



## 6. HOSPITAL HILL URBAN DEVELOPMENT FRAMEWORK

From the evaluation of literature, it is proposed that an integrated Open Place System be implemented at the Hospital Hill. Such a system could assist in alleviating the three identified problems; illegibility, under-utilised space and lack of circulation control.

### 6.1 Problem – a need for restorative open place

The principles proposed by Thwaites and Simkins (2007) for experiential landscapes will be used as baseline against which the continuity of the spatial experience of the network will be assessed. As a second layer, the system will draw from the principles of restorative benefit identified by Thwaites et al., (2007) for implementation in locational spaces, which will predominantly be used by defined users within the system. The first two layers will aim to improve the experience of the user by improving circulation, reclaiming under-utilised space and improving legibility. Careful arrangement of different spaces within this system could lead to a third layer of significance. In this layer the individual, within his/her own frame of reference, could find the opportunity to translate pleasurable experience into contemplation and even place-making. Such activities could lead to actualisation of the individual within the place.

### 6.2 Vision and objectives

Vision: To strengthen the identity of the Hospital Hill Precinct as a land use area dedicated to health and education. The relationship between the physical, bio-physical and socio-cultural environments

should result in an environment that is responsive to user needs in a social, environmental and economically sustainable way.

#### Objectives:

- Defining all entrances into the Precinct.
- Imposing a hierarchy of locational, directional and transitional spaces that will guide circulation and improve accessibility.
- Improving the circulation and reclaiming under-utilised space to increase the overall legibility.
- Creating a language for the area through co-ordinated branding, street furniture and material use. This will improve legibility and install stewardship.
- Improving circulation of pedestrians and cyclists by providing dedicated areas of movement
- Upgrading existing taxi ranks and providing an intermodal taxi node
- Encouraging mixed use developments, with intensified nodal development in identified areas.
- Establishing an area which can act as transition between the 'urban character'

of the Hospital Hill and the 'cultivated character' of the Zoo Precinct, by incorporating the Apies River into the open space framework (Apies River DF, Holm et al., 1999).

- Improving maintenance to gain a well-kept, nurtured and overall healthier appearance for the health institutions.
- Conserving of historic buildings.
- Emphasising vistas into adjacent land use areas.

### 6.3 Existing frameworks

Some of the existing frameworks which were consulted to compile objectives for the Hospital Hill Precinct include:

- Tshwane Integrated Development Plan
- Pretoria Inner City Integrated Spatial Development Framework
- Tshwane Regional Spatial Development Framework: Central Western Region
- Apies River Development Framework, 1999
- Tshwane City Strategy 2004
- Tshwane Integrated Environmental Plan



### 6.4 Proposed solutions

The combination of experiential landscape principles and restorative benefit will be incorporated into a spatial framework. The framework will consist of a network of locational, directional and transitional spaces, as described by Thwaites et al. (2007), which aims to ameliorate circulation problems and re-claim lost space. These interventions should lead to improved legibility.

