

Complex spatial intervention: Balancing the need to increase access to healthcare within the dynamics of a densely populated inner city location

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In November 2016, then-Gauteng MEC for health Qedani Mahlangu announced plans to reopen the Hillbrow Hospital as a 300-bed district hospital to serve the inner city and relieve pressure on Charlotte Maxeke Hospital. This proposal is a reversal of policy decisions taken back in 1997, which precipitated the closure of the Hillbrow Hospital, previously the Johannesburg Hospital, in 1997. This was a consequence of changes in national health hospital policy at that time and the decision to transition some hospitals to community care centres.

The Hillbrow Hospital sits within the broader Hillbrow Health Precinct, which spans 2,5 square kilometres from Smit Street in the south to Queens Road in the north; from Jan Smuts Avenue in the west to Claim Street in the east. The precinct falls partly within the Johannesburg Inner City and within the West Rand Region of the Gauteng Department of Health's administrative system.

Although this plan responds to a genuine need for more inner-city hospital beds in general, and a district hospital in particular (to reduce non-specialist demands on Charlotte Maxeke Hospital), the proposal has a number of significant complexities. These include the challenges of managing a hospital in Hillbrow; the urban management, transport, and parking demands; the traffic challenges for ambulances and traffic implications of a significant staff and patient population; the need for security; and the heritage status of the hospital buildings (built in 1939).

The plan represents a significant opportunity to invest in an area that is considered a priority by the City of Johannesburg. However, it also presents a particular challenge as it requires cooperation between provincial and city government departments. While the provision of district health services is a provincial function and mandate, the City of Johannesburg is responsible for managing most of the urban challenges that the hospital would create. Potentially conflicting intergovernmental and political priorities and processes could limit the level of cooperation.

The Hillbrow Health precinct has a rich history with a number of stakeholders having impact and influence in the precinct. The precinct houses a number of world-class health facilities including

- Hillbrow Community Health Centre is a Gauteng Department of Health facility
- Esselen Street Clinic is a City of Johannesburg health facility that serves as an important HIV/AIDS and reproductive health research and training facility for Wits University's Reproductive Health Research Unit / RHRU
- National Health Laboratory Services
- National Council for Occupational Health
- Johannesburg Medical-Legal Centre
- National Blood Transfusion Services

From the perspective of the Gauteng provincial government the decision to re-open the Hillbrow hospital may be seen as a means to provide public healthcare in an area of need and thereby reduce the impact on provincial health facilities in the surrounding area. It can be seen as an important part of the overall Hillbrow Health Precinct and it enhances the success of the overall health ecosystem that has been created in the precinct.

However this decision may also be considered from the perspective of a multitude of stakeholders who experience the negative spatial impacts. While it may offer a possible solution for inner city healthcare, it has wider and more systemic impacts on roads and spatial planning and reconstruction to give effect to this change. It also has an impact on public transport and non-motorised transport services. Managing

accessibility to a 300-bed hospital in a densely populated inner city location in an area that is already densely populated has multiple implications.

For example:

- The historical legacy of poor planning over 100 years has resulted in ad hoc building in the area without proper planning around travel demand density analysis, as well as social and environmental impacts.
- The positive and negative impact of increased traffic (vehicular and people) on the neighbouring businesses and homes.
- A significant number of historic buildings are located in the precinct, which create a challenge for physical reconstruction.

In addition, there is a complex interplay between the City of Johannesburg, the provincial and national departments of health, Wits University, the surrounding business community, the neighboring communities and the overall health and economic ecosystem of Hillbrow and the Johannesburg CBD.

The Department of Health has provided the following timeline for the implementation of the project:

- Planning - February 2017;
- Tender advert and award - May 2017;
- Site establishment and construction - August 2017 to June 2019; and
- Commissioning and handover - July 2019 to November 2019.

The case focuses on an inner-city district-level hospital to highlight the challenges of providing provincial health services in the face of issues such as a community with low-disposable incomes and infrastructure management constraints. It looks at how to balance priorities and the interdependent interests of the national, provincial and local departments of health in a complex urban ecosystem.

It also looks at the competing priorities and competencies of health, transport, housing social development and environmental affairs. In doing so, it provides us with the opportunity to look at how can we enhance intergovernmental engagement and the ability for government to engage with multiple stakeholders. It also allows us to look at planning from a system thinking perspective and to view this within the lens of local, provincial and national government.

How can this balance be achieved between the genuine but conflicting priorities of providing healthcare in densely populated inner city areas, whilst being mindful of the associated impact on other sectors? Within this context, what can be done to improve enhance intergovernmental engagement, to get multiple stakeholders to work more closely together and to collaboratively take decisions that recognize the systemic nature of the impacts?

Question: Why is this a 'wicked problem' and how can it be better understood and better addressed in the context of South African cities of the future ?