is about the consultation to make sure everybody is happy with the sizes.*

Mr COX - *I will respond to that and then Fred can fill in a bit more detail. The sizing of the rooms has been based on the Australian Health Facility Guidelines that are developed by each state member of the various health departments around Australia. They have come up with ideal allocations, in terms of room size, to perform a particular function. That is the starting point in determining the room size. That also engenders the types of facilities included in the rooms, such as oral health or dental or whatever. Those room sizes are being designed as a generic standard nationally and it is generally a policy that is adapted.*

The next step we have undertaken - and that is how the design was initiated - is a review with the health consultants or health practitioners using these facilities. Fred can expand on that.

Mr HOWARD - *We have had significant consultation with those people, starting with the architects in the first instance, to get a handle on what individual services would want as far as a facility is concerned. There is a process of creating relationship bubbles to make sure services are close to the services they need. As the process has gone on, it has become more refined, even down to the point of what is in each room as far as furniture and fittings are concerned.*

¹ Department of Health and Human Services submission, page 9.

² Ibid, page 9.

With any of these projects we establish what is called a project user group and they are representatives of the individual services which would be operating out of the building and they come together on a regular basis. They meet with the consultant, with myself, who oversees the requirements of the building for the organisation as a whole.

There is a hell of a lot of planning and thought that goes into the bit of work that happens. With this centre and with Glenorchy, we have had delays. The people we started off with, the project user group, are not usually the ones who finish off a project. There is usually a lot more work as we go through because the next person who comes on board does not understand what the previous person came to.

Mr SHELTON - But the project user groups have been run past, which is the point I wanted to get to, and as far as the sizes, everybody agrees to that.

Mr HOWARD - Yes.

- 4.6 The Committee noted a range of sustainable building practices and elements that had been incorporated in the design, including energy efficiency measures and sustainable construction materials. The Committee sought further information on these elements:

Mr SHELTON - There is a quite a substantial amount of work done on reducing the energy consumption of the building. Can you highlight to the committee what has gone on in that area and what is driving it?

Mr COX - One area we have looked at is the treatment of the glass. We will incorporate double glazing as a way of reducing the effects of solar radiation through the glass in summer and to reduce the effects of heat loss during winter. The external walls and the roof will all be substantially insulated for the purposes of reducing the effect of heat loss in winter.

We have orientated the building so the entry and waiting areas get the most amount of solar access, noting that north is diagonally through the building. The orientation largely has been set up by the configuration of the road and also the town promenade; that is why it is set parallel to the town promenade. Consequently, we have tried to look at how to best zone it from the point of view of public areas that can take advantage of sunshine through the glass.

We are looking at the use of timber for construction material for internal walls, which are going to be lightweight. These are proposed to be timber stud rather than metal for the purposes of using a sustainable material. The roof trusses will also be timber, again from the point of utilising a lightweight and sustainable building material. We have tried to incorporate timber in a number of areas. This dovetails into the state government policy for the encouragement of the use of Tasmanian timber.

Other sustainable features we have incorporated are in the car park. We have incorporated drainage swales between car parking bays to run water off the asphalt areas onto those grass swales to allow for the natural absorption into the ground and also to reduce the amount of water run-off that would otherwise go into local council infrastructure.

Mr VALENTINE -With regard to insulation, you talk about insulating the roof but you are not insulating the walls?

Mr COX - Yes, all the external walls will be insulated. Internally, we are including acoustic insulation throughout most of the fit-out. Acoustic insulation also provides thermal qualities. Insulation under the slab on the ground... ..

- 4.7 The Committee questioned the witnesses on whether there had been any consideration given to installing solar-photovoltaic cells on the building roof to reduce ongoing energy costs. Mr Cox noted the capital cost of such a system, and highlighted that the focus had been on ensuring the design maximised

functionality for the health services to be provided through the facility within budget constraints:

Mr VALENTINE - ... Obviously, the building becomes more sustainable if you can capture solar energy. I am not just talking about just the glass in the front of the building. I am talking about solar PV panels, which is an opportunity on that site because of its direction. Was there some thought of incorporating that into the design?

Mr COX - No, there has not been at this point. That is largely to do with the budget aspect of the project. With the facilities we are providing internally to meet functional requirements, our budget unfortunately does not quite extend that far.

Mr VALENTINE - Over time, it would reduce the outgoings of that building if you can incorporate solar panels. I guess that is a policy decision elsewhere. I find it fascinating that we can build new buildings without them, especially when we now have glass solar collectors to put back into the grid. Why wouldn't we be investigating that? Is it hugely expensive to incorporate? It seems like you are saying it is an expensive exercise.

