POLOKWANE MUNICIPALITY

POLICY *REVIEW* PERTAINING TO THE PROVISION OF MEDICAL AND RELATED LAND USES WITHIN POLOKWANE'S REGIONAL MEDICAL NODE.

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Building a prosperous and caring Municipality for a better life for all

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POLICY REVIEW PERTAINING TO THE PROVISION OF MEDICAL AND RELATED LAND USES WITHIN POLOKWANE'S REGIONAL MEDICAL NODE.

1. INTRODUCTION

On 12 February 2002 the Council approved the current policy pertaining to provision of medical and related land uses.

A hierarchic approach was adopted providing a Regional Node and Community nodes as the highest order, scaling down to and local facilities on the lowest level.

Although the policy has been accepted in February 2002 the basic study was done in 2001 and the final document was drafted in October 2001 already.

Since October 2001 and the adoption of this policy the popularity of the Regional Medical Node increased and much pressure is experienced for development in the area.

Good examples of urban renewal are therefore evident in the area.

However, policy review is essential in planning in order for the municipality not only to address the development needs of the community, but also to be efficient and effective in land use management and administration of land use.

Policies and forward planning provides the guidelines for informed decision making based on best planning practice as well as recent trends in the market.

Since 2003 the municipality received many enquiries and applications to proceed with the further phasing and expansion of the Regional Medical node as now proposed in this current policy.

Therefore, in 2005 the municipality resolved to review the policy i.r.o. the Regional Medical Node.

2. PURPOSE OF DOCUMENT/REVIEW

The purpose of this policy review is therefore to investigate the recent trends in the development needs in the Regional Medical Node and advise the municipality to proceed with alternative and simpler phasing of development in the area.

The purpose is therefore only to focus on the Regional Medical Node with specific reference to the phasing as proposed. This study's purpose is not to provide a comprehensive review of all other facets of this policy, because it is believed that it suffice in order to execute effective land use administration.

3. STATUS QUO

3.1 Introduction

As pointed out, the current policy provides a hierarchic approach i.r.o. provision of medical and related land uses in the area of jurisdiction of Polokwane Municipality.

The current 2002-policy indicated that: "*The Regional node is the highest order node within this hierarchic structure."* It therefore not only provides a range of specialised facilities but also serves a much larger region and even the whole Limpopo Province.

3.2 Earmarked area and phases

The emphasis in the design concept of the current policy is to create two axles, the one being the Grobler Street -Thabo Mbeki Street axle (east-west axle) between the CBD and the Limpopo Medi Clinic (private hospital) and the other axle the Burger Street -Compensatie Street axle (north-south axle) between the private hospital and provincial hospital.

Therefore, the current long term objective of the policy was to expand the node initially westwards towards the CBD, as well as a limited expansion directly to the north and south, therefore creating an east-west axle between the existing node and the CBD.

Eventually the node will also be expanded Northwards towards the Provincial Hospital, thus creating a north-south axle between the existing provincial hospital and the medical node, and especially the private hospital and medical centre in Burger Street.

However, with the adoption of the policy the total area was not immediately made available for development, but phases were proposed.

The phases therefore included the following: (*Figure 1)*.

- Phase I: The character of the development in this area/phase should be recognized by higher order medical land uses such as hospitals, institutional uses, specialized medical centres and medical consulting rooms for specialists.

  Two steps of sub-phases were identified, namely:

  - "*Step 1 (short term – up to 2003/2004): The immediate expansion of the node westwards towards the CBD, between Grobler and Thabo Mbeki Streets up to Biccard Street, is accepted/proposed.*

    This first step/extension will include the area between Compensatie and Dorp Streets and Thabo Mbeki and Grobler Streets and the area between Dorp Street up to Biccard Street,

but only the head erven alongside and south of Grobler Street. These erven are those ones directly directly south adjacent to the street as indicated in the figure.

