

KEW MUNICIPAL LIBRARY



K00884596



**SOCIAL
DEVELOPMENT
COMMITTEE**

Inquiry into the Future Use of Willsmere Hospital

November 1985

PARLIAMENT OF VICTORIA

SOCIAL DEVELOPMENT COMMITTEE

REFERENCE ONLY
NOT FOR LOAN

REPORT

upon the

INQUIRY INTO THE FUTURE USE OF

WILLSMERE HOSPITAL

CITY OF BOROONDARA
LIBRARY SERVICE

Ordered to be printed

LH 725.52 KEW
Victoria. Parliament. Social Development
Inquiry into the future use of Willsmere
AN:00884596 BN:214217

No. 42

KEW MUNICIPAL LIBRARY



K00884596



MEMBERSHIP

The Honourable J.L. Dixon, M.L.C. (Chairperson) *
The Honourable R.I. Knowles, M.L.C. (Deputy Chairman) *
Mr. G.K. Ernst, M.P.
The Honourable R.M. Hallam, M.L.C.
Mrs. C.D. Hirsh, M.P. *
Mr. E.J. Micallef, M.P. *
Mrs. M.E. Ray, M.P. *
Mr. J.I. Richardson, M.P.
Ms P.A. Sibree, M.P. *
Dr. G.M. Vaughan, M.P.
Mr. T.W. Wallace, M.P.
Mr. M.T. Williams, M.P. *

* Denotes Inquiry Sub-committee members

Research Staff

Dr. D.E. Stewart, Director of Research
Mr. A.P. Ball
Mr. M.F. Martin
Mrs. C.L. Hopkins
Ms H.W. The

Administration

Mr. H.J. Jennings, Secretary
Mrs. L. Fonseca
Mrs. J. Marshall (until 16 August 1985)
Mrs. L. Shepherd

Opposite: Willsmere Hospital, front view, 1985

RECOMMENDATIONS

The Committee recommends:

1. That since Willsmere Hospital is not suitable for its present use, it should not continue to be used as a psychiatric and psychogeriatric facility.
2. That the building should not be used for any human service provision in the future.
3. That various planning provisions and considerations which would operate to affect the future use of, or scope of alteration to, the building, must in no way interfere or have any effect on Recommendations 1 and 2.
4. That the State Government, not the Department of Health, Victoria must be responsible for the future use or sale of Willsmere's buildings and site.
5. That any proposals for the future provision of psychiatric and psychogeriatric services must not in any way be dependent on the future use of Willsmere.
6. That the planning process outlined by the Ministry for Planning and Environment regarding the future use of Willsmere Hospital and site commence forthwith.
7. That the planning process recommended in Recommendation 6 include the participation of the Historic Buildings Council from the outset.

8. That the Historic Building Council's requirements must not have any relationship to, or effect upon, a decision to decommission Willsmere Hospital as a psychiatric and psychogeriatric facility.
9. That in view of the reasons set out in 7.4 the option of refurbishing Willsmere Hospital to make it suitable for ongoing use as a psychiatric facility must be rejected.
10. That, on the basis of comparative cost and effective service delivery, the option of refurbishment and/or redevelopment of Willsmere as a central psychiatric facility be rejected.
11. That the Department of Health, Victoria must accept that there are higher social benefits in commissioning and developing other types of community based services.
12. That there should be a more equitable distribution of resources throughout the metropolitan area.
13. That the long-term strategy plan of the Department of Health, Victoria must address any continuing imbalance in the location and delivery of services.
14. That the proposal to construct a new 250-bed hospital consisting of 25-bedded purpose-built psychogeriatric units must be rejected.
15. That the future alternative use(s) of Willsmere's buildings and site must be the responsibility of either the Ministry for Planning and Environment or the State Government, or both.

16. That the implementation of any Department of Health plans concerning the development of alternative psychogeriatric services should in no way be dependent upon, or have a direct relationship with, decision(s) on the future alternative use of Willsmere's buildings and site.
17. That Willsmere Hospital be decommissioned as a psychiatric facility as of 31 December, 1986.
18. That admissions to Willsmere Hospital cease immediately.
19. That the decommissioning process of Willsmere Hospital commence immediately.
20. That the strategy for decommissioning Willsmere Hospital (see Appendix G) suggested by the Department of Health, Victoria, form the basis for discussion and consultation with interested parties.
21. That the Minister for Health convene an advisory working party to oversee the decommissioning of Willsmere Hospital.
22. That the Willsmere Hospital decommissioning advisory working party be chaired by a nominee of the Minister for Health and comprise representatives of:
 - . Department of Health
 - . Willsmere Hospital Executive
 - . Hospital Employees' Federation (Victoria) No. 2 Branch
 - . State Employed Psychiatrists Association
 - . Victorian Public Service Association (Willsmere Branch)
 - . Patients
 - . Recipient hospitals

23. That the Minister for Health determine an effective procedure or mechanism, including consideration of a further reference to this Committee, to ensure the accountability of the decommissioning advisory working party responsible for the decommissioning of Willsmere Hospital.
24. That the Willsmere Hospital decommissioning advisory working party must also be involved in the commissioning of alternative services.
25. That during the period of decommissioning, Willsmere Hospital be appropriately resourced in such a way that the quality of patient care is maintained.
26. That the relocation of staff and resources from Willsmere Hospital be carried out in conjunction with the decommissioning process, bearing in mind the importance of staff expertise and staff morale in this sensitive area.
27. That a psychogeriatric planning group be set up by the Minister for Health, as a matter of urgency.
28. That such a planning group examine psychogeriatric service delivery in Victoria, and formulate a strategic plan for psychogeriatric services in accordance with patient needs.
29. That the strategic plan for psychogeriatric services be formulated within 12 months of the setting up of the psychogeriatric planning group.
30. That, once formulated, the strategic plan be implemented as a matter of urgency.