Mr COX - In capital outlay it is not an insignificant cost to the project. It can be retrofitted to the building. The pitch of the roof, for example, is quite low and the way we are pitching the roof it still can be set up.

4.8 The Committee noted the potential to use solar passive design to circulate captured heat into the building slab, with the aim of reducing energy consumption for heating. The Committee questioned the witnesses on whether this measure would be implemented in the building design. The witnesses indicated that it would not, as different services had different requirements for their internal environment:

Mr VALENTINE - There are methods, for instance with the solar aspect - and I am not talking about photovoltaic panels now - of being able to capture heat generated through the glass and recirculating it through the slab during winter to lift the capacity for the slab to become a heat bank. I have seen that operate. Was there any consideration of any of those ideas?

Mr COX - Not in terms of that passive heating, but that is because of the way the building will be used. The nature of the use where some of the units such as physiotherapy or the CHAPS facility require an element of privacy, there might be situations where blinds are down on the external windows which will lose opportunity to capture and take advantage of that. Passive heating works by heating a solid mass, such as concrete, slowly and it releases its warmth slowly. With the nature of this building and its operating times between 8.30 a.m. and 5.00 p.m., to take advantage of heat in the slab it is already coming to the end of the day.

Mr VALENTINE - I understand, but it keeps the ambient temperature up for the following day.

Mr BALLARD - I can add a few more points to that. The building has to suit the needs of different types of users. Mr Cox has mentioned, for instance, physiotherapy. There are also areas such as oral health. The products used in amalgams are very sensitive to temperature, so they have a specific temperature range. In another area, we are dealing with very young children who might be undergoing partial examination or whatever and therefore we want a different temperature in that environment.

It is an unusual building as different areas will have different temperature requirements. The best way to control that, rather than a slab heated at a constant temperature, is to have individual room controls, which we are doing. We have sought advice from engineering consultants on the design and energy efficiency of the building and chosen an air conditioning system which will give us both energy efficiency savings and the ability to vary the temperature in certain areas to meet the differing needs.

Medical Gases

- 4.9 The Committee noted that only dental service areas would be provided with medical gases. The Committee sought further detail on why the provision of medical gases had been confined to dental services, when other services may have a need for the use of medical gases. The witnesses noted that the need for medical gases by other services would be very low, and the use of bottled gas was preferable to reticulating gas throughout the building for such minimal usage:

Mr VALENTINE - I was just reading about medical gases on page 13. It says they are to be provided to the dentistry areas only, including dental, compressed air and dental suction. Yet this facility is going to be provided as a pre- and post-hospitalisation facility, I suppose is the best way to put it. Obviously you get cancer patients who have varying needs, and it might be that they have lung cancer and they need oxygen or whatever. I suppose it can be portable, but has there been any consideration about the need for piped gas to some of those facilities?

Mr HOWARD - Yes. We have gone through this debate several times now with the health facilities. At the end of the day, it is better for us to have bottled gas than it is to have reticulated gas. The main reason is it gives us that portability, otherwise -

Mr VALENTINE - Flexibility.

Mr HOWARD - Flexibility, otherwise we are piping gas into virtually every room. For the actual use, it is very minimal.

Mr VALENTINE - It is not high?

Mr HOWARD - Not high, no.

Building Accessibility

- 4.10 The Committee noted that the current facility had poor disability access. The Committee sought confirmation from the witnesses that the new facility would provide improved disability access that met appropriate standards:

Mr VALENTINE - On page 15, you were saying how disability access to the current buildings is not really effective because of the width of doorways and the rest of it. Can you elaborate for the record as to how you are providing for disability access on this, and the standards you are following to make sure that people understand that it has been taken into consideration?

Mr COX - The standard we are following is AS1428.1. That is the prime standard which is referenced in the National Construction Code. That is for access and mobility. We have looked at it in providing equitable access to the building. We are acutely aware of what the Discrimination Disability Act says with regards to how people with disability should be treated.

We have a level entrance at the front of the building from the town promenade and also from the boulevard. There is level access from those areas to the main entrance. The car park spaces next to the building and the car park are allocated as disabled spaces. That means a wheelchair user, for example, doesn't have far to go. We have ramp which then comes up to the side entrance from that car park. Again, we are providing opportunity for level access from the car park into the building even though it is via a ramp.

