

# Canterbury Health Assessment Review Addendum

**Campsie Integrated Health Care Precinct**

**We manage, consult and partner with our clients to bring impactful projects to life. We are known for our passion, professionalism and collaboration, bringing the right people, processes and experience together to deliver a positive community impact.**

© Copyright TSA Management. All rights reserved. No part of this document may be reproduced or transmitted, in any form or in by any means, without the express permission of TSA Management Pty Limited, unless specifically allowed for by the terms of a contractual agreement with TSA Management Pty Limited.

#### Document Control

Version	Date	Issued By	Issued To	Comments
V1.0	31/01/2024	TSA	Neetan Investments	Initial Draft
V2.0	02/02/2024	TSA	Neetan Investments	Updated Version
V3.0	08/02/2024	TSA	Neetan Investments	Final Version



# Contents

1.	Background .....	4
2.	Campsie Local Community – Health Context Review .....	4
3.	Canterbury Hospital Strategic Priorities .....	5
4.	Opportunities.....	7
5.	Summary Findings.....	7
6.	Appendices.....	9

# 1. Background

The 'Campsie Local Community – Health Context Review' dated 4 August 2020, as noted in Appendix A, was developed at a point in time as the framework to articulate the potential service and building configurations for the future Integrated Health Care Precinct. This document outlined the local community needs, district priorities and recommended clinical service requirements.

Most recently, the Sydney Local Health District has announced the future redevelopment for Canterbury Hospital<sup>1</sup>. The government has made a total \$350 million commitment on the 10th of September 2023<sup>2</sup>. This funding announcement strengthens the Canterbury Hospital's future service delivery vision to address key priorities as outlined in their Strategic Plan<sup>3</sup>.

TSA has been engaged by Neetan Investments to conduct a review, in conjunction with the 'Campsie Local Community – Health Context Review', of the Sydney Local Health District's strategic priorities, in light of the redevelopment announcement for Canterbury Hospital. This evaluation aims to assess the respective directions of the two facilities and ensure that the priorities of the Integrated Health Care Precinct will complement the future trajectory envisioned for Canterbury Hospital.

Although the Canterbury Clinical Services Plan could not be formally obtained, an extensive review was undertaken with the information publicly available. From the review undertaken, the recommendations put forth in the 'Campsie Local Community – Health Context Review' stand as robust and pertinent and form an excellent base from which to make an investment in the healthcare needs of the Campsie Local Community.

## 2. Campsie Local Community – Health Context Review

The 'Campsie Local Community – Health Context Review' serves as a foundational document outlining considerations for the establishment of the Campsie Integrated Health Care Precinct. The document addresses the health needs for the local community, in conjunction with the strategic directions of the Sydney Local Health District. The review has thoughtfully incorporated the priorities at a district level as well as key focus areas from the surrounding public hospitals, allowing a comprehensive roadmap of the proposed services to be recommended, that complement the district's future service delivery. At its core, this document articulates a future-proof strategy.

The review recommends a range of services that aim to work in harmony with the surrounding community and healthcare providers. At a high level, the Integrated Health Care Precinct will include:

- Private Inpatient Care
- Ambulatory Care

---

<sup>1</sup> NSW Health; Sydney Local Health District, 'Canterbury Hospital to undergo \$350 million redevelopment', 12 September 2023

<sup>2</sup> NSW Parliament; Parliamentary Budget Office, 'Canterbury Hospital Redevelopment', 20 March 2023

<sup>3</sup> NSW Health; Sydney Local Health District, 'Canterbury Hospital Strategic Plan 2019-2024'

- Rehabilitation and Respite
- Community Health
- Medical and Specialist Consultations
- Clinical Support Services
- Medical Research
- Clinical Teaching and Learning
- Day Procedures
- Childcare Facilities
- Overnight Accommodation.

The following encompass several of the key focus areas for the Campsie Integrated Health Care Precinct that are recommended in the document:

- **Community-Centric Approach:** There is a strong conclusion that adopting a community-centric approach to health is paramount. Emphasising the development of an Ambulatory Health Hub within the Integrated Health Care Precinct will allow for accessible and comprehensive care tailored to the unique needs of local residents.
- **Anticipation of Population Growth:** The importance of proactively addressing the increased demand for health services by developing facilities that can accommodate to the evolving demographic landscape.
- **Health Promotion:** Beyond a focus of traditional treatment, health prevention initiatives that enhance the overall wellbeing of the community.
- **Inclusive and Culturally Diverse Care:** The importance of fostering diversity and inclusivity within the precinct. This involves creating an environment that caters to the unique needs of the diverse population, ensuring accessibility and cultural sensitivity.
- **Strong Partnerships:** The opportunity for collaboration with other services to improve resource sharing and increase the access to an array of comprehensive services.
- **Digital Health:** There is a key driver to ensure that digital technology is a key enabler to delivering, accessing, and promoting healthcare in the local community.
- **Person Centred Care:** The document highlights that patients should be at the forefront of their care, choosing how they access the care and fostering an environment of shared decision-making.

### 3. Canterbury Hospital Strategic Priorities

A high level overview of the strategic plans and redevelopment priorities of Canterbury Hospital was undertaken. Notably, Sydney Local Health District's strategic actions suggest a need to address forecasted population growth, implement service delivery and expansion to meet the local needs, and prioritise digital transformation. A number of specific health priority reports from the Sydney Local Health District provide an insight into what the future priorities and service needs for Canterbury Hospital will aim to provide<sup>45</sup>.

<sup>4</sup> NSW Health; Sydney Local Health District, 'Mental Health Strategic Plan 2023-2028', February 2023

<sup>5</sup> NSW Health; Sydney Local Health District, 'Sydney Local Health District' 2022-2023', December 2023

Several of the key strategic priorities outlined in the redevelopment announcements and in the Sydney Local Health District's strategic documents focus on the following<sup>678</sup>:

- **Digital Transformation and Integration:** Prioritising state-of-the-art technology, the goal is to enhance connectivity, streamline processes and facilitate virtual models of care. This district advocates for increased capacity in virtual and telehealth services, aligning with their broader goal of providing non-inpatient care and leveraging technology to enhance the patient experience and patient access.
- **Community-Centred Care:** This future model of care aims to integrate healthcare services seamlessly into the community.
- **Networked Care:** The facility envisions a healthcare system where different providers collaborate seamlessly. This approach will allow for patients to receive comprehensive, coordinated care and aligns with the broader goal of providing integrated care.
- **Person Centred Care:** This is a foundational principle highlighted in the document. With a priority in ensuring that individuals, along with their families and caregivers, actively participate in the decision-making process.
- **Infrastructure Enhancement:** The announcement calls for a large redevelopment, highlighting the need for well-maintained facilities that cater to future demands. The future redevelopment envisions enhanced and additional facilities in Maternity Services, Surgical Services, General Medical, Emergency Care, Medical Outpatients and Renal Dialysis.

In conjunction with the strategic goals for the Sydney Local Health District, demographic statistics assist in illustrating the needs for the community, and ultimately assist in addressing infrastructure requirements. The most noteworthy statistics highlighted are as follows:

- Significant population projections for Canterbury, with the most significant growth in the older age groups<sup>9</sup>
- A population with extremely greater health disadvantage in comparison to other areas across metropolitan Sydney. Canterbury residents have higher health risk factors, lower participation in proactive screening, higher rates in infectious diseases and an increased rate of potential avoid deaths<sup>10</sup>
- A highly socio-disadvantaged community, with a higher proportion of residents experiencing low-income. The Canterbury community has a much lower national average in private health insurance, with on 13% of those attending the hospital using private health insurance<sup>11</sup>
- The population shows that Canterbury-Bankstown area is one of the most culturally and linguistically diverse areas within Greater Sydney, with over 67.8% of the population speaking a language other than English at home<sup>12</sup>

<sup>6</sup> NSW Health; Sydney Local Health District, 'Canterbury Hospital Strategic Plan 2019-2024'

<sup>7</sup> NSW Health; Sydney Local Health District, 'Digital Health Strategy 2022 – 2027'

<sup>8</sup> NSW Parliament; Parliamentary Budget Office, 'Canterbury Hospital Redevelopment', 20 March 2023

<sup>9</sup> NSW Government; Planning Portal, 'Canterbury-Bankstown 2021-2041'

<sup>10</sup> Australian Institute of Health and Welfare; 'Health across socioeconomic groups', July 2022

<sup>11</sup> Australian Institute of Health and Welfare; 'Health across socioeconomic groups', July 2022

<sup>12</sup> Australian Bureau of Statistics, 'Canterbury-Bankstown Local Government Area, 2021 Census'