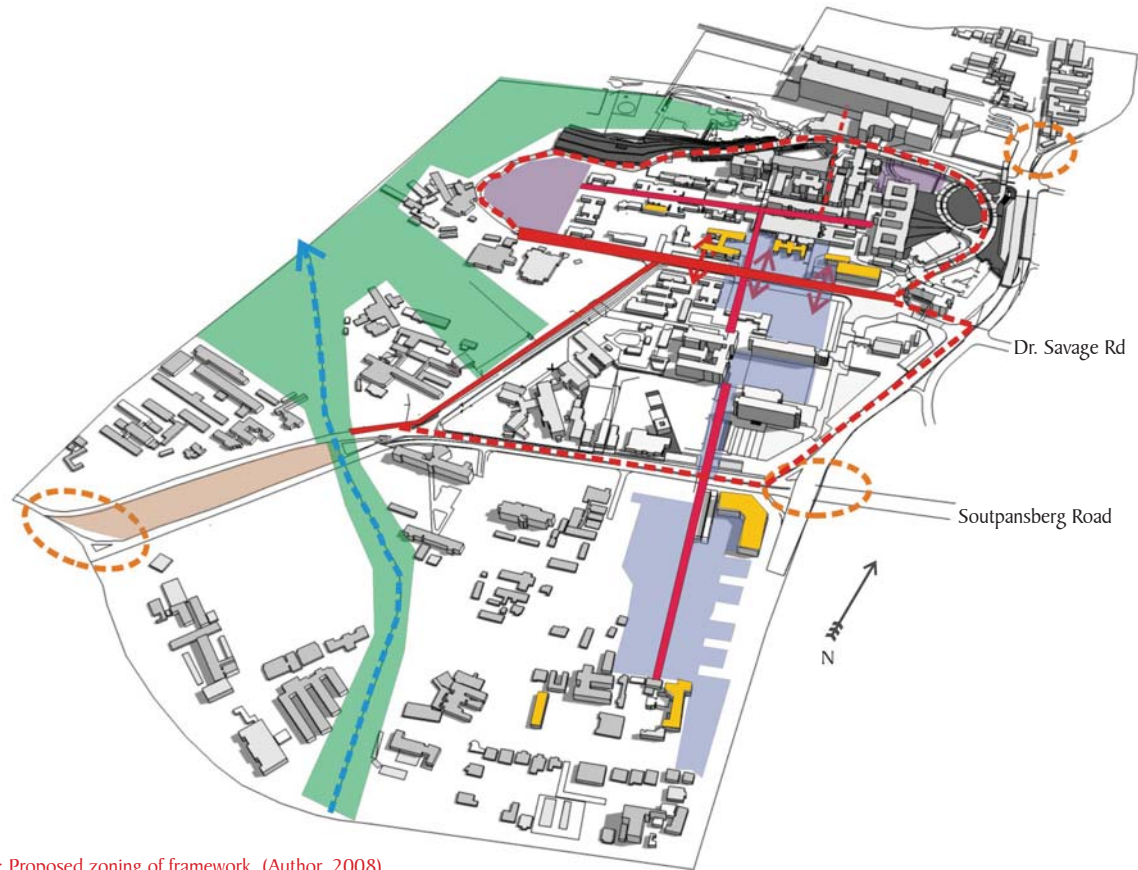
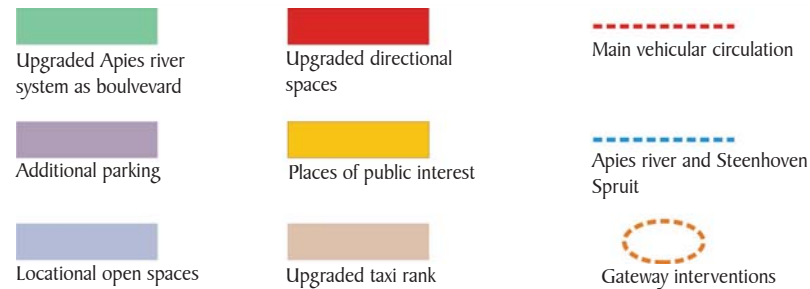


Fig. 6.1: Proposed zoning of framework. (Author, 2008)



### 6.4.1 Circulation control

The primary roads, like Dr. Savage Road, cater only for vehicular movement. A well-defined and accessible system for pedestrians and cyclists is necessary. In the transitional spaces, where modal transport interchanges occur and at the entrances of large government buildings (for example the T.R.H. and P.A.H main entrances), drastic measures are required to address the interface between vehicles and pedestrians.

Various access levels occur in the Precinct, ranging from areas with free access (public spaces and public roads), to areas where access is controlled, or restricted to students and staff. Such control measures are necessary to distinguish through (pedestrian) traffic, from actual users of the institutions. However, provision should be made for required inter-institutional movement, specifically between the T.R.H, the U.P and the educational facilities which are located in close proximity. Inter-institutional movement can be accommodated by cross-boundary, shared open spaces. Such spaces will not be accessible to the public, but will improve movement and usage at an inter-institutional level.