Once inside the building a lift serves the two floors. We have provided a series of access toilets on the ground floor and also on the first floor. Doorways are wider than usual. Typically the doorway's clear opening will be 910 mm, which is 60 mm wider than what the Australian standard requires as a minimum. Our corridors are fairly wide as well. We usually don't go less than 1.5 metres wide for our corridors.

Mr VALENTINE - For instance, can the toilets be opened from the outside in an emergency? If somebody is disabled and they are in a situation where they are against the door or something, it can be opened out the other way?

Mr COX - That is right. There are a couple of different methods and we do provide the doors in a format that allows them to be opened from the outside. That can either be via lift-off hinges, as you say, or a lot of them in the turn snib have a slot that allows a screwdriver or another thin instrument to be put in there to turn the latch.

Mr VALENTINE - That would be pulled up in the BCA requirements, I suppose, through the planning process. I don't know whether you have planning approval for this yet or not, have you?

Mr COX - It is in for assessment at the moment so, no, we don't have planning approval at this point. It is a requirement of the construction code that they are provided.

Mr BALLARD - There are two special rooms that provide additional access which are the physio gym and the paediatric room, and also the treatment room on the first floor in which they have a one-and-a-half leaf door. In other words, there is a full one and then a partial one and that can be opened up to give additional access to bariatric-type patients and people with even further disability access issues. We have allowed in certain areas for that as well.

Mr VALENTINE - So a stretcher access, basically, with a person either side almost.

Mr BALLARD - Yes.

Mr COX - The lift has been designed to accommodate a stretcher so they can go in the lift as well.

- 4.11 Mr Ballard also noted that access for ambulance delivery of patients had been accommodated into the building design:

Mr BALLARD - We have also allowed in the design for ambulance delivery of patients. Not an emergency ambulance but transport ambulance-type patients so they can park directly at the car park entrance and then go up the ramp. We have considered that access as well.

- 4.12 The Committee noted that increasing tourist numbers may lead to an increase in tourists travelling the state in large vehicles, in particular, recreational vehicles. The Committee sought further information from the witnesses on whether parking for these types of larger vehicles had been considered. The witnesses noted there had been no specific parking areas provided for larger vehicles, however, there were areas within the health centre carpark where these vehicles could be safely accommodated:

CHAIR - I would like to turn to the issues of parking. You mentioned there is public transport access through the boulevard, or that is what is intended and what the council was hoping for. In regard to the large vehicle spaces, it came to attention in St Helens when we were doing the hospital there about the need for RV vehicles and people with often very limited driving skills, say the wife of a tourist, where the husband has had something go wrong. Are they able to use these large access spaces? Are these large parking spaces marked on the plan available for the public? Or are they only for ambulance or breast screen vans and so on?

Mr COX - Are you talking larger than a four-wheel drive vehicle?

CHAIR - We are talking larger than four-wheel drives.

Mr COX - They have not been considered in the design. Having said that, if it was an emergency there is probably informal opportunity to have a vehicle parked where the access driveway is, particularly up towards the ambulance area. Have we specifically allowed for them? No, we have not incorporated that into the design.

Mr BALLARD - If I could add further to that, Madam Chair. There is a section of some six car parking spaces which are additional to the car parking code requirements for the Kingborough planning scheme that were specifically allowed for the occasional use of dental vans and the breast screening bus. If you are looking at the landscaping plan, they are on the right-hand side near the entry to the site. We could use those for that option. People could park their much larger vehicles in those bays and the bays will not be delineated with concrete - what do we call them, barriers? The curbing?

Mr COX - Yes, the curbing - the barriers.

Mr BALLARD - Yes. The whole thing is designed to allow very large vehicles to park there without obstruction. That is another option we have on site for those type of clients.

CHAIR - Thank you. They were the six I was thinking of and I am pleased to hear that because we know that a lot of tourists come to the state. If they have health issues they will access the closest health centre, whether they understand what is provided there or not.

Consultation

4.13 The Committee noted the public consultation undertaken for the project and sought further information from the witnesses on the feedback the Department had received:

Mr VALENTINE - With respect to page 16 - consultation in governance - you outlined the level of consultation you have had. You had public consultation through the Mercury and the council. Did you get much feedback? The feedback is not dealt with. What is the general community feeling about this centre?