31. That membership of such a planning group include:
 - representatives of relevant voluntary organisations;
 - representatives of relevant specialist professional bodies;
 - representatives of the Department of Health, Victoria;
 - representatives of industrial organisations; and
 - an independent academic psychogeriatrician.
32. That such a planning group take into consideration in its deliberations:
 - the development of a comprehensive and flexible psychogeriatric service;
 - the integration of psychogeriatric services with general health services and other caring and support services;
 - the distribution of services including accessibility; and
 - the recommendations of the Report of the Working Party on Extended Care of Aged or Disabled Persons, which are relevant to psychogeriatric services.
33. That the Minister establish an effective procedure or mechanism to ensure the accountability of those responsible for the implementation of the strategic plan.
34. That the Minister raise the issue of the ambulant/non-ambulant nursing home subsidy anomaly at the next Health Minister's Conference.

Functions of the Committee

CHAIRPERSON'S PREFACE

This report concludes one of the most formidable investigations that the Social Development Committee has had to undertake. For decades the future of Willsmere Hospital has proven an intractable problem for health authorities. Over the same period the public and the press have urged action. At the centre of all discussions has been the welfare of the patients.

The Committee received its terms of reference on 6 August, 1985 and was instructed to report to Parliament before 28 November, 1985. In this period the Committee has followed its usual procedure of allowing maximum consultation and public participation. Such a procedure involved an arduous exercise which has included public hearings and visits of inspection both to Willsmere Hospital and to other centres around Victoria.

Besides the pressures of time and commitment to three other concurrent inquiries, the Committee has striven to take into account the views and perspectives of all interested parties. The task has been challenging and members of the Committee have felt their responsibilities keenly.

As part of that responsibility, the Committee has made a number of recommendations on issues that, it may be argued, fall outside the terms of reference. The Committee feels, however, that they are essential recommendations and that the Committee would be failing in its statutory functions and collective responsibility were it not to go further than the terms of reference imply. The Committee has indicated its willingness to be involved further in related issues.

In tabling this unanimously adopted report I would like to express my appreciation on behalf of the Committee to the many individuals and organisations who assisted the Committee in its inquiry. The co-operation received has been quite outstanding. In a complex and emotionally charged investigation the submissions and evidence received have been of great assistance to the Committee.

The Committee is also indebted to its Consultants on this project, J.L. Sach and Associates Pty. Ltd., who worked under stringent deadlines to produce informed reports of great sensitivity, yet admirable objectivity and independence.

I would like to express my personal thanks to the investigating Sub-committee for their dedication and industry. The Committee is tabling its third report in three weeks, and such a record reveals the enormous amount of work members have undertaken. Without the goodwill and co-operation of members of all Parties there would be no Report.

The production of this report also owes much to the diligence and enthusiasm of the staff, in particular, Dr. Donald Stewart, Director of Research. He has accomplished the difficult task of integrating a wide range of complex facts and opinions, while at the same time being extended by the Committee's other inquiries. Throughout this heavy undertaking he has maintained the highest professional standards, and the Committee is most grateful for his conscientiousness and dedication. In the investigation and research for this inquiry the Committee has been ably assisted by its Research Officer, Ms Heng The, whose hard work, enthusiasm and detailed preparation have been a major contribution to the Report.

The Committee is also indebted to its administrative and secretarial staff without whom this report could not have been completed. On behalf of the Committee I would like to pay a special tribute to the contribution of Mrs. Lux Fonseca, for her fast and accurate work, concentration on the task and cheerful willingness to work long hours when needed. The Committee has also been well served by Mrs. Janet Marshall and Mrs. Linda Shepherd who have worked diligently on Committee papers and drafts.

I would like to pay tribute to the team of Hansard reporters with whose skill and assistance many pages of evidence were recorded and transcribed. Their task is laborious and largely thankless, but again, without them there would be no report.

JUDITH L. DIXON, M.L.C.
Chairperson

TERMS OF REFERENCE

The Social Development Committee received a reference from the Governor in Council dated 6 August 1985:

To consider, make recommendations and make a final report to the Parliament before 28 November 1985 on whether Willsmere Hospital should continue to be used to provide psychiatric services in the future, having regard to:

- (a) the suitability of Willsmere Hospital to its present use;
- (b) any planning provisions or considerations which would affect the future use of, or scope of alterations to, the building;
- (c) any requirements of the Historic Buildings Council;
- (d) the financial implications of the fire safety and refurbishing works necessary to make Willsmere suitable for ongoing use as a psychiatric facility;
- (e) the comparative costs of other types of services;
- (f) the geographical spread of psychiatric services throughout the metropolitan area;
- (g) alternative uses for Willsmere such as purpose built psychogeriatric units.