- *Step 2 (short to medium term – from 2003/04 to 2006/07): The municipality should only consider new development in this step/area, once Step 1 above is 80% developed and/or if the proposed development of this step is in the opinion of the municipality, necessary and desirable.*

  This step/extension will include the head erven south of Thabo Mbeki between Plein and Compensatie Streets and the head erven north of Grobler Street between Compensatie and Burger Street and some other erven on the south western corner of Grobler and Burger Streets. Thus, in a certain sense emphasizing the importance of Burger Street in the north-south axle.

- *Phase II: The character of the development in this area/phase should, as in the first phase, mainly be recognized by higher order medical land uses such as hospitals, institutional uses, specialized medical centres and medical consulting rooms for specialists. This will include the area to be part of the east-west axle. However, a part of this phase, also include areas to be part of the north-south axle.*

  - *Step 1 (medium term – up to 2006/07): The importance of the two axles is further emphasized in this step. This first step/extension will include the area between Compensatie and Biccard, but only the head erven alongside and north of Grobler Street, and also the head erven between Compensatie and Dorp Streets alongside and south of Thabo Mbeki Street, which complete the east-west axle comprising of higher order and intense uses.*

    Also included in this step/expansion is the area alongside Compensatie and Burger Streets (up to their mid blocks) between Grobler and Jorissen Streets, which contain similar uses but of less intense development, being in a more residential area in character.

  - *Step 2 (medium to long term – from 2006/07 beyond): Included in this step/expansion is the area alongside Compensatie and Burger Streets (up to their mid blocks) between Jorissen and up to Rissik Streets, which complete the north-south axle comprising of less intense development.*

- *Phase III (long term – beyond 2006/07 or until revised): Once strong nodes and development axles have been established as proposed in the 1st and 2nd phase, the development of the remainder of the area proposed for the Regional Node, should be considered as the 3rd and final phase.*

This phase/extension will include the areas between Plein Street up to the mid block with Burger Street between Grobler and Rissik Streets, the area between Biccard and Dorp Streets (up the mid block of Dorp with Compensatie Streets) between Grobler and Rissik Streets.

This phase, as well as the phases which involves the north-south axle, should mainly accommodate uses proposed for the Regional Node, but could also accommodate neighbourhood and local facilities as contemplated in this policy.

However, the development should be less intense and more focused on lower order uses, such as uses contemplated in Column 4 of Table 13, with the exception perhaps of development along Biccard and Dorp Streets.

Dorp Street is also very accessible and in a certain sense linking the Provincial hospital (community node) with the Regional node as well as other areas of the city. On the map (Figure 13) Dorp Street is indicated as Step 1 in this phase, because development in this phase should start along this route to strengthen the north-south axle.

However, this long term expansion/phase 3 should only be allowed once Phase 1 is 100% fully developed and Phase 2 is 80% developed.

The character of this area will differ from the areas mentioned in the first two phases in the sense that the residential character must be maintained as far as possible. This area should rather be a mixed land use area, consisting of residential uses, the medical and related land uses such as medical consulting rooms and institutional uses, as well as other uses currently founded there (e.g. educational, over night accommodation etc.)

In the mean while, the municipality may as part of a short to medium term objective to stimulate the ability of this policy and long term objective, consider neighbourhood and local facilities as part of special consents (clause 20 of the town planning scheme). However, in such instances/applications the residential character must be maintained at all instances and the amenities and character of the area, should in the opinion of the municipality, not be prejudiced. (Note: Clause 21 Written consents is in any case applicable throughout the area).

This area will therefore serve as transitional zone for those medical and related uses which are, at this stage, not necessary and desirable to locate in the 1st and 2nd Phase areas of this node, but will in the long term contribute to enforcing the viability of this Regional node."

3.3 Status of land uses and zonings

The status of the current land uses and the land use rights (zonings) relevant for purposes of this study are indicated in *Figures 1* and *2* attached hereto and reflected in *Tables 1* to *3* below.