## 4. Opportunities

Aligning with the strategic priorities of the Integrated Health Care Precinct and the Canterbury Hospital, the following outline future potential opportunities for consideration:

- Collaborative Care Programs: Developing joint programs that encourage collaboration between the public and private sectors, ensuring seamless transitions for patients requiring acute and sub-acute care. Both facilities could benefit from building partnerships and collaboration, to achieve shared objectives, leveraging their respective strengths and resources for the benefit of the community.
- Integrated Health Information Systems: Implementing a shared health information system for data-sharing that allows for secure patient information to be accessed between the facilities.
- Cross-Training Programs for Staff: Facilitating opportunities for health professionals to work between the two sites, fostering a collaborative healthcare workforce.
- Mutual Support: Establishing protocols for mutual support during high demand or emergencies, ensuring both facilities can provide assistance when required.
- Telehealth and Virtual Care Integration: Leveraging telehealth services to enhance accessibility and continuity of care, as well as allowing patients to choose between public and private services.
- Referral Networks and Shared Resources: Establishing agreements and structured referral systems for sharing services at each facility which play to their strengths.
- Services Purchasing: In light of low health insurance rates, service purchasing would allow for optimised service utilisation at the Integrated Health Care Precinct, whilst also addressing capacity issues which may present at Canterbury Hospital.
- Capacity Shortfall: The Integrated Health Care Precinct has the opportunity to supplement and address the shortfalls in services which may present at Canterbury Hospital.
- Enhanced Service Expansion: Consideration to provide enhanced services in areas that are not within the government commitment, for example Paediatric Care, Aged Care, Rehabilitation and Community-Based Care.

## 5. Summary Findings

The comparison between the 'Campsie Local Community – Health Context Review' dated 4 August 2020 and the strategic directions and demographic profiles for the Canterbury area reveal a remarkable alignment in health priorities. Central to the Sydney Local Health District and the future Integrated Health Care Precinct, are the following key focus areas:

- Patient Centred Care
- Community-Centred Care
- Digital Integration and Connectivity
- Networked Services
- Proactive Health

Additionally, with the recent expansion of the Emergency Department, as well as the high-level outline of the future service delivery areas for the redevelopment, the Canterbury Hospital strategically positions itself to cater to urgent

medical needs<sup>13 14 15</sup>. Complementary to this, the Integrated Health Care Precinct concentrates on lower acuity services and specialised services, in addition to focusing its care on outpatient care. The future service delivery between the two facilities will provide a well-rounded and interconnected healthcare ecosystem for the Canterbury community.

In conjunction with the alignment of the strategic priorities between the Integrated Health Care Precinct and Canterbury Hospital, the master plan itself demonstrates resilience in the proposal for the facility by strategically situating itself in close proximity to the Canterbury Hospital, Clemton Park Shopping Centre and Residential Developments. This highlights the benefit that the Integrated Health Care Precinct will bring to the community, aligning with both the health district's and councils vision for the Canterbury area.

The 'Campsie Local Community – Health Context Review' demonstrates to be forward-looking guide and displays continued relevance. The strategic alignment between the two facilities suggests a future healthcare ecosystem with synergy. This review has affirmed the coherence of the two facilities and absence of unexpected developments in the strategic priorities for the Canterbury Hospital. In summary, the 'Campsie Local Community – Health Context Review' remains a robust document, standing testament to meeting the evolving healthcare needs of the community, in harmony with the objectives outlined by the Sydney Local Health District.

---

<sup>13</sup> NSW Parliament; Parliamentary Budget Office, 'Canterbury Hospital Redevelopment', 20 March 2023

<sup>14</sup> NSW Health; Sydney Local Health District, Media Post, 8 December 2020

<sup>15</sup> Hospital Fitout Group; Canterbury Emergency Department



# Appendices



# **Integrated Health Care Precinct 11 Harp St, Campsie**

**Neetan Investments Pty Ltd**

## **Campsie Local Community – Health Context Review**

**4 August 2020**

## Document Control

Revision:	Date Issued	Issued to:	Issued By:
	29 July 2020	Neetan Investments Pty Ltd	BKHP
1	30 July 2020	Neetan Investments Pty Ltd	BKHP
2	2 August 2020	Neetan Investments Pty Ltd	BKHP
3	3 August 2020	Neetan Investments Pty Ltd	BKHP
4	4 August 2020	Neetan Investments Pty Ltd	BKHP



This **Campsie Local Community - Health Context Review** has been prepared for Neetan Investments Pty Ltd by:  
Bernadette Keenan Health Projects Pty Ltd  
PO Box 217  
Bondi Junction  
NSW 1355  
E: [bkeenan@bkhp.com.au](mailto:bkeenan@bkhp.com.au)  
M: 0417 229 342

## Table of Contents

<b>1. Executive Summary .....</b>	<b>4</b>
1.1 Harp St Integrated Health Precinct Project Overview .....	4
1.2 Report Findings and Considerations .....	7
1.3 Conclusion and Summary Recommendations .....	9
<b>2. Background .....</b>	<b>11</b>
2.1 Harp St Integrated Health Precinct Project Overview .....	13
2.2 Project Report - Objective, Scope and Methodology .....	13
2.3 Project Report Assumptions .....	14
<b>3. Documentation Review – Clinical .....</b>	<b>15</b>
3.1 Sydney Local Health District and Facility Specific Overview .....	15
3.2 Indicative Services – Harp St Integrated Health Precinct .....	25
3.3 High Level Project Outcomes and Benefits .....	26
<b>4 Conclusion and Recommendations .....</b>	<b>28</b>
4.1 Conclusion .....	28
4.2 Recommendations .....	30
<b>5 Appendix 1 – Detailed Review of Sydney Local Health District Strategic Plans .....</b>	<b>31</b>
5.1 A Picture of Health – Sydney Local Health District Health Profile 2015 .....	32
5.2 Sydney Local Health District Strategic Plan 2018-2023 .....	35
5.3 Balmain Hospital Strategic Plan 2019-2024 .....	38
5.4 Canterbury Hospital Strategic Plan 2019-2024 .....	39
5.5 Concord Hospital Strategic Plan 2019-2024 .....	44
5.6 Royal Prince Alfred Hospital Strategic Plan 2019-2024 .....	47

## 1. Executive Summary

The **Campsie Local Community – Health Context Review** seeks to provide a framework for considering the potential service and building configurations required to meet local community needs. Aligned with the framework used in preparing the ‘11 Harp St Planning Proposal’, which is underpinned by the NSW State government’s 10-year plan (NSW 2021), the Greater Sydney Regional Plan, A Metropolis of Three Cities, The South District Plan for Sydney, and the Canterbury Bankstown Local Strategic Planning Statement (LSPS), the key considerations have been:

- Building healthy communities
- Planning to meet the needs of the whole community including culturally and linguistically diverse groups and the local Aboriginal community
- Out of hospital care where possible
- Integrated care – connected, collaborative and coordinated care
- Improving outcomes for vulnerable communities
- Building business and community vibrancy
- Person centred care - improved health literacy, health care choice, and shared decision making
- Best practice care and ‘state of the art’ purpose-built facilities
- Cross agency collaboration
- Proximity to existing local businesses, transport and social infrastructure
- Creating opportunities to work locally

Additionally, and key to Neetan Investments Pty Ltd’s approach, the Canterbury Bankstown LSPS<sup>1</sup> proposes to create the ‘Eastern Lifestyle and Medical Precinct’ by transforming current industrial land for ‘an extended hospital precinct and include allied health activities’ which would create ‘an urban boulevard and medical destination’.

### 1.1 Harp St Integrated Health Precinct Project Overview

Aimed at improving the patient experience, the **Harp St Integrated Health Precinct** will facilitate access to a comprehensive suite of multidisciplinary health care services in a contemporary setting, as close to home as possible for the community of Campsie. With the provision of acute care services, ambulatory care, community health, allied health, specialist consultation rooms and other key clinical support services all colocated, the health precinct can effectively be a ‘one-stop-shop’ for many residents who require access to health care services.

With a very specific focus on ‘person centred’ care, where patients, their families and their carers can be involved in how their care is accessed and delivered, the **Harp St Integrated Health Precinct** will provide an environment that is conducive to high quality care and best practice outcomes. Through a holistic approach, services in the precinct will promote health and wellbeing for all, provide a focus for out of hospital care where possible and will also facilitate connected, coordinated and collaborative care.

The precinct will cater for community members across the ages from early childhood to older persons and end of life care, and its design and approach will reflect the cultural diversity and needs experienced locally. This new development will also provide an opportunity to build business vibrancy, create significant social benefit and greater self-sufficiency and sustainability in Campsie.