COMMENT ON THE TERMS OF REFERENCE

In the course of the inquiry, some comments have been directed at the scope of the terms of reference as provided by the Governor in Council.

Parties to the inquiry welcome the opportunity to comment on the future use of Willsmere, and acknowledge the need for a definitive decision and its immediate implementation. However, some submissions view the terms of reference as being too narrow, and argue that the inquiry should extend beyond the question of Willsmere's future use. They consider the inquiry as an opportunity to impinge on the wider issues of the provision and delivery of psychogeriatric services in the region, if not the metropolitan area and the State as a whole. Similarly, the debate surrounding the relationship and the need for integration between psychogeriatric services and other services, namely general psychiatry services, other geriatric services, and mainstream medical services, is raised by many as relevant.

It is in the context of the need for a wider study that the Association of Mental Health Social Workers questions the wording of term of reference (a) which refers to the suitability of Willsmere to its present use.¹ The Association suggests that the term of reference poses the wrong question as it thereby implies that the hospital's present functions are appropriate.

The Committee accepts that any decision of the inquiry which involves alteration to the current delivery pattern of services provided by Willsmere must be made in the context of overall planning for the provision of psychogeriatric services in general. However, it is not the task of this Committee to undertake such a wider study. Furthermore, the existing delivery system and its deficiencies have been the subject of several major reports, each of which have made recommendations directed towards

1. Submission of the Association of Mental Health Social Workers, 25 September 1985, p.5

upgrading the nature and level of care in keeping with modern psychiatric practices (McLeay Report, 1982 ²; Social Welfare Commission, 1975 ³; Consultative Council for Senior Citizens, Victoria, 1983 ⁴).

The Committee is aware that such recommendations have not as yet been translated into a comprehensive plan for the delivery of mental health services in Victoria. However, the Committee is firm in its belief that the lack of an overall planning strategy in the wider context must not be used as a reason to defer any longer a decision on the future of Willsmere Hospital, thereby perpetuating the prevailing atmosphere of uncertainty.

2. Report from the House of Representatives Standing Committee, *In a Home or at Home*, (McLeay Report), 1982
3. Social Welfare Commission, *Care of the Aged*, Australian Government, August 1975
4. Consultative Council for Senior Citizens, *Summary of Deficiencies in Psychogeriatric Services in Victoria*, submitted to the Minister for Health, May 1985, (included in the submission of the Victorian Council on the Ageing)

TABLE OF CONTENTS

Membership of Committee	(iii)
Recommendations	(v)
Functions of the Committee	(xi)
Chairperson's preface	(xiii)
Terms of reference	(xv)
Comment on the terms of reference	(xvii)
Table of contents	(xix)
List of tables	(xxiii)
List of plates	(xxiii)
List of figures	(xxiii)
CHAPTER 1 HISTORY OF WILLSMERE HOSPITAL	1
CHAPTER 2 BACKGROUND TO THE INQUIRY	7
2.1 Background	7
2.2 Current Reduction Strategy	7
2.3 Strategic plan for mental health services	8
2.4 Events leading to the Inquiry	8
2.5 Request for submissions	9
2.6 Public hearings	9
2.7 Visits to Willsmere Hospital and other related facilities	9
CHAPTER 3 CURRENT OPERATIONS OF WILLSMERE HOSPITAL	11
3.1 Psychogeriatric services	11
3.2 Acute psychiatric services	11
3.3 Surgical and medical services	11
3.4 Bed allocation	12
3.5 Day patients	13
3.6 Education services	13
3.7 Support services to external facilities	13
3.8 Staffing	14
3.9 Union membership	14
3.10 Budget	14
3.11 Conclusion	15
CHAPTER 4 SUITABILITY OF WILLSMERE HOSPITAL TO ITS PRESENT USE	17
4.1 Accessibility	17
4.2 Physical setting	19
4.3 Buildings	19
4.3.1 Scale	20
4.3.2 Functional Design	20
4.3.3 Condition of the building fabric and fittings	23
4.3.4 Safety	25
4.3.5 Occupational Health and Safety	31
4.3.6 Facilities	33
4.4 Conclusion	36
4.5 Recommendations	37