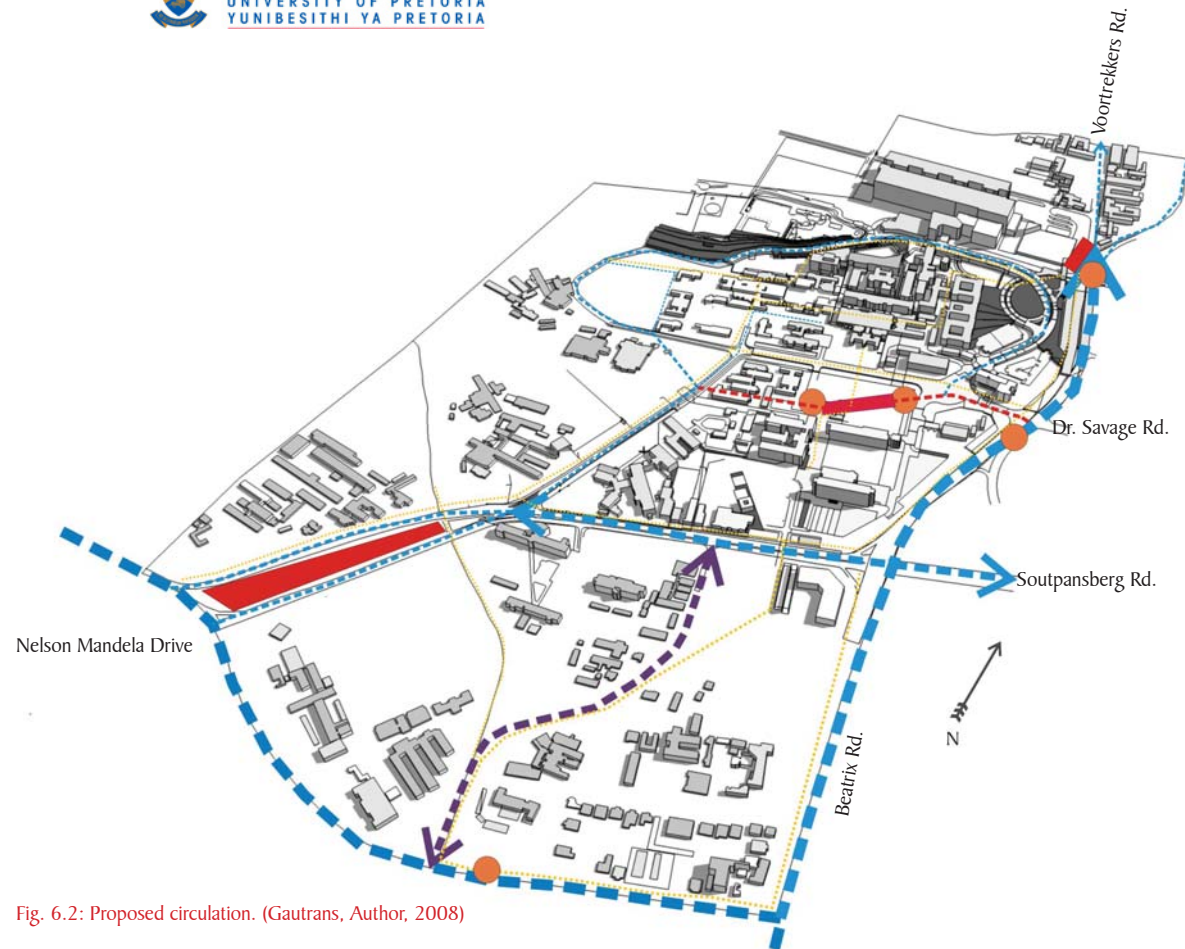
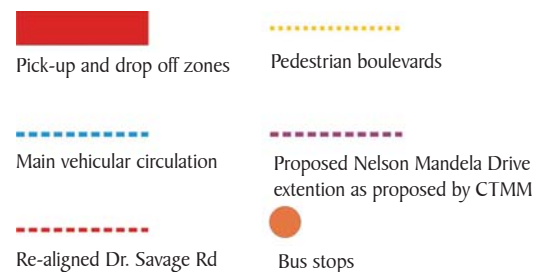


Fig. 6.2: Proposed circulation. (Gautrans, Author, 2008)



### 6.4.2 Legibility

Entrances into the Precinct should be designed as recognizable gateways that portrays and strengthen the character of the Hospital Hill. Exploiting views and vistas in combination with landmarks along defined pathways and edges, will help the user with orientation. The branding and design language of the area is of primary importance in defining character. Signage, street furniture, waiting areas, light fittings and walkways should form part of a custom-designed palette, which is recognizable as being part of the Hospital Hill Precinct. In combination, these factors will improve the imageability of the Hospital Hill.