Mr BALLARD - No, we did not have any representations other than the single point I have mentioned there with an adjacent land owner, a medical practitioner, who has asked for access from the rear of their property into ours. We have agreed with them that we will provide a pedestrian crossing at the point of access. That will then be integrated with our planning of the car park so that if they as a professional group have clients who wish to also visit our site, then that option is also there.

I spoke with members of the Kingborough Council and asked if there were any special interest groups and they said no, other than anyone that might come forward as a result of the development application being advertised. We have also referred the plans of the development to the group that Mr Bruce Edwards sits on, which is a consumer-

Mr HOWARD - Community reference group for the Tasmanian Health Organisation. Also, the plans and drawings of the development have been up in the health centre and anecdotally the feedback from clients has been very positive.

Mr VALENTINE - That is good. The group that you were talking about did not have any reservations?

Mr HOWARD - No, they were very happy with it.

Project Delays

4.14 The Committee noted that planning for the new Health Centre started in 2012, and understood there had been delays in proceeding with this project that were out of the control of the Department. The Department's submission noted the reason for these delays and provided a target date for completion:

Whilst planning for the new Health Centre started back in 2012 following the relocation of the Kingston High School, it was necessary for the land to undergo a master planning exercise as part of the transfer of ownership from the State Government to the Kingborough Council. The parcel of land upon

which the new Health Centre will be constructed (some 5,698m²) has been retained in Crown ownership.

While the master planning and rezoning of the land is now complete, Kingborough Council is yet to commence any infrastructure works to complete the subdivision, but this is expected to start within the next three months.

Substantial design development for the new Health Centre has now been completed and a development application has been lodged with the Kingborough Council. It is expected that the works will be tendered in December 2017, with a completion date of December 2018.³

Delays in bringing this project forward have been mostly related to the need to develop a masterplan for the former Kingston High School site and the subsequent planning changes. Kingborough Council is also responsible for the developing the site services for water, sewerage, storm water, power and communications, along with the necessary roads and other public infrastructure.

A subdivision plan has now been prepared by Council that identifies all roads and services that are required to be constructed in a staged approach. Kingborough Council have indicated that they are close to appointing a head contractor to develop the site infrastructure with works expected to commence by November 2017.⁴

This project will have a target date for completion of December 2018. This completion date is subject to Kingborough Council completing the necessary roads, paving and other infrastructure (electricity, water, sewerage and storm water) by February 2018 which will in turn provide reasonable site access for the Health Centre works to commence.⁵

- 4.15 Mr Ballard noted that the civil works required to enable contractors to access the site had not been yet been undertaken by the Kingborough Council, and that the delays in completing these works may lead to a delay in putting the project out for tender:

.....The council has advised that it is yet to complete its subdivision works, which are anticipated to commence as from about January 2018. Once these works have been completed and we have sufficient access to the site, we propose to commence the construction of the new health facility.

.....It is expected the final design will be approved by the Kingborough Council in the near future. We have lodged a development application and are resolving a few minor issues. Following that, in about six weeks' time, we should be in a position to tender for the works. That may be delayed because the surrounding roads and infrastructure required for the facility have not yet been constructed.

³ Ibid, page 2.

⁴ Ibid, page 5.

⁵ Ibid, page 7.

Does the Project Meet Identified Needs and Provide Value for Money?

4.16 In assessing any proposed public work, the Committee seeks assurance that each project is a good use of public funds and meets identified needs. The Committee therefore sought confirmation from the witnesses that the proposed works were fit for purpose and a good use of public resources:

CHAIR - *Do you believe what you have put forward to the Public Works Committee is a fit-for-purpose health centre?*

Mr COX - Yes.

Mr BALLARD - Yes.

CHAIR - *Do you believe it is value for money from the Tasmanian taxpayers' point of view?*

Mr COX - Yes.

Mr BALLARD - Yes.

5 DOCUMENTS TAKEN INTO EVIDENCE

5.1 The following documents were taken into evidence and considered by the Committee:

- Kingston Health Centre - Submission to the Parliamentary Standing Committee on Public Works, Department of Health and Human Services, September 2017.

6 CONCLUSION AND RECOMMENDATION

- 6.1 The Committee is satisfied that the need for the proposed works has been established. Once completed, the proposed works will provide a modern, purpose built facility designed to meet the current and growing demand for health services in the Kingborough and Huon Valley communities.
- 6.2 Accordingly, the Committee recommends the Kingston Health Centre Development, at an estimated cost of \$6.5 million, in accordance with the documentation submitted.

**Parliament House
Hobart
8 November 2017**

**Joan Rylah MP
Chair**