---

<sup>1</sup> Canterbury Bankstown Local Strategic Planning Statement - Connective City 2036, March 2020, p23

The precinct provides an opportunity to expand the existing health services provided locally so that local residents only travel for services that cannot be supported locally due to the highly specialised nature or complexity of care that is required. There will be a focus on working with key stakeholders to ensure that the infrastructure investment solution has also considered how digital technology and eHealth will be a key enabler to:

- Support and explore alternatives to how care is best delivered to members of the community e.g. acute setting, ambulatory setting or at home
- Deliver safe, high quality and efficient care
- Ensure that patients are well informed and involved in their own care
- Ensure staff have access to the necessary data and information to promote effective decision making
- Ensure that organisations can effectively plan and manage services
- Appropriately share the right information at the right time and in the right place
- Better connect points of care and facilitate easier access to information
- Promote better experiences for patients, staff and organisations

The integrated health precinct approach also facilitates greater collaboration and partnership opportunities to support research and innovation, learning and development, cross sector and cross agency activities.

Canterbury Bankstown has a large diverse and growing population and improved access to health services will provide significant community benefit.

With the exception of Day Surgery facilities, there are no acute / sub-acute private hospitals in the Canterbury Bankstown Local Government Area (LGA) and the Canterbury Hospital is enduring challenges to meet the demand for services effectively due to its limited capacity.

To deliver an integrated health precinct on the Harp St site, the proposed development could include:

Indicative Services could comprise:	
Integrated Ambulatory Health Hub	<ul style="list-style-type: none"> <li>• Renal Dialysis</li> <li>• Chemotherapy</li> <li>• Radiation Oncology</li> <li>• Oral health services</li> <li>• Integrated GP and Allied Health Services</li> <li>• Therapy spaces, Community Mental health services</li> <li>• Telehealth Service Centre</li> <li>• Women's Health Centre</li> <li>• Men's Health Centre</li> <li>• Child and Family Health</li> <li>• Health and Wellbeing Centre</li> <li>• Alternative Therapies Centre</li> <li>• Health Promotion spaces</li> <li>• Diabetes Education Centre</li> <li>• Medicare offices</li> <li>• Private Health Insurance offices</li> <li>• Retail – café, optometry, audiology centre, assistive technology etc</li> </ul>



Medi Hotel	<ul style="list-style-type: none"> <li>• Overnight facility generally for ‘self-caring’ patients who require minimal supervision / support who are accessing / have accessed acute hospital services</li> <li>• In close proximity to an acute hospital</li> <li>• Supports patients and families undergoing investigations / treatment and who do not require an inpatient admission</li> </ul>
Acute Hospital	<ul style="list-style-type: none"> <li>• Inpatient beds – medical and surgical</li> <li>• Operating Rooms</li> <li>• Intensive Care / High Dependency Unit</li> <li>• Clinical Support Services such as Medical Imaging, Pharmacy, CSSD</li> <li>• Non-Clinical Support Services including Food Services, Environmental Services Supply, Linen/ Laundry services</li> </ul>
Rehabilitation and Respite	<ul style="list-style-type: none"> <li>• Rehabilitation – promoting independence and return to normal daily activities</li> <li>• Respite – temporary accommodation in a safe environment to support carers</li> </ul>
Hospital Staff and Patients Childcare Centre	<ul style="list-style-type: none"> <li>• Primarily focussed on supporting working healthcare employees and local community families</li> <li>• Supporting parents who have a sibling child in hospital or attending outpatient appointments</li> </ul>
Medical Specialist Suites	<ul style="list-style-type: none"> <li>• Provision of specialist consultation / follow-up in a wide range of specialties and sub-specialties</li> </ul>
Medical Research and Innovation Hub	<ul style="list-style-type: none"> <li>• Translational research – evidence based</li> <li>• Collaborative research – health, universities, research institutes</li> <li>• Clinical trials</li> <li>• Leading edge collaboration focusing on health and wellbeing</li> <li>• Research culture and activities that focuses on patients, families and carers in the community to achieve better patient outcomes</li> <li>• Strategic partnerships to foster the translation of knowledge to practice and policy</li> </ul>
Day Procedure Centre	<ul style="list-style-type: none"> <li>• Day Only Operating Rooms</li> <li>• Pre-Procedure care</li> <li>• Post-procedure care</li> <li>• Endoscopy Suite</li> <li>• Interventional Cardiology</li> </ul>
Clinical Teaching and Learning Centre	<ul style="list-style-type: none"> <li>• Tutorial spaces</li> <li>• Lecture Theatre</li> <li>• Simulation Centre</li> </ul>
Clinical Support Services	<ul style="list-style-type: none"> <li>• Diagnostic Imaging</li> <li>• Pathology</li> <li>• Pharmacy</li> </ul>

**Table 1:** Indicative ‘Integrated Health Precinct’ Services

## 1.2 Report Findings and Considerations

High level themes have been identified following the documentation review and they include:

Themes	Aims, Objectives and Considerations
Patient experience	<ul style="list-style-type: none"> <li>Care as close to home as possible</li> <li>Person centred care – patients, families and carers</li> <li>Greater access and choice</li> <li>Less invasive interventions</li> <li>Decreased length of stays</li> <li>Co-design with consumers</li> <li>Integrated care</li> <li>Less reliance on inpatient care</li> </ul>
Population	<ul style="list-style-type: none"> <li>39% increase to 2031</li> <li>33% of Canterbury socially disadvantaged</li> <li>High ethnicity – 48% born overseas and 66% do not speak English at home</li> <li>High projected population increase for 65+yrs by 2031</li> <li>18.8% Canterbury resident activity flows to Concord or RPA Hospitals</li> <li>16.8% activity flows to SESLHD or SWSLHD</li> <li>10% of all SLHD births are attributed to Canterbury residents</li> </ul>
SLHD direction / Canterbury Hospital	<ul style="list-style-type: none"> <li>Decreased reliance on beds</li> <li>New models of care and clinical redesign</li> <li>Need for additional capacity to meet growing demand</li> <li>Integrated models of care and out of hospital care</li> <li>Improved ITC capability / digital health – high priority</li> <li>Commitment to evidence based research</li> <li>Redevelopment of Canterbury Hospital – high priority</li> <li>Need for Renal Dialysis in Canterbury</li> <li>Promotion of Breast Screen services in Canterbury</li> <li>Apparent gap in Gastroenterology, Interventional Cardiology, Mental Health, Stroke, Interventional Radiology, MRI and PET services</li> <li>Build stronger / strategic partnerships</li> <li>Apparent need for establishment of community-based health facilities to provide prevention early intervention and community-based care</li> <li>Concord Hospital provides significant support to Canterbury Hospital – back-up, beds and services including <ul style="list-style-type: none"> <li>Radiology</li> <li>Nuclear Medicine</li> <li>Pathology</li> <li>Infectious Diseases</li> <li>Intensive Care</li> <li>Emergency Medicine</li> <li>Specialised Aged Care</li> <li>Rehabilitation</li> <li>Cancer</li> <li>Cardiology</li> <li>Endocrinology</li> <li>Colorectal Surgery</li> <li>Neurology</li> <li>Palliative Care Services</li> </ul> </li> <li>Focus on culturally appropriate care for Aboriginal people</li> <li>Need for research and education infrastructure</li> <li>Focus on co-design with consumers</li> </ul>
Private Health Insurance	<ul style="list-style-type: none"> <li>Rates appear low – more robust work required with potential operators</li> <li>Socioeconomically disadvantaged population</li> </ul>