TABLE 1: STATUS QUO OF LAND USES IN PHASE I: STEP 1 (2002 POLICY)

No.	Property description	Zoning/ permitted use	Land use status	Area (m²)	
				Erf	Available for dev.
1	Re/710	"Special"	Medical related ★	952	0
2	2/710	"Special"	Medical related ★	952	0
3	1/710	"Special"	Medical related ★	952	0
4	3/5738	"Special"	Medical consulting rooms	1190	0
5	2/5738	"Res. 1"	Dwelling unit	1190	1190
6	1/5738	"Res. 1"	Dwelling unit	1190	1190
7	Re/5738	"Res. 1"	Dwelling unit	2141	2141
8	1/684	"Res. 1"	Dwelling unit	2854	2854
9	Re/684	"Res. 1"	Church	2855	0
10	1/685	"Res. 1"	Dwelling unit	1428	1428
11	2/685	"Res. 3"	Dwelling unit	1428	1428
12	Re/685	"Special"	Restaurant & dwelling units (flats)	2855	0
13	Re/712	"Res. 3"	Dwelling units (flats)	2855	0
14	2/712	"Special"	Medical consulting rooms	1439	0
15	1/712	"Res. 3"	Dwelling units (flats)	1416	0
16	Re/711	"Res. 3"	Residential use	2855	2855
17	1/711	"Special" & "Res. 1"	Medical consulting rooms & dwelling unit	2855	1428
18	4/710	"Res. 1"	Dwelling unit	1010	1010
19	6/710	"Res. 1"	Medical consulting rooms ⊗	1846	0
20	4/656	"Institution"	Medical consulting rooms	3878	0
21	5/656	"Res. 1"	Educational ⊗	1832	0
22	Re/629	"Special"	Vacant	2855	2855
23	1/629	"Res. 1"	Educational ⊗	2855	0
24	602	"Res. 3"	Residential use	5710	0
25	575	"Res. 1"	Residential use	5710	0
25	**TOTAL:**	**-**	**-**	**57103**	**18379**
				100%	**32%**

Note: ★ = Under construction ⊗ = Illegal use or consent use granted

TABLE 2: STATUS QUO OF LAND USES IN PHASE 1: STEP 2 (2002 POLICY)

No.	Property description	Zoning/ permitted use	Land use status	Area (m²)	
				Erf	Available for dev.
1	2/733	"Special"	Residential use	1903	0
2	3/733	"Res. 1"	Dwelling unit	938	938
3	1/733	"Res. 1"	Medical consulting rooms ⊗	956	0
4	Re/733	"Res. 1"	Dwelling unit	1903	1903
5	Re/754	"Res. 1"	Dwelling unit	2724	2724
6	1/754	"Res. 1"	Dwelling unit	2986	2986
7	2/778	"Res. 1"	Dwelling unit	1053	1053
8	3/778	"Res. 1"	Medical consulting rooms ⊗	901	0
9	Re/778	"Res. 1"	Medical consulting rooms ⊗	901	0
10	Re/777	"Res. 1"	Medical consulting rooms ⊗	1012	0
11	3/777	"Res. 1"	Dwelling unit	891	891
12	1/778	"Res. 1"	Dwelling unit	1428	1428
13	4/778	"Res. 1"	Dwelling unit	1427	1427
14	Re/809	"Res. 2."	Dwelling units	1428	0
15	2/809	"Res. 1"	Dwelling unit	1427	1427
16	1/809	"Res. 1."	Dwelling unit	2855	2855
17	Re/782	"Res. 3"	Dwelling units (flats)	3807	0
18	1/782	"Res. 3"	Dwelling units (flats)	1903	0
18	**TOTAL**	**-**	**-**	**30442**	**17633**
				100%	**57,9%**

Note: ★ = Under construction ⊗ = Illegal use or consent use granted

TABLE 3: STATUS QUO OF LAND USES IN PHASE II: STEP 1 (2002 POLICY)