CHAPTER 5	PLANNING PROVISIONS OR CONSIDERATIONS	39	CHAPTER 9	DISTRIBUTION OF PSYCHIATRIC SERVICES	73
5.1	Planning Provisions	39	9.1	The mental health care system in Victoria	73
5.1.1	Melbourne Metropolitan Planning Scheme	39	9.2	Regional system	74
5.1.2	Yarra River Concept Plan	39	9.3	Distribution of population	74
5.1.3	Metropolitan planning policy	40	9.4	Distribution of mental health facilities	76
5.1.4	Other planning considerations	40	9.5	Distribution of beds	76
5.2	Legal constraints	40	9.6	Ratio of beds to population	78
5.3	Architectural and historical considerations	41	9.7	Comments on geographic distribution	79
5.4	Requirements of the Metropolitan Fire Brigades Board	42	9.8	Conclusion	81
5.5	Victorian Building Regulations	42	9.9	Recommendations	81
5.6	Process of considering proposals for the future use(s) of Willsmere	42	CHAPTER 10	ALTERNATIVE USES FOR WILLSMERE SUCH AS PURPOSE BUILT PSYCHOGERIATRIC UNITS	83
5.7	Conclusion	43	10.1	Construction of purpose built psychogeriatric units	83
5.8	Recommendations	43	10.2	Other alternative uses of Willsmere	84
CHAPTER 6	REQUIREMENTS OF THE HISTORIC BUILDINGS COUNCIL	45	10.3	Conclusion	85
6.1	The Historic Buildings Register	45	10.4	Recommendations	86
6.2	Significance of the buildings	45	CHAPTER 11	DECOMMISSIONING AND FURTHER ISSUES	87
6.3	Implications of the listing	46	11.1	Introduction	87
6.4	Funding psychogeriatric services from the sale of the site	48	11.2	Decommissioning	87
6.5	Conclusion	50	11.2.1	Impact on patients	87
6.6	Recommendations	51	11.2.2	Impact on staff	88
CHAPTER 7	FINANCIAL IMPLICATIONS OF FIRE SAFETY AND REFURBISHING WORKS	53	11.2.3	The decommissioning strategy	90
7.1	Costs of refurbishment and fire safety measures	53	11.2.4	Short term relocation of services	90
7.2	Implications of the cost of refurbishment	57	11.2.5	Conclusion	91
7.3	Response to refurbishment option	58	11.3	Recommendations	92
7.3.1	High cost	58	11.4	Long term plan for psychogeriatric services in Victoria	93
7.3.2	Comparative costs	59	11.4.1	Mental Health Care System in Victoria	94
7.3.3	Unsuitability of the building	61	11.4.2	Psychogeriatric services in Victoria	101
7.3.4	Restrictions on building alterations	62	11.4.3	Conclusion	110
7.3.5	Perpetuation of the existing service delivery system	62	11.5	Recommendations	111
7.3.6	Loss of bed capacity	63	Extract from the Minutes of the Proceedings of the Legislative Council	113	
7.4	Conclusion	63	Extract from the Votes and Proceedings of the Legislative Assembly	113	
7.5	Recommendation	64	APPENDICES		
CHAPTER 8	COMPARATIVE COSTS OF OTHER TYPES OF SERVICES	65	A	List of submissions	115
8.1	Principles underlying a comprehensive delivery system	65	B	Public hearings and witnesses	119
8.2	Components of a comprehensive delivery system	66	C	List of visits	123
8.3	Comparative costs of other services	68	D	Report of the Occupational Health and Safety Division, Department of Employment and Industrial Affairs	127
8.4	Cost-benefit analysis	69	E	Process for considering proposals for the future use(s) of Willsmere Hospital as set out by the Ministry for Planning and Environment	141
8.5	Conclusion	70	F	Report of the Historic Buildings Council on Willsmere Hospital	149
8.6	Recommendations	71	G	Possible strategy for decommissioning Willsmere Hospital as suggested (without prejudice) by the Department of Health, Victoria	157

LIST OF TABLES

		Page
Table 1	Milestones in the History of Willsmere Hospital	5
Table 2	Willsmere Hospital - Current beds (September 1985)	12
Table 3	Willsmere Hospital - Long term patients (October 1985)	12
Table 4	Willsmere Hospital - Staffing (September 1985)	14
Table 5	Causes of Fires at Willsmere Hospital	25
Table 6	Cost of Refurbishment of Stage 1 of Existing Hospital	56
Table 7	Cost of establishing a new 250-bed psychiatric hospital	60
Table 8	Existing land use on Willsmere Site	61
Table 9	Comparative Costs of Facilities as at 1985 Values	68
Table 10	Metropolitan Health Regions	74
Table 11	Population Distribution by Metropolitan Health Regions	74
Table 12	Distribution of beds for the care of the mentally ill in Melbourne Metropolitan Regions as at 21 August 1985	76
Table 13	Distribution of beds in the metropolitan area by type of service as at 21.8.1985 (Mental Health Division Facilities only)	77
Table 14	Ratio of beds to population (beds per 1000 population)	78
Table 15	Source of Admissions to Willsmere (1 January - 31 August 1985)	80
Table 16	Victorian projection for persons aged 65 years and older 1981 - 2001	102

LIST OF PLATES

Plate 1	Physical setting	38
Plate 2	Functional design	
Plate 3	Condition of building fabric and fittings	
Plate 4	Condition of building fabric and fittings	
Plate 5	Condition of building fabric and fittings	
Plate 6	Fire safety	
Plate 7	Facilities: Wards	
Plate 8	Facilities: Wards	
Plate 9	Facilities: Ablutions	
Plate 10	Facilities: Ablutions	

LIST OF FIGURES

Figure 1	Illustration of the extent of Stage 1	55
Figure 2	Mental health facilities operated by the Mental Health Division of the Department of Health, Victoria	75

CHAPTER 5

PLANNING PROVISIONS OR CONSIDERATIONS

CHAPTER FIVE

PLANNING PROVISIONS OR CONSIDERATIONS

Terms of reference (b) reads: any planning provisions or considerations which would affect the future use of, or scope of alterations to, the building.

There are a range of factors which might operate to affect the future use of, or scope of alterations to, the building. However, given the absence of specific proposals for the future use of the building, the few submissions which responded to this terms of reference made comments of a general nature only.