	<ul style="list-style-type: none"> <li>• 30% of SLHD outflows for Canterbury residents are for private health services</li> </ul>
Partnership opportunities	<ul style="list-style-type: none"> <li>• Opportunities for strong collaborative relationships with Canterbury Hospital and other SLHD facilities</li> <li>• Provision of services to public hospitals e.g. elective surgery</li> <li>• Complementary services including alternative therapies</li> <li>• Clinical support services such as Pathology, Medical Imaging</li> <li>• Opportunity to establish better links with complementary services – General Practice, Community Health, Child and family health,</li> </ul>
Spaces	<ul style="list-style-type: none"> <li>• Opportunities to lease space to SLHD</li> <li>• Need for specialist consultation spaces</li> <li>• Need for Renal Dialysis space for SLHD</li> <li>• Potential for locally based cancer therapy / clinics for SLHD</li> <li>• Need for SLHD Community Health space</li> <li>• More rigorous assessment of bed requirements, day only / overnight, service configurations</li> <li>• Consider need for research infrastructure</li> </ul>
Activity	<ul style="list-style-type: none"> <li>• Robust assessment of the most common service-related groups for hospitalisation across SLHD and opportunities that PHI patients may provide</li> <li>• High needs – renal dialysis, chemotherapy services, mental health services</li> </ul>
Suite of Services	<ul style="list-style-type: none"> <li>• Day Surgery including high volume short stay</li> <li>• GP and Allied Health</li> <li>• Imaging</li> <li>• Endoscopy services</li> <li>• Rehabilitation services</li> <li>• Mental Health services</li> <li>• Interventional Cardiology</li> <li>• Interventional Radiology</li> <li>• Hybrid ORs</li> <li>• Orthopaedic services – ageing population / degenerative musculoskeletal disease</li> <li>• Ophthalmology</li> <li>• Pathology</li> <li>• Pharmacy</li> <li>• Ambulatory Care</li> <li>• Complementary services including alternative therapies</li> <li>• Allied health services</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• Learning and development to build capacity and capability of individuals and teams</li> <li>• Cross accreditation opportunities</li> <li>• Potential academic links to support training and education</li> <li>• Employer of choice</li> </ul>
Research and Innovation	<ul style="list-style-type: none"> <li>• Potential academic links</li> <li>• Committed to evidence based research</li> <li>• Consider need for research facilities and strategic partnerships</li> </ul>
Retail	<ul style="list-style-type: none"> <li>• Café</li> <li>• Pharmacy</li> <li>• Other</li> </ul>

**Table 2:** Documentation review findings and considerations

### 1.3 Conclusion and Summary Recommendations

Based on assessment of information available to date, it appears very reasonable that the establishment of an integrated health precinct in Campsie would be of significant benefit to the local community. The final configuration of the integrated health precinct would require extensive consultation with key stakeholders to ensure that it meets the needs of the local community.

From a health planning perspective, *key drivers* that shaped Neetan Investments Pty Ltd approach include:

- Recognising the anticipated increase in the population and increased demand for services
- Promoting a healthy neighbourhood through illness prevention and health promotion
- Better management of patients with chronic conditions
- Exploring ways to build greater capacity to support increased demand for services
- The need to improve health literacy to ensure patients, families and carers are better informed and better equipped to be involved their care decisions
- Ensuring that the environment is responsive to the needs of the community
- Building strong partnerships to support better healthcare and decrease reliance on inpatient care where possible

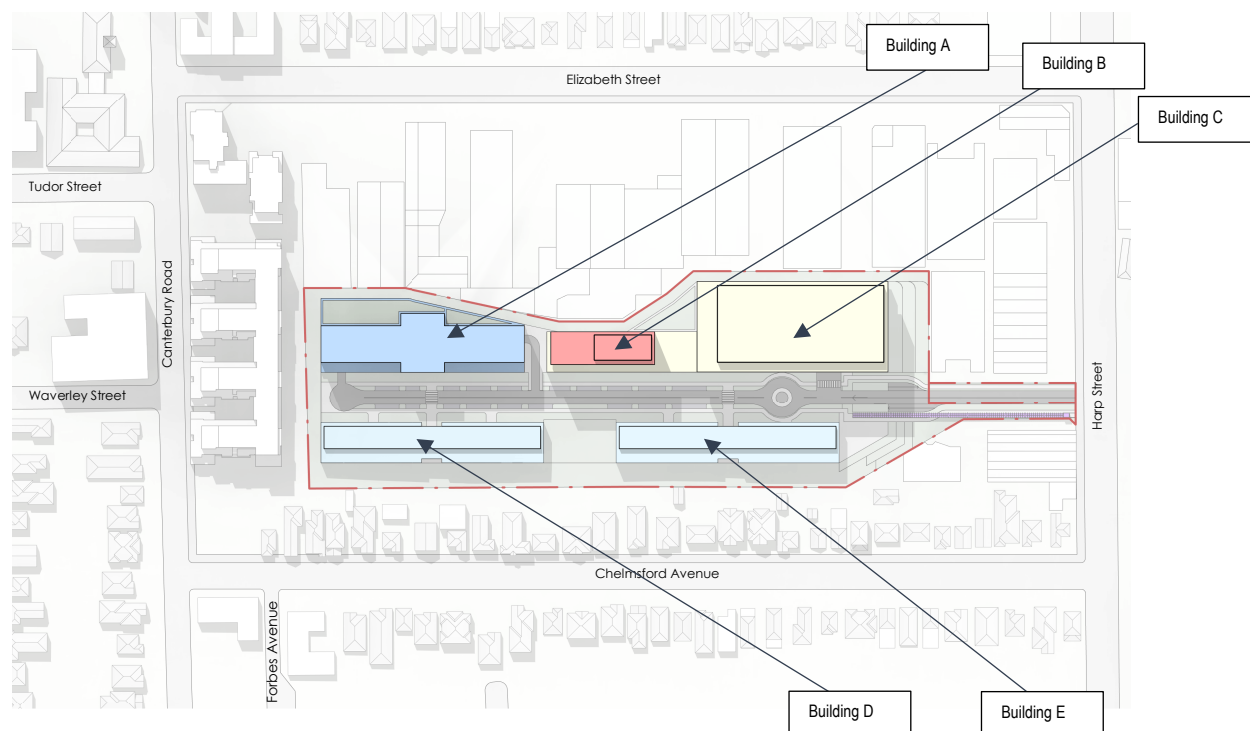
The establishment of an integrated health precinct could provide significant benefit including (and not limited to):

- Improved access to and choice of healthcare services
- Significant business vibrancy
- Improve the patients (and families / carers) experience
- Create employment opportunities locally

In alignment with Canterbury Bankstown Council rezoning outcomes, the broader strategies for the site and subsequent to removing Aged Care from the planning considerations, buildings A, D and E have been reconsidered, the Report seeks to provide indicative service uses to support the development of an integrated health precinct in Campsie as follows:

- Integrated Ambulatory Health Hub which could include: Renal Dialysis, Chemotherapy, Radiation Oncology, Oral health services, Integrated GP and Allied Health Services, Therapy spaces, Community Mental health services, Telehealth Service Centre, Women's Health Centre, Men's Health Centre, Child and Family Health, Health and wellbeing centre, Alternative Therapies Centre, Health Promotion spaces, Diabetes Education Centre, Medicare offices, PHI (Building A)
- Medihotel (Building B)
- Private Hospital (Building C)
- Rehabilitation and Respite (Building C)
- Hospital Staff and Patients Childcare Centre (Building C)
- Medical Centre and Specialist Suites (Building C)
- Medical Research and Innovation Hub (Building C)
- Day Procedure Centre which could include: Day Only Operating Rooms, pre-procedure and post procedure care, Endoscopy Suite, Interventional Cardiology (Building D)
- Clinical Teaching and Learning Centre including Simulation Centre (Building D)
- Clinical Support Services such as Diagnostic Imaging, Pathology, Pharmacy (Building E)

The following figure<sup>2</sup> illustrates initial intended uses of buildings on the 11 Harp St Campsie site and its proximity to Canterbury Rd:



**Figure 1:** Revised proposal for 11 Harp St site layout

Access to the Canterbury Hospital Clinical Services Plan or NSW Ministry of Health supply and demand projection data and a targeted consultation session with key SLHD / Canterbury Hospital stakeholders could not be achieved at the time of completing this Report. It is clear however, that there are key focus areas for Sydney Local Health District, and they include:

- A focus on decreased reliance on beds
- New models of care and clinical redesign will not be sufficient to address increasing demand
- High need for additional capacity across the LHD equivalent to a new tertiary facility
- Need for much greater emphasis on integrated care models and out of hospital care

A stakeholder consultation with SLHD and Canterbury Hospital is ongoing.

Although a preliminary assessment at this stage, it can be determined that based on the size of the existing site, its proximity to Canterbury Road, the Canterbury Hospital and the local shopping area (Clemton Park Shopping Village), there is a significant opportunity for health care providers and other agencies to examine how an integrated health precinct could provide a satisfactory infrastructure solution that facilitates improved access to services as close to home as possible and adds significant social benefit to the local area.