No.	Property description	Zoning/ Permitted use	Land use status	Area (m²)	
				Erf	Available for dev.
1	1/776	"Res. 1"	Dwelling unit	1527	1527
2	2/776	"Res. 1"	Dwelling unit	1090	1090
3	1/777	"Res. 1"	Medical consulting rooms ⊗	1903	0
4	2/777	"Educa-tional"	Medical consulting rooms	1903	0
5	4/752	"Res. 1"	Dwelling unit	2855	2855
6	Re/752	"Res. 1"	Pre-school	2855	0
7	Re/753	"Res. 1"	Medical related	2855	0
8	1/753	"Res. 2"	Residential use	2855	0
9	Re/732	"Res. 2"	Residential use	2855	0
10	1/732	"Res. 1"	Medical consulting rooms	2855	0
11	2/731	"Res. 1"	Dwelling unit	1190	1190
12	3/731	"Res. 1"	Medical consulting rooms ⊗	668	0
13	1/731	"Res. 1"	Dwelling unit	996	996
14	Re/731	"Res. 1"	Dwelling unit	2855	2855
15	707	"Res. 2"	Dwelling units (flats)	5710	0
16	3/708	"Res. 1"	Dwelling unit	1389	1389
17	1/708	"Res. 1"	Dwelling unit	1466	1466

18	2/708	"Res. 1"	Dwelling unit	1428	1428
19	2/708	"Res. 1"	Dwelling unit	1428	1428
20	Re/4/708	"Res. 1"	Dwelling unit	670	670
21	7863	"Res. 2"	Dwelling units (flats)	3509	0
22	Re/709	"Special"	Filling station	2999	0
23	1/682	"Res. 1"	Dwelling unit	2855	2855
24	Re/682	"Res. 1"	Dwelling unit	1009	1009
25	3/682	"Res. 1"	Dwelling unit	894	894
26	2/655	"Res. 1"	Dwelling unit	1249	1249
27	Re/655	"Res. 1"	Dwelling unit	1249	1249
28	1/655	"Res. 1"	Dwelling unit	3211	3211
29	1/628	"Res. 1"	Medical consulting rooms ⊗	2855	0
30	Re628	"Res. 1"	Dwelling unit	1428	1428
31	601	"Res. 1."	Church/Parking	2055	0
32	Ptn. 5699	"Res. 1"	Church	N/a	0
32	**TOTAL:**	**-**	**-**	**64666**	**28789**
				100%	**44,5%**

Note: ★ = Under construction ⊗ = Illegal use or consent use granted

The tables above indicate that only 32% or 18 379m² of the total erf area of 57 103m² of land in Phase 1 Step 1 of the 2002 policy, is still potentially available for development into medical and related uses.

In Step 2 of Phase 1, which could actually be considered as the second phase to be developed, 57,9% or 17 633m² of the total area of 30 442m² is available for development.

In the following phase, an area of 28 789m² (44,5%) of the total area of 64 666m² is available for development.

3.4 Estimated development potential

As indicated in paragraph 3.3 above, Table 4 below reflects the development potential calculated i.r.o. the gross leasible floor area (GLFA) of the different phases under discussion.

TABLE 4: DEVELOPMENT POTENTIAL & ESTIMATED GROSS LEASIBALE FLOOR AREA (GLFA) PER PHASE (2002 POLICY)

Phases (from Tables 1,2 & 3)	**Erf area potentially available**	**Potential GLFA @ 0,8 FAR**	**Realistic GLFA**
Phase 1, Step 1	18 379m²	14 703m²	9 100m²
Phase 1, Step 2	17 633m²	14 106m²	8 800m²
Phase 2, Step 1	28 789m²	23 031m²	14 300m²
TOTAL	**64 801m²**	**51 840m²**	**32 200m²**

In Phase 1, Step 1 of which only 32% (18 379m²) of land remains to be developed, represents a potential for development of 14 703m² GLFA calculated at a FAR of 0,8. However considering the development trends and practical

issues related to parking requirements etc. it is estimated that only 9100m² GLFA would be a more realistic scenario in this instance.

All phases discussed in paragraph 3.3 above comprises 152 211m² of erf area, which includes all erven in the blocks. However, a large percentage is occupied by other uses and/or may never be developed into medical or related uses.

It is estimated that 60 179m² of land may be potentially available for development in the phases discussed above. This only represents 42,6% of the total area.