5.1 Planning Provisions

5.1.1 Melbourne Metropolitan Planning Scheme:

The land occupied by Willsmere Hospital is currently classified as a Public Purposes reserve under the Melbourne Metropolitan Planning Scheme and is specified for hospital use. In the event of Willsmere being decommissioned and the buildings and/or site being used for a purpose other than the above, an amendment to the Melbourne Metropolitan Planning Scheme would be required.

5.1.2 Yarra River Concept Plan:

The Ministry for Planning and Environment is currently preparing concept plans for the middle section of the Yarra River between Dights Falls and Burke Road. Two controls are being considered which could affect the future use of Willsmere. These are:

- Skyline controls - requiring permission for new buildings in excess of six metres in height.
- Streamside environment area controls - involving protection and enhancement of environmentally sensitive areas along the river.

If these proposed controls are part of the final policy expected to come into effect in late 1986, formal permission would then be required for any new building, or use of the site. However, neither of the controls means automatic prohibition of any building or use.

5.1.3 Metropolitan planning policy:

Metropolitan planning policy would exclude use of the site for retail purposes. The Ministry operates on development policies which focus on future office development in district centres and the central area, and these would preclude large scale office development on the site. However some limited office use may be possible providing it is complementary with this policy, and meets other requirements in relation to transport, availability, adequate site access and low impact on surrounding areas.

5.1.4 Other planning considerations:

In evaluating any proposal for a change of use of Willsmere, the Ministry for Planning and Environment would assess the impact upon the neighbourhood, utility, social and municipal services, and the natural environment.

Consideration must be given to the neighbouring Children's Cottages. Formerly part of the same institution, the Cottages currently relies on Willsmere for some services (laundry, pharmacy and maintenance). However, the cost of establishing each of these services does not preclude the possibility of the Children's Cottages providing them itself in the event of Willsmere being decommissioned. The relationship between the Children's Cottages and Willsmere is currently under review given the recent transfer of the Mental Retardation Division from the Department of Health to the Department of Community Services.

5.2 Legal constraints

Willsmere Hospital is located on Crown land, and the buildings are the responsibility of the Department of Health, Victoria.

However, in the event of sale of any or all of the site, a legal constraint would operate on a small portion of the site. The main access road into

Willsmere lies partly within the boundary of the adjacent Yarra Bend Park. In March 1979, a ruling was given by an Arbitrator in respect of an appropriate common boundary for management purposes between the Hospital and the park, on the Hospital's northwest perimeter. The ruling allows for permissive occupancy by the Hospital of approximately 1.55 hectares of land vested in the Yarra Bend Park Trust and permanently reserved as a site for a public park.

The Committee notes that the granting of permissive occupancy and use to the land applies only whilst the hospital is used for its present purposes. In the event of any change at all to the land use, the land is to be returned to the management of Yarra Bend Park Trust.³⁶

5.3 Architectural and historical considerations

Willsmere Hospital is significant as a prominent landmark, an important part of the city's heritage and as a building of considerable architectural and historical merit.

Many submissions acknowledge the historical and architectural significance of the buildings. Many argue for their retention and refurbishment, at least in part, on historical grounds, although most consider them totally inappropriate to the present use.

Willsmere Hospital is classified as "C" by the National Trust of Australia (Victoria). The Trust's main concern for Willsmere Hospital:

"... is that an economically viable use be found for it which will ensure that it is maintained suitably and its architectural integrity retained."³⁷

The Trust urges the need for a systematic conservation analysis to form the basis for any proposals to adapt the buildings.

It is fair to anticipate that the National Trust would wish to constrain the extent of alterations possible to the buildings. Preservation of the

36. Submission of the Yarra Bend Park Trust, 18 September 1985

37. Submission of the National Trust of Australia (Victoria), 18 September 1985

architectural integrity of the building would preclude major structural alterations.

5.4 Requirements of the Metropolitan Fire Brigades Board

Evidence presented by the Metropolitan Fire Brigades Board is discussed in Section 4.3.4. The M.F.B. Board is of the opinion that the buildings of the hospital complex, given refurbishment and upgrading of fire protection measures, are best suited to low populated, low risk, office type use. However, the M.F.B. Board would not object to a use involving residential accommodation, provided firstly, that facilities were upgraded and included some means of automatic fire detection and suppression, and secondly, that the use was not a custodial residential institution which involved people being secured into their rooms.

5.5 Victorian Building Regulations

The most obvious requirement affecting any future alterations to the buildings in compliance with the Victorian Building Regulations. Under the Building Control Act, 1981 it is not mandatory for Crown buildings to comply with the regulations; however, given adverse publicity concerning the condition of the buildings and the possibility of liability of the Government in the event of any accident, the Government is morally obliged to comply with the regulations. It is Government policy that new works, including alterations, should meet the regulations.

5.6 Process of considering proposals for the future use(s) of Willsmere

The Committee has been concerned that an appropriate and expedient alternative use for the Hospital buildings and site should be found when it is decommissioned as a psychiatric facility. The Committee therefore requested the Ministry for Planning and Environment to provide information setting out the process by which proposals for the future use(s) of Willsmere may be considered. An estimated timescale for such a process was also sought.

The requested information was provided to the Committee by the Ministry and is provided in Appendix E.

This process must be set under way as a matter of urgency, in order to allow those individuals and organisations who may be interested in development of the buildings and/or site to commence planning. The Committee notes that the research and consultation phase of this process alone is estimated to take approximately one year. It concludes that the Ministry's advice regarding the process by which proposals are considered for the future use(s) of the Willsmere Hospital buildings and site, must commence upon the tabling in Parliament of this Report.