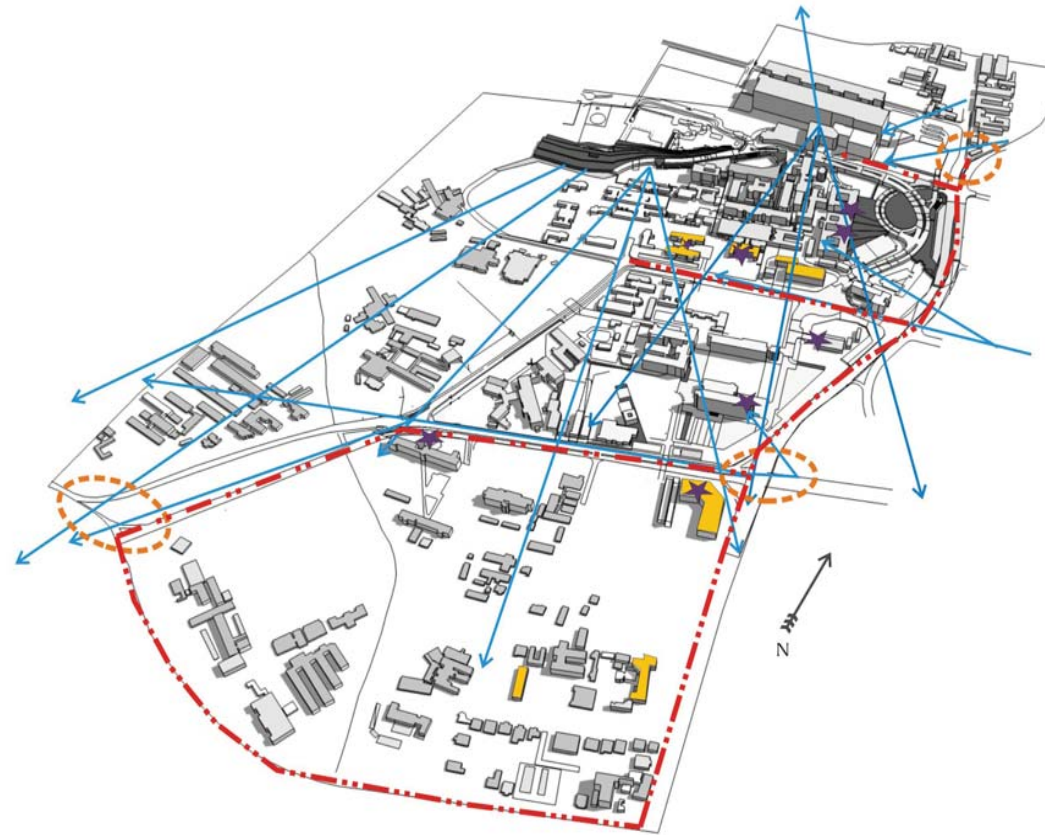
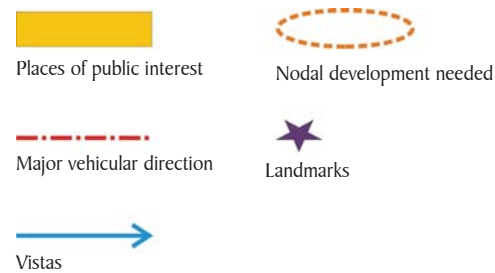


Fig. 6.3: Legibility. (Author, 2008)



### 6.4.3 Space reclamation

Vacant, weed-invaded stands of land are common in the Precinct. To improve the imageability of the Hospital Hill Precinct, these spaces should be upgraded and re-claimed. Upgraded spaces should be adjacent to corridors of movement or in-between the edges of buildings where it will provide a variety of options for reclamation of under-utilised space. These options include space for new buildings, more parking, modal transport interchanges, corridors of movement, public open spaces and dedicated semi-private spaces.

Throughout the Precinct there is a need for investment. Investment will attract more people and create more investment opportunities. These interventions should also be used to define the street edges. Commercial or mixed use should be introduced on the main gateway intersection of Soutpansberg Rd with Beatrix Rd, and at the intersection of the Nelson Mandela Road extension with Soutpansberg Road. A community centre and upgrade of the modal transport interchange next to the Steenhovenspruit in Prinsloo Road, will improve the character of the gateway into the area, and install a sense of place for the commuters who frequent the area.