The following recommendations are provided:

- Continue discussions with potential operators (public and / or private) to establish an understanding of interest in collaborating to establish the **Harp St Integrated Health Precinct**

<sup>2</sup> Campsie Health Precinct – 11 Harp St – Urban Design Report (KannFinch), 08 August 2019 p. 47

- Progress with key stakeholder consultation with SLHD and Canterbury Hospital, to explore opportunities to collaborate, to understand their needs and those of the local community more fully and to build a sustainable approach to promoting health and wellbeing

## 2. Background

### NSW Health's Strategic Framework for Integrating Care<sup>3</sup>

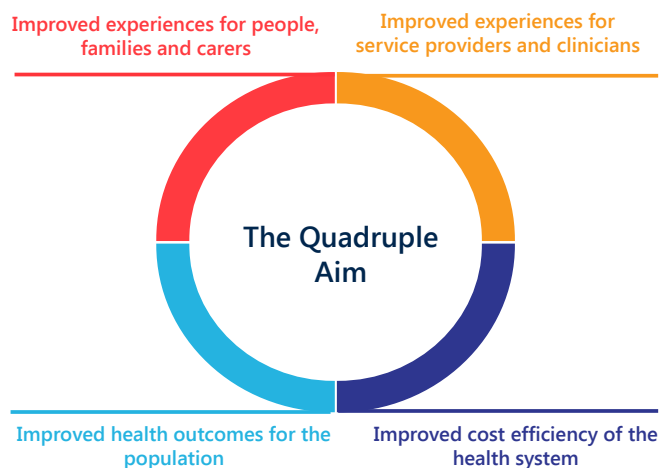
NSW Health's Strategic Framework for Integrating Care proposes to support 'better outcomes for individuals, families, health professionals, community health workers, and the broader health system. These outcomes include:

- *People, families and carers experiencing better coordination of care across different settings*
- *Improved health and wellbeing of the population, with greater health literacy and self-care*
- *A more value-based health system with reduced duplication in investment and services and more effective use of resources*
- *Greater job satisfaction for service providers, clinicians and other staff, with improved experiences of providing care....'*

And, 'the integration of care across settings and providers is an aspiration of all health services.....that provides enhanced quality and safety of care and better patient experiences...to deliver better value for the system and better outcomes for patients. '

NSW Health's vision is underpinned by 'The Quadruple Aim' – better experiences for patients and their families / carers, better experiences for service providers and clinicians, improved outcomes and improved cost efficiency.

The following table illustrates the 'Quadruple Aim':



**Figure 2:** NSW Health's Framework to deliver better value care

### Key Objectives of the Harp St Integrated Health Precinct

<sup>3</sup> NSW Health Strategic Framework for Integrating Care, November 2018, p.2



Underpinned by the key principles<sup>4</sup> of the NSW Health's Strategic Framework for Integrating Care:

- Person centred
- Primary care based
- Targeted
- Continually improved
- Collectively accountable
- Shared information,

this paper seeks to provide an overview of Neetan Investments Pty Ltd approach to support Canterbury Bankstown Council's vision to provide an Integrated Health Precinct in Campsie.

From a health planning perspective, *key drivers* that shaped Neetan Investments Pty Ltd approach include:

- Recognising the anticipated increase in the population and increased demand for services
- Promoting a healthy neighbourhood through illness prevention and health promotion
- Better management of patients with chronic conditions
- Exploring ways to build greater capacity to support increased demand for services
- The need to improve health literacy to ensure patients, families and carers are better informed and better equipped to be involved their care decisions
- Ensuring that the environment is responsive to the needs of the community
- Building strong partnerships to support better healthcare and decrease reliance on inpatient care where possible

By ensuring that patients, families and carers are more involved in their own care through shared decision making, it is envisaged that they will be empowered to ensure that their care meets their needs more fully. By improving the community's health literacy, ideally, they will become more engaged and more informed so that they can better determine what is important to them and how they can participate in promoting their own health and wellbeing.

*Health literacy* can be promoted through effective communication, the way we configure spaces and services, and how we plan to better meet the needs of the community by considering:

- Physical design, adjacencies and layout of buildings that considers physical and operational links
- Wayfinding and directional tools to make it easier for pedestrian / other movements
- Plain / simple language and explanations for all to aid in understanding diagnoses, treatments and care planning
- Effective CALD communication strategies to better include our multicultural community

Through *partnership and collaboration* with primary health care providers and other partners, the service offerings will be more comprehensive and targeted to meet community needs so as to better facilitate:

- Improved access
- Improved care coordination
- Improved information sharing
- Shared decision making
- Early intervention

---

<sup>4</sup> NSW Health Strategic Framework for Integrating Care, November 2018, p.14

- Hospital avoidance where possible

## 2.1 Harp St Integrated Health Precinct Project Overview

The **Harp St Integrated Health Precinct** could facilitate:

- Seamless healthcare that responds to the needs of the local community, and interfaces with social care
- Better patient experiences and patient satisfaction – greater involvement, inclusion and choice
- A ‘one stop shop’ type model that links clinical, clinical support and non-clinical services
- Improved opportunities to collaborate with Primary Care
- Improved collaboration and integration across the specialties and services
- Improved opportunities to promote teaching, learning and development of individuals and teams
- Improved staff / team satisfaction
- Improved opportunities to support patient education
- Improved access and less travel distances for patients, families and carers
- Improved coordination of care
- The opportunity to implement new / contemporary models of care
- Implementation of technologies to support telehealth and multidisciplinary care
- Improved opportunity to divert clinically appropriate activity from the acute hospital / Emergency Department
- Improved opportunities to promote multidisciplinary translational research

## 2.2 Project Report - Objective, Scope and Methodology

This Report seeks to provide a high-level health context review of the publicly available documentation listed below. Additionally, the Project Team participated in one brief videoconference with the Chief Executive and the Director of Operations (Sydney Local Health District) held on Monday, 13 July 2020.

Publicly available documents reviewed include:

- A Picture of Health – Sydney Local Health District Health Profile 2015
- Sydney Local Health District Strategic Plan 2018-2023
- Balmain Hospital Strategic Plan 2019-2024
- Canterbury Hospital Strategic Plan 2019-2024
- Concord Hospital Strategic Plan 2019-2024
- Royal Prince Alfred Hospital Strategic Plan 2019-2024

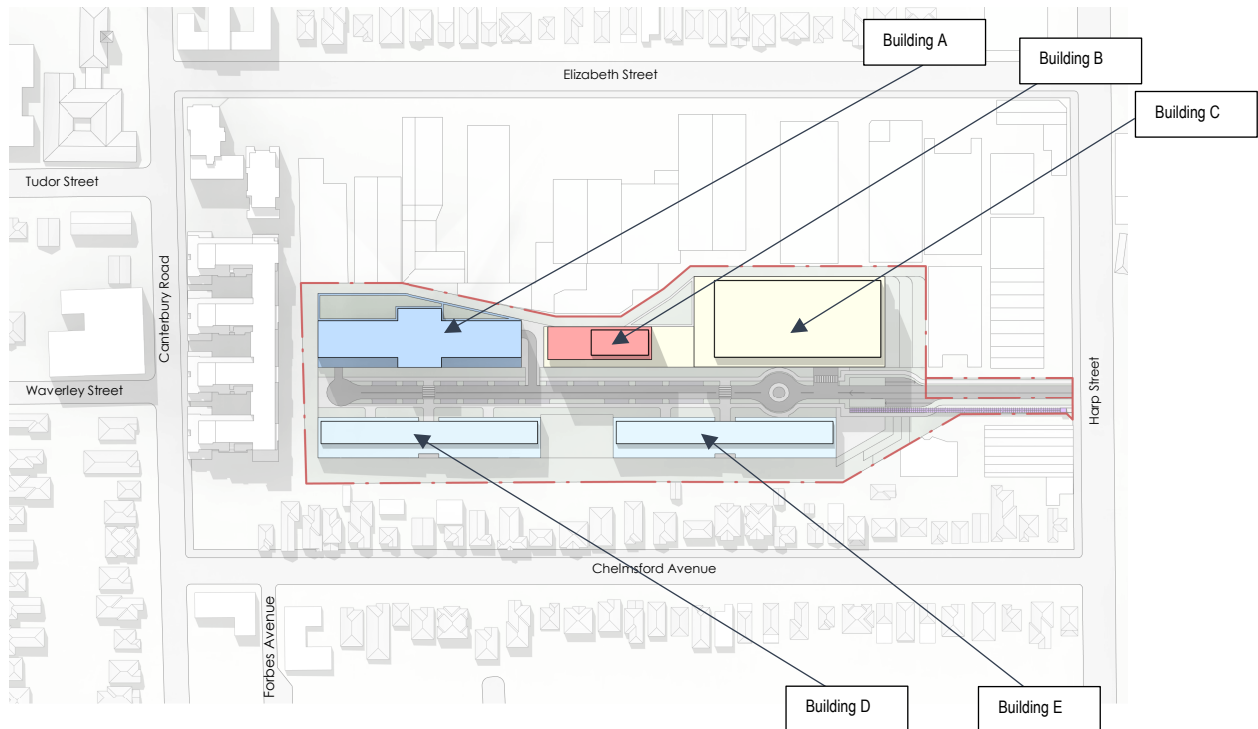
The initial project scope for 11 Harp St, Campsie included:

- Aged Care (Building A)
- Medi Hotel (Building B) – 100 rooms
- Private Hospital (Building C) – 200 beds
- Rehabilitation Centre and Respite Care (Building C)
- Hospital Staff and Patients Childcare Centre (Building C) – 150 places
- Medical Centre and Specialist Suites (Building C)
- Medical Research and Innovation Hub (Building C) – size to be determined

- Independent Living Units (Buildings D and E)
- Disability Living (Building D)

It is noted however, that the original proposal lodged with Canterbury Bankstown Council incorporated Aged Care (including residential aged care beds independent living and disability housing proposed for Buildings A, D and E) and it is acknowledged that this not permitted under the proposed health precinct zoning. Council staff indicated a preference for land uses moving forward to be limited to health and health related only.