Furthermore, the 64 801m² only represents the land available and not the potential development related to floor area. Therefore, at a FAR of 0,8 it is estimated that 51 840m² GLFA could be developed in t all of the phases discussed above. However, with parking requirements and the trend that only existing dwelling units are normally converted, the potential GLFA should be much lower and estimated to be 32 200m² GLFA.

FIGURE 1 (See docs # 320575)

FIGURE 2 (See docs # 320564)

4. ANALYSIS & TRENDS

4.1 Development potential - Limitations and opportunities

The following facts/criteria provide opportunities and constraints of growth into certain directions of the medical node.

Those criteria are *inter alia* the following:

- Land available for development;
- Location and distance i.r.o. core node (private hospital) and provincial hospital;
- Character of the area;
- One-way street system and important routes.

(i) Land available for development

Although certain phases occur within the policy, current land use and physical development which occur on such property, are not likely to develop into medical or related land uses. Examples of such uses are churches, schools, apartment buildings (flats), overnights accommodation, filling station etc. These properties should therefore be excluded from calculations to determine the development potential.

Again *Figures 1* and *2* as well as paragraph 3.3 and 3.4 gives an indication of the current situation.

Table 4 in paragraph 3.4 above provided a proper summary of development potential of property in some phases of the current earmarked node. The focus is only placed on 3 phases, namely Phase 1 Steps 1 and 2 and Phase 2, Step 1.

It should be realized that certain land would not become available for development, for instance where a church is located on the property. Development in the near future on such property is limited or may even be impossible.

It is clear form the above information that Phase 1 Step 1 is already 68% developed and only 18 379m² (32%) of land or 14 300m² GLFA is potentially available for development of medical or related uses.

However in Phase 1 Step 2 a percentage of almost 17 633m² (58%) of land or 14 106m² GLFA is potentially available for development into medical or related land uses.

In total 28 809m² GLFA for medical and related uses may realize in Phase 1.

The potential for development in Phase 2 Step 1 is estimated at 23 031m² GLFA.

It should be kept in mind that these figures represent a FAR of 0,8 which is in some instances difficult to obtain if parking requirements etc. are considered.

In conclusion it is evident that development potential in all phases are limited to 64 801m² of land which represents only 42,5% of all land in all of the phases discussed in this study

It is further evident that Phase 1 Step 1 is almost saturated and that development could now progress to the next phase.

However, due to limited potential for development in the following phases, a more proper phasing and division thereof should be considered. This implies the realignment of phases.

Finally, it is clear that the north-south axle (Burger Street) provide more opportunity for development of medical and related uses than the east-west axle along Grobler Street.

(ii) Location and distance i.r.o. core node (private hospital) and provincial hospital

A fact which always plays an important role on location criteria, is relative traveling distance and physical distance from land uses which interacts with each other.

If concentric circles are drawn from the core node of private hospitals, which reflects in a simple manner relative traveling distance, it is clear that certain phases are more likely to develop than other, purely based on relative location from the core. *Figure 3* illustrated this point in detail. The concentric circles are overlies the current phases to illustrate the point more clearly.

In this instance, because the private hospital (or core node area) seems to be the anchor land use, all other medical or related uses are either directly or indirectly dependent from the hospital. Naturally, they will attempt to locate as relatively close to the core node as possible. It is therefore clear from *Figure 3* that i.r.o. concentric zones and relative closeness to the core node, some phases will have a natural growth potential and are more likely to develop than others

Furthermore, it may purely be because of agglomeration benefits, convenience and esthetical attraction for other similar uses to locate close to the core node.

It is therefore concluded that an attempt should be made to reconcile the phases of development along the identified axles with the concentric circle zones or relative location i.r.o the core node (private hospital).

(iii) Character of the area

The character along Thabo Mbeki and Grobler Streets are less suitable for residential use or accommodation of families directly adjacent these streets, than the erven located along Burger, Compensatie, Dorp and Plein Streets.

This is mainly due to high traffic volumes along the Thabo Mbeki–Grobler one-way pair of streets which contributes towards high noise levels, uncomfortable access etc.