5.7 Conclusion

Any change of use of Willsmere necessitates an amendment to the Melbourne Metropolitan Planning Scheme. Planning policy excludes retail use of the site, but may permit a limited form of office development.

Other considerations identified under this term of reference serve to place conditions on future uses rather than designate an actual use.

Whilst the Committee notes the various planning provisions and considerations which would operate to affect the future use of, or scope of alteration to, the building, the Committee takes the view that the decommissioning (closure) of Willsmere Hospital should in no way be contingent upon these provisions and considerations. It concludes that the planning process outlined by the Ministry for Planning and Environment must commence forthwith.

5.8 Recommendations

The Committee recommends:

3. That various planning provisions and considerations which would operate to affect the future use of, or scope of alteration to, the building, must in no way interfere or have any effect on Recommendations 1 and 2.
4. That the State Government, not the Department of Health, Victoria must be responsible for the future use or sale of Willsmere's buildings and site.

5. That any proposals for the future provision of psychiatric and psychogeriatric services must not in any way be dependent on the future use of Willsmere.
6. That the planning process outlined by the Ministry for Planning and Environment regarding the future use of Willsmere Hospital and site commence forthwith.

CHAPTER SIX

REQUIREMENTS OF THE HISTORIC BUILDING COUNCIL

Terms of reference (c) reads: any requirement of the Historic Buildings Council.

6.1 The Historic Buildings Register

Willsmere Hospital is listed on the Register of Government Buildings.³⁸ A Report from the Historic Buildings Council regarding the significance of Willsmere and the extent to which the land and the buildings are under the Register is provided in Appendix F.

6.2 Significance of the buildings

The Committee sought information from the Historic Buildings Council which, after some delay, inspected the site and provided a statement of significance for Willsmere Hospital which says:

"Willsmere is the largest of three similarly planned mental asylums built in Victoria. Beechworth was constructed in 1866 and Ararat in 1867. It is undoubtedly the largest public building complex constructed during the nineteenth century. Its planning and design details represent an approach to the care of the mentally ill considered uncommon today - the provision of asylum (shelter, food and welfare) to a range of people with all sorts of unusual habits or dispositions. Architecturally it is a grand exercise demonstrating a distinctive and highly praised Italianate design completed and influenced by some of Victoria's most prominent architects of the nineteenth century. It is also significant as an outstanding landmark being visible from many places around Melbourne. Its parkland setting adds to this prominence."³⁹

38. The Historic Buildings Register is compiled and maintained by the Minister for Planning and Environment acting on the advice of the Historic Buildings Council under the provisions of the Historic Buildings Act 1981.
39. Report of the Historic Buildings Council to the Minister for Planning and Environment, October 1985, p.1 (Refer to Appendix F)

The Australian Heritage Commission also issued a statement of significance which draws attention to the Hospital's history, its notable and distinctive architectural design, its importance in Public Works Department history and its landmark qualities. It says:

"Kew Mental Hospital, Princess Street Kew, is an enormous, basically 'E'-shaped complex of buildings erected on a prominent site from 1864 onwards to designs by the Public Works Department of Victoria. The central administrative block is three-storied with an attic Mansart roof and cupola. Two storied ward wings extend to each side, one for each sex. Each has a four storey, Mansart roofed tower and courtyards lined with iron-columned verandahs.

Kew Mental Hospital, Princess Street Kew, is one of the few landmarks prominent throughout Melbourne. The complex is probably the largest erected in the 19th century in Victoria and is architecturally a most notable example of such an institution erected by the Public Works Department of Victoria. In the Italianate style, the complex is distinctive for its design, the central block being the most important part, but is of greater significance for its overall planning complete with surrounding dwarf walls.

Kew Mental Hospital, Princess Street, Kew, is largely in only fair condition externally. The administration block is in good condition. The interior was not available for inspection.

Of State significance.⁴⁰

6.3 Implications of the listing

The implication of Willsmere's inclusion on the Historic Buildings is that any proposal to remove, demolish or alter any part of the Hospital is subject to the approval of the Minister for Planning and Environment.

40. Statement of Significance of Willsmere Hospital, prepared by Australian Heritage Commission, provided in the submission of the Historic Buildings Council, 30 September 1985, Appendix 2

In evidence to the Committee, the Minister for Planning and Environment explained his role with regard to the Historic Building Council's requirements:

"I have also accepted a recommendation that I declare (in accordance with Section 32A(4) of the Historic Buildings Act) that any internal alterations which do not modify the original structural fabric or alterations to services which do not modify the original structural fabric or the external appearance of the designated building can be carried out without consulting me in accordance with Section 32D of the Historic Buildings Act." ⁴¹

It remains apparent that modifications to the original structural fabric or to the external appearance of the designated building would need the approval of the Minister for Planning and Environment.