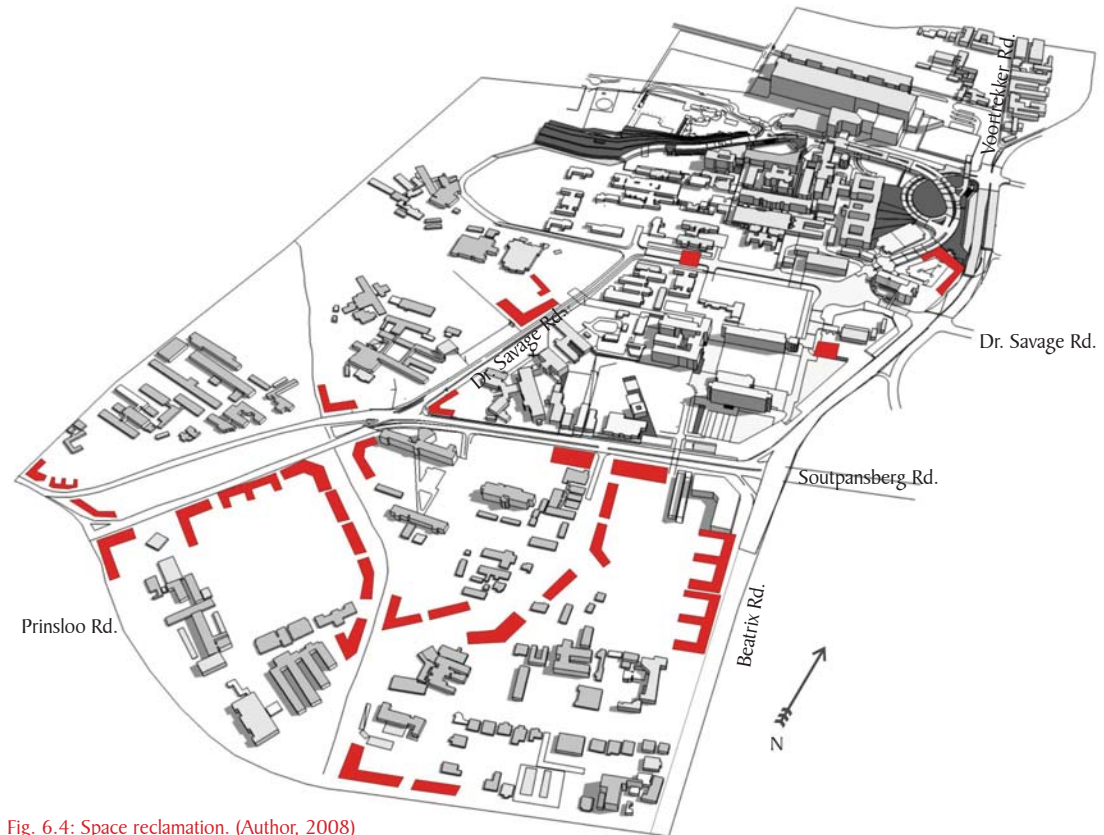


Fig. 6.4: Space reclamation. (Author, 2008)

 Proposed buildings



#### 6.4.4 A restorative open space system

The users of the area have different requirements, but there is a need for restorative spaces that benefit public health. This network will consist of a hierarchy of locational, directional and transitional open spaces. Although most spaces cater for specific functions, they should always be designed in such a way that multi-use and flexibility can be achieved. The spaces vary in level of scale from large public open spaces, to very small contained spaces, to address the various needs.