The following figure<sup>5</sup> illustrates initial intended uses of buildings on the 11 Harp St Campsie site and its proximity to Canterbury Rd:



**Figure 3:** Initial 11 Harp St site layout

## 2.3 Project Report Assumptions

In preparing this Report, the following assumptions apply:

- The purpose of this review is to give indicative advice only
- The Report does not consider the SLHD Clinical Services Plan (CSP) or the Canterbury Hospital CSP – these documents set the direction for clinical services for patients accessing care in public health facilities within SLHD, and consider geographic, population, health service and activity profiles, demand for service, service delivery, future models of care and service priorities etc. (documents not available publicly)
- Consideration and recommendations pertaining to size / scale will require full and comprehensive analysis by prospective operators
- The review does not consider any financial assessment to support the development and its viability - capital investment, recurrent, FFE

<sup>5</sup> Campsie Health Precinct – 11 Harp St – Urban Design Report (KannFinch), 08 August 2019 p. 47

- Clinical data such as HARDS and NSW Ministry of Health demand / supply data has not been provided and is excluded in this review process
- Detailed consultation with SLHD / Canterbury Hospital has not been achieved at the time of finalising this Report
- Recommendation and comment will be general in nature

### 3. Documentation Review – Clinical

#### 3.1 Sydney Local Health District and Facility Specific Overview

The review of documentation as listed below only considers the documents listed. It does not include consideration of activity projection data that is held by the NSW Ministry of Health or hospital demand modelling data held by HARDS & Associates as the client has no access to these data sets.

Further, at the time of preparing this Report, there is no publicly available Clinical Service planning documentation as it relates to the Sydney Local Health District or the public health facilities within it.

The review undertaken considered applicability to clinical services only. Other components of the documents outlined have not been considered.

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and the individual LHD hospital facilities strategic plans. All information detailed below comes directly from the Sydney Local Health District Strategic Plan 2018-2023 and the individual LHD hospital facilities strategic plans.

#### *A Picture of Health – Sydney Local Health District Health Profile 2015*

The Sydney Local Health District (SLHD) is located in the centre of the Sydney metropolitan area (126sq km) and covers the following local government areas (LGAs):

- Ashfield
- Burwood
- Canada Bay
- Canterbury
- City of Sydney (Sydney South and West only)
- Leichhardt
- Marrickville
- Strathfield

SLHD incorporates high density commercial precincts, strong employment and extensive health, education and sporting facilities.

The following table illustrates some high level population data:

SLHD Population	Total / rate
Estimated resident population 2016	639,530
Percentage 25-34yrs	21.5%
Percentage 65+years	12.2%
Projected 2021	706,850
Projected 2026	766,530
Projected 2031	832,790
Canterbury SEIFA score (lowest rank in SLHD)	922
Burwood SEIFA score (second lowest rank in SLHD)	996
Sydney LHD SEIFA	1006
Campsie (suburban ranking of disadvantage in SLHD)	6th

**Table 3:** SLHD Summary population (Source: A Picture of Health – Sydney Local Health District Health profile 2015, pages 6, 10, 13, 16, 17)

In summary, this document proposes that:

- There are pockets of social advantage and disadvantage across the LHD
- Priority populations groups include:
  - Aboriginal people
  - CALD communities
  - Humanitarian arrivals
  - People with disability
  - Carers
  - Older people
- Health status and lifestyle behaviours that impact of the health of the population include:
  - Smoking - 16.2% of the population smoke (decreasing since 2002)
  - Excessive alcohol consumption – 23.9% of population consume in excess of two standard drinks per day
  - Overweight and obesity – 45.1% of population are overweight, high prevalence of childhood obesity
  - Illicit drug use – a rise in the misuse of pharmaceutical drugs and some decline in the use of ecstasy, heroin and GHB
- Priority health areas include:
  - Cancer
  - Cancer screening
  - Maternal health
  - Injury and poisoning
  - Infectious diseases
- There is a significant challenge managing chronic disease including:
  - Diabetes
  - Respiratory disease
  - Cardiovascular disease
  - Musculoskeletal conditions
  - Oral health
  - Falls and falls related injuries
  - Dementia

- Mental health
- Most common service related groups for hospitalisations include:
  - Renal dialysis
  - Obstetrics
  - Orthopaedics
  - Non-specialty medicine
  - Psychiatry
  - Gastroenterology
  - Non-subspecialty surgery
  - Respiratory medicine
  - Unqualified neonates (well babies)
  - Cardiology

*Sydney Local Health District Strategic Plan 2018-2023*

SLHD priorities include:

- Partnering with patients, families, carers and consumers
- Strengthening and valuing the workforce and its capability
- An inclusive health care system that is responsive to local Aboriginal communities
- Developing, planning and constructing new and upgraded health facilities to address the significant population growth, increasing demand and ageing infrastructure
- Shifting the balance of care into primary, population health, ambulatory and community based services
- Influencing social and policy factors that affect health by working in partnership with the community and other sectors
- Shaping the future through healthcare and information technology – state of the art imaging, remote medical and health monitoring, point of care diagnostic, smart technologies, Apps, robotics, etc
- Growing health and medical research
- Enhancing models of care for multiple patient groups
- Growing tertiary and quaternary care to advance specialised care options
- Developing partnerships to better integrate care, build capacity and deliver on key strategic goals - universities, local councils, PHNs, local Aboriginal health services, NGOs, residential aged care services and government agencies
- Highest possible performance, outcomes, and value for money

Future activity across SLHD will respond to:

- A projected 30% population increase
- A growing elderly population
- An anticipated increase in chronic illness
- A projected increase in cancer related illness
- An increase in demand for chemotherapy and radiotherapy services
- An increase in demand for community based services (non-admitted services)

SLHD recognises that in order to respond to increasing population and associated demand for services:

- There needs to decreased reliance on beds
- The implementation of new models of care and clinical redesign will not be sufficient to address increasing demand



- There will be a high need for additional capacity across the LHD equivalent to a new tertiary facility
- There need to be much greater emphasis on integrated care models and out of hospital care
- Each facility within the LHD will have its respective operational framework to implement key strategies
- The LHD is governed by 14 clinical streams, each with their own framework to provide services, leadership and future direction

Observations include:

- Focus on decreased reliance on beds
- New models of care and clinical redesign will not be sufficient to address increasing demand
- High need for additional capacity across the LHD equivalent to a new tertiary facility
- Need for much greater emphasis on integrated care models and out of hospital care

Balmain Hospital Strategic Plan 2019-2024

Key priorities for Balmain Hospital include:

- Support and empowered and resilient workforce
- Support employees to deliver the highest quality of care
- Foster a diverse workforce within a culturally safe and competent health system
- Maintain and improve infrastructure and facilities to meet the needs of our aged care and rehabilitation patients
- Implement information technology solutions to improve information accessibility and patient safety and care
- Support the implementation of efficiency improvements towards a sustainable health system
- Support and foster responsive, integrated, culturally safe and competent multidisciplinary services
- Streamline discharge processes to better support the transition from hospital to home and support strategies for patients to remain in the community
- Support and expand areas of clinical specialisation
- Engage and empower our community to be healthy
- Develop sustainable and proactive partnerships
- Ensure care is truly patient and family centred by engaging with patients and their carers to improve the patient experience
- Ensure that Balmain Hospital and its services meet and exceed National Safety and Quality Health Service Standards and other relevant standards
- Drive a culture committed to research, informed by evidence and consumer experience
- Establish and strengthen collaborative research with our partners
- Foster a culture of innovation, change management and collaboration
- Support equity, access and a values framework in our workforce, education and service delivery

Observations include:

- Emphasis on sub-acute care – aged care and rehabilitation, ambulatory care, general practice support
- Gap in information technology capability
- Committed to evidence based research