In regard to the possibility of demolition of Willsmere, The Minister for Planning and Environment states:

"The Historic Buildings Council has given Willsmere a high rating. I believe it is a valuable historic building and I would be loath to see it demolished or even major sections of it demolished. I do not say that it is impossible, but I would be loath to see that happen." ⁴²

Although the possibility of demolition is not ruled out, a Government decision to demolish the Hospital would involve a long process whose outcome cannot be certain, as the Minister for Planning and Environment explains:

"I am quite convinced in my mind that the Historic Buildings Council sees Willsmere Hospital as a valuable historic building. Even if it came back to me that it should not be de-registered or demolished, you are then in the position where the Government has to decide whether or not it takes that advice. If the advice came to me that the Historic Buildings Council did not want it demolished or de-registered and yet there was strong pressure

41. Letter from the Minister for Planning and Environment to the Minister for Health, 31 October 1985 (refer to Appendix F)

42. Minutes of Evidence, 31 October 1985, p.239

to do that, I would say, as a Minister, that I would personally go through a sequence of consultations with the department concerned and with the advice that I might ask for from elsewhere before I made my decision. It would then be a Cabinet decision in the end because this is a large complex; therefore, the whole process would have to be seen to take over a year if one were heading that way, and you cannot presume the end result. It may, in the end, be determined that it ought not to be demolished." 43

The Committee accepts the historical significance of the building and acknowledges the social and cultural significance of the artifact. It concurs with many authorities regarding the responsibility of the present generation to preserve such historical landmarks for posterity. However, it is determined that such considerations must not stand in the way of humane provision of services. The voices of condemnation over the last century must be heeded.

6.4 Funding psychogeriatric services from the sale of the site

In its submission to the Committee, the Department of Health, Victoria makes the following comment:

"If the Government decided to dispose of Willsmere's site, it may be possible to fund the development of alternative psychogeriatric services from the proceeds of the sale." 44

The Committee does not wish to anticipate any specific proposals in regard to the future use of Willsmere's building site and particularly since it has recommended the proper consultative process in Recommendation 6. Nevertheless, in the event of a proposal to sell Willsmere's site, the Committee considers that before such a decision is made, the specific requirements of the Historic Building Council must be sought.

43. Ibid., p.243

44. Submission of the Department of Health, Victoria, September 1983, section 7.14

In this regard, the Committee believes that the recent history of the St. Nicholas project should be noted and provides a brief account below:

St. Nicholas Project involved:

- (i) the closure of St. Nicholas Hospital which by 1981 had become decrepit and outmoded, and even with the expenditure of substantial funds on it could have only marginally improved the standard of living of its residents; and
- (ii) the subsequent relocation of its 101 residents - who are severely intellectually and often physically disabled - to 23 houses (5 residents per house) within the community.

The Project entailed the sale of the site on which St. Nicholas Hospital stands. As the site is considered to be valuable real estate, the proceeds from its sale were expected to pay for most of the relocation of the residents to the community.

The involvement of the Historic Buildings Council came unexpectedly and created some difficulties to the project. A description provided by Mr. J. McLennan follows:

"...somewhat unexpectedly, the Ministry of Planning and Environment approached the Public Works Department and the Health Commission stating that three buildings on the St. Nicholas Hospital site should be retained for historical/architectural purposes. These buildings are the Princess May, the Nurses Quarters and the Administration Block. The Ministry said that the Historic Buildings Council and the National Trust also had strong views about the retention of these buildings.

In a sense, the issue evolved around what/who would be given the top priority: the environmental lobby or those who put the interests of intellectually disabled people first.

This news was rather shattering for it meant that the purchase price for the sale of the site was likely to nosedive significantly if these

three buildings were to be retained for historical/architectural purposes, and so place the financial viability of the Project in jeopardy." 45

Sale of the site has still not been finalised after three years. This has most disturbing implications for the future of Willsmere given the differences in scale between the two projects.

6.5 Conclusion

Inclusion of Willsmere Hospital on the Historic Buildings Register poses constraints on the nature and scale of alterations which could be effected, either externally or internally. The Committee concludes that refurbishment of the building to an acceptable standard of safety and to conditions more appropriate to modern psychiatric care would necessitate major changes to the original structural fabric. The requirements of the Historic Buildings Council, therefore preclude any moves to retain and upgrade the building for its existing use.

Demolition of all or part of the buildings though not impossible, cannot at this stage be considered a likely possibility.

The Committee considers it is imperative that the Historic Building Council be involved, at an early stage, in any discussions regarding any proposals on the future use of Willsmere. In particular, the experience of the St. Nicholas Project in regard to the Historic Buildings Council should be avoided.

The Committee also believes firmly that the matter of the future of the Willsmere complex should be completely separated from any programs which the Department of Health may have on future psychogeriatric and psychiatric services. The Department of Health should be able to proceed with its plan(s) on psychogeriatric and psychiatric services the future of the Willsmere complex should not, in any way, have any effect on such plan(s). In this regard, the Committee agrees with the statement made by the Honourable E. Walker, Minister for Planning and Environment:

45. J. McLennan, "St. Nicholas Project", - Address to Senior Staff Seminar, Health Commission of Victoria, 27 March, 1985, p.4

"The Department of Health ought not to be saddled in its programs with the difficulty that is beyond its capacity to resolve. The first decision, in my view, is that the Department of Health advises the Government to handle the psychogeriatric and other uses that are in the building and patently not well handled within the building. The handling of that matter should be separated from the future of the complex. In other words, the Department of Health or that part of the Government that deals with the whole health issue in the community should be allowed to proceed quite directly. . . Money should be made available to do that, and the future of the property should then be directly the responsibility of the Government in terms of what is to happen to it next and whether there is to be a major or minor return of capital to Government because of the future of that property." 46

Notwithstanding the above, the Committee accepts that the nineteenth century buildings of the Willsmere complex are historically important.