Thus, it can be argued that the character of property along these streets are prejudiced and therefore alternative land use rights (medical) should rather be allowed here than to infiltrate into residential areas located along Burger, Compensatie Plein Streets etc.

On the other hand, in certain circumstances, the same argument may be submitted i.r.o. certain medical related uses – namely that patients needs a calm and peaceful environment. Examples of such use are hospitals, nursing homes, maternity after care centers etc. These uses are already found in residential areas and especially along streets such as Burger Street. Hospital nowadays also tends to be developed in quiet residential area.

In conclusion it can be submitted that although this facts cut to both sides of the argument, it can in general terms be argued that it is more suitable to promote development along the busy one-way pair of Thabo Mbeki and Grobler Streets, than to allow it within the residential area along Burger and Compensatie Streets.

(iv) One-way street system and important routes.

The Thabo Mbeki-Grobler Street one-way pair of streets will remain an important factor in the development of the Regional Medical Node, linking the CBD with this node. It is referred to as the east-west axle. Considering aspects pertaining to the residential character, more prominence could be given to development along this axle, especially Grobler Street, which reflects the direction of the growth northwards towards the Provincial hospital, rather than to utilize Thabo Mbeki Street which may create the impression that extension southwards is encouraged.

It was also indicated in other parts of this report and earlier studies that it is also envisaged that the Regional Medical Node be linked with the Provincial Hospital which is identified as a Community Node. Therefore, previously the Burger Street and Compensatie Streets were identified as the north-south axle due to certain criteria.

However, it is recommended that this specific axle should be reviewed based on:

- Market response that Burger Street which indicates more interest in this area for medical and related uses;
- Limited accessibility of Compensatie Street - access is limited from the private hospital to the Provincial hospital via this street;
- Plein and Dorp Streets are more accessible and can provide a better link between the provincial and private hospital. Dorp Street also provides access from Louis Trichardt and Plein Street on its turn can provide a link with facilities in Potgieter Avenue, e.g. Blood Transfusion Centre.

Conclusion: Apart from Grobler Street which links the regional Node with the CBD, Burger Street should be recognized as the major link route between the two nodes, linking the private hospital (core of Regional node) with the Provincial hospital (Community Node)

Plein and Compensatie Streets should also be recognised as secondary link routes.

Also see *Figure 4.*

FIGURE 3 (See docs #320600)

FIGURE 4 (See docs # 321406)

4.2 Development needs & direction of growth

When the current 2002 policy was compiled in 2001, it was accepted at that stage that the Grobler Street-Thabo Mbeki Street axle will grow faster and therefore this was included in the development scenario over the short to medium term, i.e Phase 2, Step 1.

Furthermore, the block between Grobler, Thabo Mbeki, Compensatie and Dorp Streets (Phase 1, Step 1) experience positive growth at this point and good examples of urban renewal occur in this block.

However, it is evident that the desired direction of growth and interest to develop is rather in a northern direction along Burger Street, than westwards along Grobler Street. The north-south axle therefore seems to have much more potential for growth based on market forces than the east-west axle.

Thus the current Phase 1 Step 2 and the north-eastern area included in Phase 2, Step 1, i.e. directly adjacent to Burger and Compensatie Streets, seems to be elected naturally as the most popular area for development.

The concept for development of the Regional Node was eventually (long term) to create a strong axle between the two hospitals. This longer term vision now seems to have more momentum based on the needs expressed by developers and could therefore be utilized to the benefit of the policy objectives.

It is therefore concluded that development for the short to medium term should now be focused along the north-south axle of the policy and especially along Burger Street.

4.3 Conclusion – the overlapping criteria

In overlapping all of the above arguments, criteria and analysis, a final product will reflect the following as clearly illustrated in *Figure 5* attached hereto, namely:

- Phase 1 Step 1 as reflected in the current policy, is almost 70% developed;
- Progress to Phase 1 step 2 could therefore be justified at this point already;
- Phase 1 step 2 also reflects limited potential for development with only 58% of land which could potentially be developed;
- Limited opportunity for development exists in Phase 2 Step 1 with only 44,5% of land available for development for medical and related uses. It is therefore practical to include parts of Phase 2 now already.