Canterbury Hospital Strategic Plan 2019-2024

Key priorities for Canterbury Hospital include:

- Plan for the expansion of the Emergency Department
- Plan for the redevelopment of Canterbury Hospital
- Upgrade Ambulatory Care including Renal Dialysis Services
- Improve hospital services to ensure that Aboriginal people feel welcomed
- Continue to improve ICT accessibility including the digital transformation of the hospital's eMR and other IT programs
- Support innovation and performance to drive service
- Support the District priority for a sustainable and holistic health system
- Deliver high quality and safe care aligned to the health needs of the local community
- Support new innovative models of care
- Explore opportunities to improve the integration of clinical services in collaboration with other services and agencies
- Identify opportunities to improve or redesign services including Endocrinology, Cardiology, and Respiratory Medicine and improving diagnostic imaging services on site
- Investigate opportunities to improve the integration of health services – enhancing outpatient and outreach services to better support prevention and chronic disease management, multidisciplinary and cross specialty clinics and alignment with LHD Aboriginal health strategies
- Support innovation and performance to drive service improvements
- Enhance staff safety, health and wellbeing
- Recruit and retain an engaged and diverse workforce
- Develop research strategies at Canterbury Hospital consistent with the District research strategy
- Build capacity to support research and promote participation in research – clinical trials
- Promote a culture that values and supports education and professional development – research forums, conferences and symposiums, potential sub-clinical school
- Plan for the integration of state of the art education and development at Canterbury hospital – education infrastructure and technologies

Observations include:

- 39% increase in population by 2031
- 33% of Canterbury population socioeconomically disadvantaged
- High ethnicity – 66% of Canterbury population do not speak English at home, 48% born overseas
- 30% of outflows for Canterbury residents are for private health care services
- High projected population increase in 65+ yrs by 2031
- Redevelopment of Canterbury Hospital – high priority and need – infrastructure old and inhibits the implementation contemporary and new / emerging models of care, new technologies
- LHD focus on evidence-based practice / research
- ICT gaps
- Need for Renal Dialysis services
- Apparent gap in Gastroenterology, Interventional Cardiology, Mental Health, Stroke, Interventional Radiology, MRI and PET services
- Opportunity to establish better links with complementary services – General Practice, Community Health, Child and family health, Pathology services
- 18.8% Canterbury resident activity flows to Concord or RPA Hospitals
- 16.8% activity flows to SESLHD or SWSLHD

- 10% of all SLHD births are attributed to Canterbury residents
- Apparent need for establishment of community-based health facilities to provide prevention early intervention and community-based care
- Promotion of Breast Screening in Canterbury area

#### Concord Hospital Strategic Plan 2019-2024

Key priorities for Concord Hospital include:

- Aligned with Sydney Local Health District Research Strategic Plan 2018-2023
- Encouraging consumer participation in research activities
- Building capacity to undertake research by supporting emerging researchers
- Strengthening opportunities for research with existing research partners and explore opportunities for new partnerships
- Completing stage one redevelopment in accordance with the clinical services plan with upgraded Aged Care and Rehabilitation services, Cancer services and the National Centre for Veterans Healthcare, as well as Ambulatory Care, Emergency Department, Intensive Care, Theatres, Imaging, Diagnostics and Research facilities
- Finalise the clinical services planning for stage two redevelopment - comprehensive and consultative process to inform Stage 2 Redevelopment - consider the need for new services such as Maternity and Paediatrics, consider expansion of Gynaecology service
- Focus on culturally appropriate care for Aboriginal people
- Continue to improve ICT Accessibility – electronic health programs, eReferrals, eMeds, Patient ID barcoding,
- Support Sydney Local Health District's priority for a sustainable health system
- Deliver high quality and safe care aligned to the health needs of the local population
- Support the introduction of innovative new services and models of care e.g. critical care outreach,
- Explore opportunities to improve the integration of clinical services - neurology outreach to support Canterbury Hospital, integration of ortho- geriatric model, medical/ surgical liaison services for complex older persons, enhance ageing and dementia and mental health capability
- Expand and build our partnerships across the health and social system – strengthen relationships with residential aged care facilities, further develop palliative care services and allied health
- Collaborate closely with the local Primary Health Network
- Provide Concord Hospital staff with the support to enable the provision of safe and high quality care
- Identify strategies to recruit and retain the Concord Hospital workforce
- Enhance staff safety and well being
- Promote and support a culture of patient and family centred care quality safety evidence based practise and innovation – research infrastructure, extend model of RPA institute of academic surgery, enhance clinical trials, opportunities for 'in-hospital' / local research
- Ensure that equity and the CORE values underpin all education and training activities
- Continue to support and encourage professional development for employees across all disciplines
- Support the integration of state-of-the-art education facilities as part of the Concord hospital redevelopment

Observations include:

- Clinical Services Planning underway for Stage 2 redevelopment
- LHD focus on evidence-based practice / research

- Consider the need for new services such as Maternity and Paediatrics, consider expansion of Gynaecology service
- Focus on culturally appropriate care for Aboriginal people
- Need for improved ICT accessibility
- Consideration of introduction of critical care outreach, improved integration neurology outreach to support Canterbury Hospital, integration of ortho- geriatric model, medical/ surgical liaison services for complex older persons, enhance ageing and dementia and mental health capability
- Expand and build our partnerships across the health and social system – with residential aged care facilities, further develop palliative care services and allied health
- Strong PHN collaboration
- Need for state-of-the-art education facilities
- Need for research infrastructure
- Plan to extend model of RPA institute of academic surgery
- Plan to enhance clinical trials
- Explore opportunities for 'in-hospital' / local research

#### Royal Prince Alfred Hospital Strategic Plan 2019-2024

Key priorities for RPA Hospital include:

- Plan for and champion the redevelopment and expansion of RPA hospital in accordance with the clinical services strategy and CSP to meet the needs of a growing and changing local and referral population
- Review and enhance RPA facilities with a focus on accessibility, cultural appropriateness and patient centred care including:
  - Expansion of inpatient capacity
  - Remodelled and expanded ED including waiting area
  - Enhanced Intensive Care capacity
  - A major emphasis on ambulatory care and outpatients
  - Expanded pre-admission clinic space
  - Operating theatres including hybrid theatres
  - Medical and surgical facilities
  - Medical imaging and diagnostic capabilities
  - Paediatric services
  - Clinical support services
  - Stronger rehabilitation capability
  - Building digital capability with state of the art ICT infrastructure
  - A purpose built research facility on the RPA campus
- Complete the roll-out and optimization of a mobile integrated lifelong eMR to support best practice care integrated across care partners in the primary, community and acute care system
- Collocate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies
- Build and leverage strategic partnerships across the health and social care system to minimised service fragmentation and ensure equitable access to high quality patient care – HealthOne, Universities, community, PHN, NGOs
- Strengthen engagement and existing partnerships with Aboriginal communities and organisations to 'Close the gap' in health behaviours, health outcomes and access to health services between Aboriginal and non-Aboriginal people

- Contribute to the planned establishment of RPA HealthOne East Green Square as part of the broader Sydney Local Health District integrated care strategy
- Implement flexible and adaptive models of care to address the needs and challenges of specific cohorts (such as aged, people with disability, indigenous culturally and linguistically diverse and people from rural and remote areas), high volume areas such as ED, ICU and paediatrics
- Consider informational and emotional needs of patients, families and carers in the design and delivery of clinical care services through co-design, leading better value care (LBVC)
- Design and implement easy to navigate care pathways which facilitate active involvement of patients, families and carers in their care
- Identify opportunities to improve or redesign services
- Investigate opportunities to improve the integration of health services
- Support innovation and performance to drive service improvements
- Future service development such as genetic therapy trials, novel transplantation modalities, researching the efficacy of new approaches to robotic surgery (including artificial intelligence), providing novel multidisciplinary clinics for management of complex medical diseases such as pulmonary hypertension, neuroimmunology and interstitial lung disease
- Building its medical imaging capability and capacity including interventional neuroradiology services and positron emission tomography magnetic resonance imaging (PET-MR)
- Ambulatory care services and the need to develop new multidisciplinary models to address complex medical issues and chronic diseases
- Promote opportunities for greater employee engagement and participation at both a strategic and operational level
- Support managers to build healthy teams and look after our staff including through participation in staff wellbeing programs
- Attract, retain and develop exceptional staff by becoming an employer of choice
- Inspire a culture of accountability through the high quality feedback continuous improvement development cycles and recognition of employee excellence
- Celebrate and maintain world class status of our RPA through proactive communication of research successes and innovation
- Advanced translation of all healthcare research by leveraging strategic partnerships with medical research institutes, universities and industry partners
- Support involvement of staff, patients, families and communities in all phases of the research cycle
- Advocate and promote the development and successful implementation of Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub
- Partner with universities in education institutes to offer sector ready professional development opportunities targeted to service needs
- Promote availability and access to modern evidence based education methods and infrastructure
- Embed a continuous learning culture through support for reflective learning and customized development pathways