In conclusion, the Committee is adamant that any requirements of the Historic Buildings Council should not have any effect on a decision to decommission Willsmere Hospital.

6.6 Recommendations

The Committee recommends:

7. That the planning process recommended in Recommendation 6 include the participation of the Historic Buildings Council from the outset.
8. That the Historic Building Council's requirements must not have any relationship to, or effect upon, a decision to decommission Willsmere Hospital as a psychiatric and psychogeriatric facility.

46. Minutes of Evidence, 31 October 1985, p.244

APPENDIX F

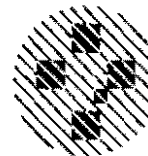
REPORT OF THE HISTORIC BUILDINGS COUNCIL

ON WILLSMERE HOSPITAL

Minister for
Planning and
Environment
Victoria

500 Collins Street
Melbourne
Victoria 3000
PO Box 2240T
Melbourne 3001

Telephone (03) 617 0211



Reference

31 OCT 1985

THE HON D R WHITE MLC
MINISTER FOR HEALTH
555 COLLINS STREET
MELBOURNE VIC 3000

Dear Minister

WILLSMERE HOSPITAL

I am pleased to advise you that I have accepted a recommendation of the Historic Buildings Council that the listing of Willsmere on the Government Buildings Register be amended to read:

Willsmere Hospital
Princess Street, Kew
(to the extent of the land shown on the plan held by the Ministry for Planning and Environment, the buildings coloured red on that plan, the wall surrounding the main complex and the iron fence surrounding part of the playing field).

I have enclosed a copy of their report for your information.

I believe that this action clarifies the significance of the property and should assist with future planning.

I have also accepted a recommendation that I declare (in accordance with Section 32A(4) of the Historic Buildings Act) that any internal alterations which do not modify the original structural fabric or alterations to services which do not modify the original structural fabric or the external appearance of the designated building can be carried out without consulting me in accordance with Section 32D of the Historic Buildings Act.

I believe that this action will assist the management of the hospital by removing the need for approvals on many of the works needed to be carried out on the site from time to time.

Yours sincerely

EVAN WALKER

EVAN WALKER
MINISTER FOR PLANNING AND ENVIRONMENT

cc The Hon J Dixon, MLC
Chairman
Social Development Committee
2nd Floor
1-15 Lt Collins St
Melbourne Vic 3000

cc The Manager
Willsmere Hospital
Princess Street
Kew Vic 3101

REPORT TO THE MINISTER FOR PLANNING AND ENVIRONMENT

AMENDMENT TO GOVERNMENT BUILDINGS REGISTER

WILLSMERE HOSPITAL
PRINCESS STREET, KEW

BACKGROUND

This report was prepared by the HBC following the making of a submission and discussions with the Social Development Committee of the Parliament of Victoria as part of their consideration of the future use of Willsmere.

In considering this matter it was the aim of the HBC to restrict the designation to those elements of the complex which are clearly of significance.

DESCRIPTION

Construction of Willsmere Hospital was commenced in 1856 as the Kew Asylum as a replacement for the overcrowded Asylum at Yarra Bend (now Fairlea Prison). Construction continued through the 1860s and 70s to the design prepared by Public Works architects and based on that of the English asylums, Colney Hatch and Hanwell. The massive complex is planned in a broad E shape forming large courtyards bounded by roofed walkways. The architectural detailing adopted an Italianate style and is dominated by 3 towers and a mansard roofed central administration block. The complex includes a substantial brick wall, gate lodges and the remaining one of two residences at the extreme northern end of the site. Public works architects associated with this major project include F Kawerau, A E Johnson, J J Clark, S Merrett, William Wardell, Peter Kerr, A T Snow and G W Watson. The contractors were John Young and later Samuel Aress.

SIGNIFICANCE

Willsmere is the largest of three similarly planned mental asylums built in Victoria. Beechworth was constructed in 1866 and Ararat in 1867. It is undoubtedly the largest public building complex constructed during the nineteenth century. Its planning and design details represent an approach to the care of the mentally ill considered uncommon today - the provision of asylum (shelter, food and welfare) to a range of people with all sorts of unusual habits or dispositions. Architecturally it is a grand exercise demonstrating a distinctive and highly praised Italianate design completed and influenced by some of Victoria's most prominent architects of the nineteenth century. It is also significant as an outstanding landmark being visible from many places around Melbourne. Its parkland setting adds to this prominence.

INTEGRITY

The external fabric of the main complex of buildings at Willsmere remains intact, however various minor alterations have been undertaken in the interior spaces and a range of insignificant other buildings have been added to the site. One of the original (1858) residences has been demolished.

RECOMMENDATION

It is recommended that the Minister for Planning and Environment amend the Government Buildings Register entry under City of Kew from:

Willsmere Hospital
Princess Street

to:

Willsmere Hospital
Princess Street
(to the extent of the land shown on the plan held by the Ministry for Planning and Environment, the buildings coloured red on that plan, the wall surrounding the main complex and the iron fence surrounding part of the playing field).

.....
CHAIRMAN