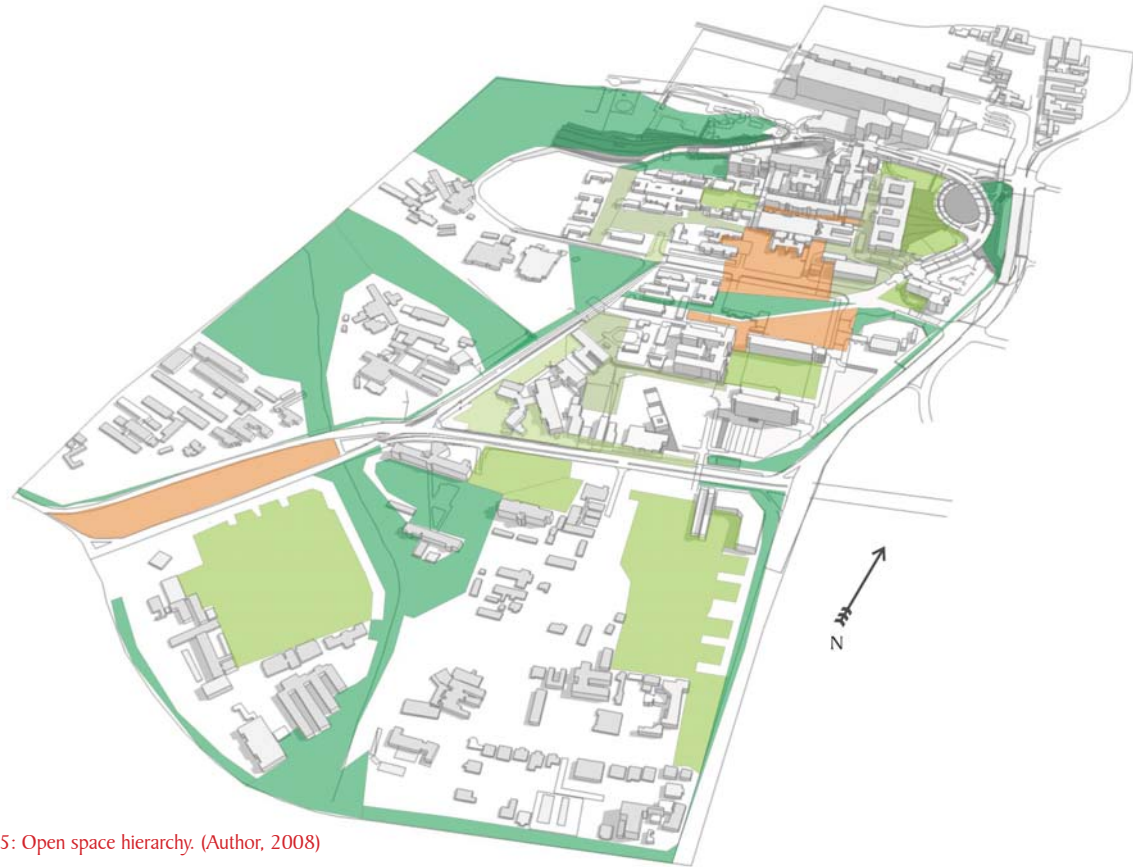
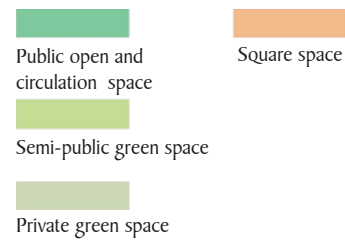


Fig. 6.5: Open space hierarchy. (Author, 2008)





### 6.4.5 The composite framework

The proposed framework for the Hospital Hill attempts the following:

- Defining all entrances into the Hospital Hill.
- Vehicular circulation proposals include to extend Nelson Mandela Road and re-align Dr. Savage Road.
- Improving pedestrian circulation through the introduction of boulevards (directional spaces). To apply co-ordinated branding of street furniture.
- Creating transitional spaces, for example the identified pick-up and drop-off areas to accommodate the needs of the users.
- Reclaiming space through the introduction of new activities, and
- through the development of dedicated open spaces.
- These spaces will serve as the connection between new and existing activities; and will result in an open space framework. Incorporating the principles of public health (Chapter 4) will lead to the development of a restorative open space system.