In the light of:

- Development potential of land in certain phases;
- Relative location and distance from core area of node;
- Character of the area;

- Access routes; and
- Market indicators,

it is concluded/recommended that:

- ⇨ The current phases along the identified axles should be reconciled with concentric circle zones which reflects a relative location i.r.o the core node (private hospital);
- ⇨ Although it is more suitable to promote development along the busy one-way pair of Thabo Mbeki and Grobler Streets, than to allow it within the residential area, Burger Street should be recognized as the major link between the private hospital (core are) and provincial hospital;
- ⇨ Compensatie and Plein Streets are also recognised as routes of secondary importance which improve access to this node, especially from elsewhere in the city and should therefore be recognized in the long term strategy for development;
- ⇨ Development for the short to medium term should however be focused along the north-south axle of the policy;
- ⇨ For the longer term market trends and reaction should be monitored to determine future phasing.

FIGURE 5 (See docs# 320630)

5. PROPOSALS

Firstly, any of the proposals below and i.r.o. the Regional node, should be read together with the 2002 policy document titled "*Short study and policy pertaining to the provision of medical and related land uses within the jurisdiction area of Polokwane Municipality; October 2001*" and be seen as an amendment of the relevant portions only.

In the light of the preceding paragraphs the following is proposed as reflected in the map entitled "*Polokwane's Regional Node for Medical and Related Uses"* (see *Figure 6)* i.r.o. the Regional Node and phasing of development in the area as discussed below.

5.1 Earmarked area(s) and phasing of development

(i) Development Scenario and earmarked node

The development approach towards the development and expansion of the Regional Medical Node is based on the concept that development is focused on two primary axles or corridors, being:

- The east-west axles along Grobler Street – linking the CBD and other areas with the medical node;
- The north-south axle along Burger Street as the primary link – linking the core area of the node (private hospital) with the Community Node (Provincial hospital);

Furthermore, other secondary link routes are acknowledged as important linkages for future strategies and phasing of development in the area. Compensatie and Plein Street improve access to this node and should therefore be recognized in the long term strategy for development.

The concept for development is also placed on is relative traveling distance and physical distance of medical and related land uses which interacts with each other.

Therefore imaginary concentric circles from the core area of the node represent the relative likelihood for location of other and dependent uses. Certain areas are therefore more likely to develop than others based on access and relative traveling distance (including walking distance). However, it is integrated with the axles (corridors) and properly aligned with the phases. The different phases therefore already represent these concentric circles concept.

The last principle, which is followed, is to ensure than the residential character be maintained as far as possible, at least for the interim period where many dwelling units still occur in the earmarked area. Focus is therefore firstly placed on development along certain higher order routes where the character of the residential area is already prejudiced by traffic noise etc. Secondly, in contrast

with previous approaches of the municipality, mid-blocks are used as boundaries of phases and the earmarked area, rather than the streets itself. Also for this reason, location of other land uses (e.g. schools) were used for boundaries.

The development of the Regional Node over the long term is therefore proposed as follows:

(ii) The Core Area & Phase 1 [Currently (2005/06) – short term (3 years)]

The *core area* basically comprises the current private hospital and other uses located in the block, as well as the adjacent block located to the west of the former. The core area is thus bordered by: Thabo Mbeki, Grobler, Plein and Compensatie Streets with Burger Street as the main axle.

This area is basically developed to its capacity.

Phase 1 as indicated in *Figure 6* consist of the area bordered by Thabo Mbeki Street (south), certain erven to the north of Jorissen Street as the northern border, erven along Plein Street as eastern border and the western border include erven along Grobler Street up to Voortrekker Street and erven along Compensatie Street.

The phase corresponds significantly with the previous phase.

The intention of development in this area is to strengthen development in the core area and the Grobler and Burger Streets as main axles.