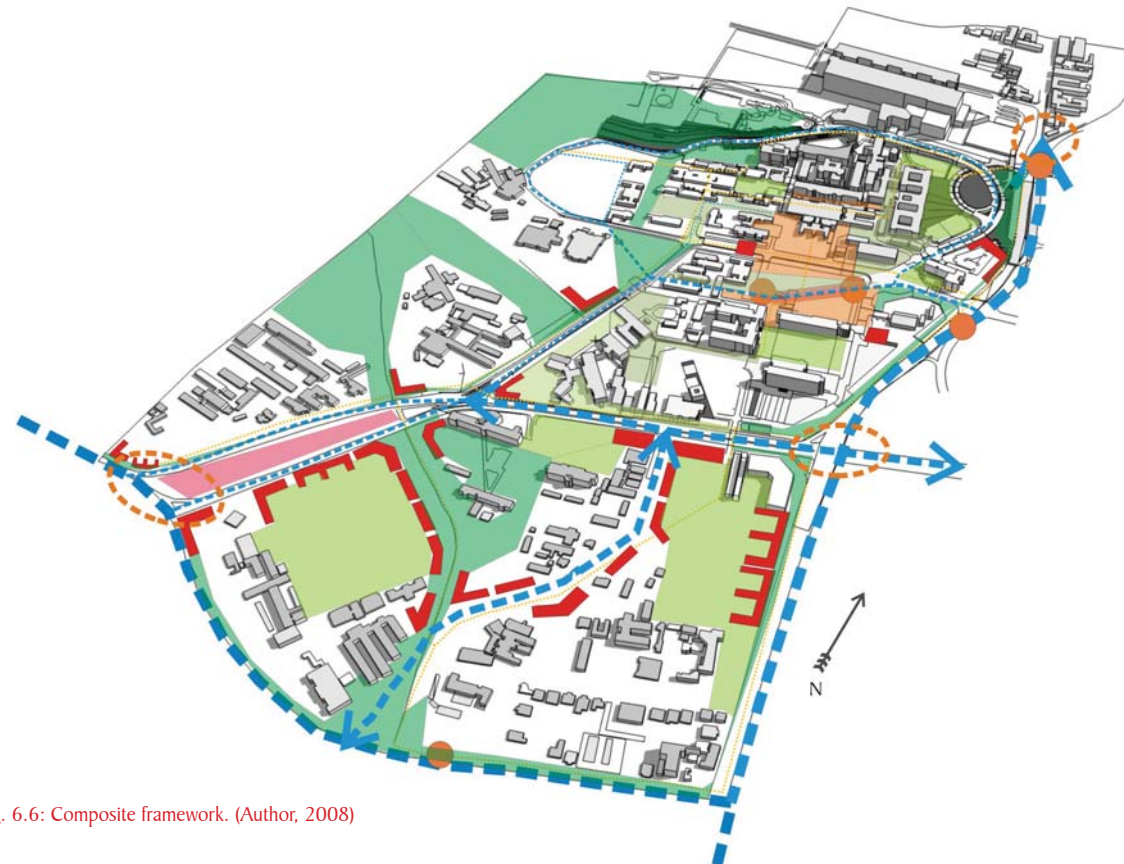
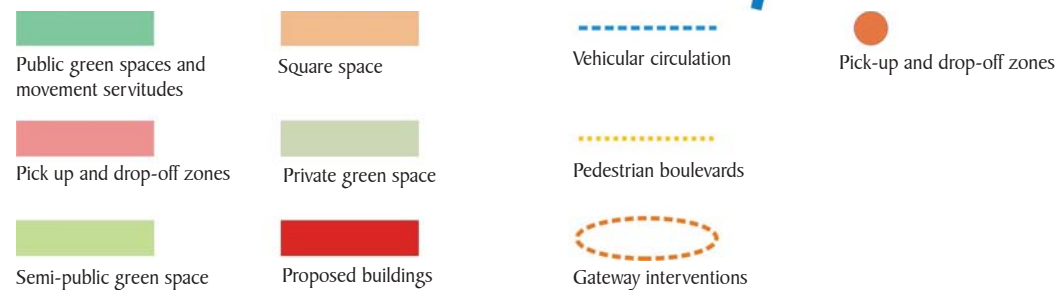


Fig. 6.6: Composite framework. (Author, 2008)



### 6.4.6 Phasing

An intervention of this scale cannot happen overnight. Four phases are proposed:

Phase 1: Defining gateway character and introducing capital investment in the form of new development.

Phase 2: Defining and improving the movement corridors and parking.

Phase 3: Upgrading the transitional areas by providing more parking, upgrading transport interchanges and defining public spaces in front of institutional buildings.

Phase 4: Improving inter-institutional movement by providing locational restorative spaces for the benefit of public health.



Fig. 6.7: Proposed phasing. (Author, 2008)