It is finally accepted that development in Phase 2 may commence once this phase is between 70% - 80% developed.

(iii) Phase 2 [Short term (3 years) – medium term (5-7 years)]

This phase focuses on the strengthening of the Burger Street axle as well as the Plein Street link towards the proposed Pietersburg Extension 46 (Potgieter Ave.). Development is therefore aligned alongside these two axles.

Phase 2 as indicated in *Figure 6* therefore consist of an area north of Jorissen Street.

This phase must strengthen the growth towards the Provincial hospital and can accommodate uses which not only depend on the private hospital, but also on the provincial hospital and other medical and related facilities in this node (e.g. Potgieter Ave.) due to its favourable access from Hospitaal Street.

It is finally accepted that development in Phase 3 may commence once this phase is between 70% - 80% developed.

(iv) Phase 3 [Medium term (5-7years)]

Phase 3 is seen as the final extension and phase to conclude the regional node.

Plein Street should receive most attention in order to link with medical uses in Potgieter Avenue.

This phase should be regarded as the "infill phase" and phase during which period the review of this policy and phasing should commence.

(v) Future Phase/s [beyond 7 years]

Future long term phases are not earmarked in this proposal.

The intention is to review this policy after 5 to 7 years and then determine future long term extension, should it be necessary.

5.2 Nature of development in different phases

(i) Core area and Phase 1.

The character of the development in the core area, Phase 1 and Phase 2 should mainly be recognized by higher order medical land uses such as hospitals, institutional uses, specialized medical centres and medical consulting rooms for specialists.

These facilities is expected to locate on the main is east-west (Grobler Street) and north-south (Burger Street) axles. This is the area which is highly accessible.

The type of uses will therefore rather include facilities/uses mentioned under "Regional Node" as mentioned in the principal policy document. (Refer to Column 4 of Table 13 of policy document titled: "*Short study and policy pertaining to the provision of medical and related land uses within the jurisdiction area of Polokwane Municipality; October 2001*".)

(ii) Phases 2 and 3

Development in this phase should be less intense and more focused on lower order uses, such as consulting rooms for GP's, pathologists, blood services, etc. these uses should be less dependant on a very high accessibility.

The type of uses will therefore rather include facilities/uses mentioned under "Community Nodes" as well as "Neighbourhood facilities" as mentioned in the principal policy document. (Refer to Column 4 of Table 13 of policy document titled: "*Short study and policy pertaining to the provision of medical and related land uses within the jurisdiction area of Polokwane Municipality; October 2001*".)

The character of this area will differ from the areas mentioned in the previous phases in the sense that the residential character must be maintained as far as possible. This area should rather be a mixed land use area, consisting of residential uses, the medical and related land uses such as medical consulting rooms and other institutional uses such as nursing homes, as well as other non-medical uses currently founded there (e.g. educational, over night accommodation etc.)

5.3 Exclusions

The phasing of development was accepted in the principal policy document and part pertaining to the Regional Node, which mainly involved rezonings in the said phases. This was seen as the higher order uses and more formal development.

However, the document made an exception, namely that: "*In the mean while, the municipality may as part of a short to medium term objective to stimulate the ability of this policy and long term objective, consider neighbourhood and local facilities as part of special consents (clause 20 of the town planning scheme). However, in such instances/applications the residential character must be maintained at all instances and the amenities and character of the area, should in the opinion of the municipality, not be prejudiced. (Note: Clause 21 Written consents is in any case applicable throughout the area)."*

In this revised policy i.r.o. the Regional Node and phases no exception is made for Special Consents i.t.o. clause 20 of the Pietersburg/Seshego Town Plannig Scheme, 1999 and they will be evaluated on the same merits and considering the same phasing as in the instance of any rezoning.

6. MONITORING AND IMPLEMENTATION

The intention is to review this policy after 5 to 7 years.

However constant monitoring is necessary in order to ensure proper land use management through policy guidance.

The Land Use Management Committee and relevant Business Unit of the municipality responsible for land use management should advise Council in good time when further review becomes necessary.

FIGURE 6 (See docs #321306)