Observations include:

- Planning for redevelopment and expansion of RPA hospital - clinical services strategy and CSP to meet the needs of a growing and changing local and referral population - with a focus on accessibility, cultural appropriateness and patient centred care
- Plan to collocate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies
- LHD focus on evidence-based practice / research, strategic partnerships

- Strengthen engagement / existing partnerships with Aboriginal communities and organisations to 'Close the gap'
- Focus on co-design with consumers
- To improve the integration of services
- Exploring future service development such as genetic therapy trials, novel transplantation modalities, researching the efficacy of new approaches to robotic surgery (including artificial intelligence), providing novel multidisciplinary clinics for management of complex medical diseases such as pulmonary hypertension, neuroimmunology and interstitial lung disease
- Plan to build medical imaging capability and capacity including interventional neuroradiology services and positron emission tomography magnetic resonance imaging (PET-MR)
- Expand ambulatory care services - develop new multidisciplinary models to address complex medical issues and chronic diseases
- High need for increased digital capability, improved ITC accessibility
- Implementation of Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub
- Exploring opportunities to review / redesign services, flexible / adaptive models of care

#### High level SLHD themes:

High level themes have been identified following the documentation review and they include:

Themes	Aims, Objectives and Considerations
Patient experience	<ul style="list-style-type: none"> <li>• Care as close to home as possible</li> <li>• Person centred care – patients, families and carers</li> <li>• Greater access and choice</li> <li>• Less invasive interventions</li> <li>• Decreased length of stays</li> <li>• Co-design with consumers</li> <li>• Integrated care</li> <li>• Less reliance on inpatient care</li> </ul>
Population	<ul style="list-style-type: none"> <li>• 39% increase to 2031</li> <li>• 33% of Canterbury socially disadvantaged</li> <li>• High ethnicity – 48% born overseas and 66% do not speak English at home</li> <li>• High projected population increase for 65+yrs by 2031</li> <li>• 18.8% Canterbury resident activity flows to Concord or RPA Hospitals</li> <li>• 16.8% activity flows to SESLHD or SWSLHD</li> <li>• 10% of all SLHD births are attributed to Canterbury residents</li> </ul>
SLHD direction / Canterbury Hospital	<ul style="list-style-type: none"> <li>• Decreased reliance on beds</li> <li>• New models of care and clinical redesign</li> <li>• Need for additional capacity to meet growing demand</li> <li>• Integrated models of care and out of hospital care</li> <li>• Improved ITC capability / digital health – high priority</li> <li>• Commitment to evidence based research</li> <li>• Redevelopment of Canterbury Hospital – high priority</li> <li>• Need for Renal Dialysis in Canterbury</li> <li>• Promotion of Breast Screen services in Canterbury</li> <li>• Apparent gap in Gastroenterology, Interventional Cardiology, Mental Health, Stroke, Interventional Radiology, MRI and PET services</li> <li>• Build stronger / strategic partnerships</li> </ul>



	<ul style="list-style-type: none"> <li>• Apparent need for establishment of community-based health facilities to provide prevention early intervention and community-based care</li> <li>• Concord Hospital provides significant support to Canterbury Hospital – back-up, beds and services including <ul style="list-style-type: none"> <li>○ Radiology</li> <li>○ Nuclear Medicine</li> <li>○ Pathology</li> <li>○ Infectious Diseases</li> <li>○ Intensive Care</li> <li>○ Emergency Medicine</li> <li>○ Specialised Aged Care</li> <li>○ Rehabilitation</li> <li>○ Cancer</li> <li>○ Cardiology</li> <li>○ Endocrinology</li> <li>○ Colorectal Surgery</li> <li>○ Neurology</li> <li>○ Palliative Care Services</li> </ul> </li> <li>• Focus on culturally appropriate care for Aboriginal people</li> <li>• Need for research and education infrastructure</li> <li>• Focus on co-design with consumers</li> </ul>
Private Health Insurance	<ul style="list-style-type: none"> <li>• Rates appear low – more robust work required with potential operators</li> <li>• Socioeconomically disadvantaged population</li> <li>• 30% of SLHD outflows for Canterbury residents are for private health services</li> </ul>
Partnership opportunities	<ul style="list-style-type: none"> <li>• Opportunities for strong collaborative relationships with Canterbury Hospital and other SLHD facilities</li> <li>• Provision of services to public hospitals e.g. elective surgery</li> <li>• Complementary services including alternative therapies</li> <li>• Clinical support services such as Pathology, Medical Imaging</li> <li>• Opportunity to establish better links with complementary services – General Practice, Community Health, Child and family health,</li> </ul>
Spaces	<ul style="list-style-type: none"> <li>• Opportunities to lease space to SLHD</li> <li>• Need for specialist consultation spaces</li> <li>• Need for Renal Dialysis space for SLHD</li> <li>• Potential for locally based cancer therapy / clinics for SLHD</li> <li>• Need for SLHD Community Health space</li> <li>• More rigorous assessment of bed requirements, day only / overnight, service configurations</li> <li>• Consider need for research infrastructure</li> </ul>
Activity	<ul style="list-style-type: none"> <li>• Robust assessment of the most common service-related groups for hospitalisation across SLHD and opportunities that PHI patients may provide</li> <li>• High needs – renal dialysis, chemotherapy services, mental health services</li> </ul>
Suite of Services	<ul style="list-style-type: none"> <li>• Day Surgery including high volume short stay</li> <li>• GP and Allied Health</li> <li>• Imaging</li> <li>• Endoscopy services</li> <li>• Rehabilitation services</li> <li>• Mental Health services</li> <li>• Interventional Cardiology</li> <li>• Interventional Radiology</li> <li>• Hybrid ORs</li> <li>• Orthopaedic services – ageing population / degenerative musculoskeletal disease</li> <li>• Ophthalmology</li> </ul>

	<ul style="list-style-type: none"> <li>• Pathology</li> <li>• Pharmacy</li> <li>• Ambulatory Care</li> <li>• Complementary services including alternative therapies</li> <li>• Allied health services</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• Learning and development to build capacity and capability of individuals and teams</li> <li>• Cross accreditation opportunities</li> <li>• Potential academic links to support training and education</li> <li>• Employer of choice</li> </ul>
Research and Innovation	<ul style="list-style-type: none"> <li>• Potential academic links</li> <li>• Committed to evidence based research</li> <li>• Consider need for research facilities and strategic partnerships</li> </ul>
Retail	<ul style="list-style-type: none"> <li>• Café</li> <li>• Pharmacy</li> <li>• Other</li> </ul>

**Table 4:** Documentation review findings and considerations

### 3.2 Indicative Services – Harp St Integrated Health Precinct

It is acknowledged by Neetan Investments ty Ltd, that a detailed consultation process with key stakeholders is required to fully and reliably determine the requirements of an Integrated Health Precinct in Campsie.

This paper does not determine whether an acute care facility would be a public health facility or one that is supported by the private sector.

However, based on high level assessment of the publicly available information listed in Section 2.2 above, some assumptions about need, and as it pertains to the Sydney Local Health District, Canterbury Hospital, other SLHD heath facilities, and any consideration of the establishment of a private acute hospital facility, the proposed development could include any or all of the following:

Indicative Services could comprise:	
Integrated Ambulatory Health Hub	<ul style="list-style-type: none"> <li>• Renal Dialysis</li> <li>• Chemotherapy</li> <li>• Radiation Oncology</li> <li>• Oral health services</li> <li>• Integrated GP and Allied Health Services</li> <li>• Therapy spaces, Community Mental health services</li> <li>• Telehealth Service Centre</li> <li>• Women's Health Centre</li> <li>• Men's Health Centre</li> <li>• Child and Family Health</li> <li>• Health and Wellbeing Centre</li> <li>• Alternative Therapies Centre</li> <li>• Health Promotion spaces</li> <li>• Diabetes Education Centre</li> <li>• Medicare offices</li> <li>• Private Health Insurance offices</li> <li>• Retail – café, optometry, audiology centre, assistive technology etc</li> </ul>

Medi Hotel	<ul style="list-style-type: none"> <li>• Overnight facility generally for ‘self-caring’ patients who require minimal supervision / support who are accessing / have accessed acute hospital services</li> <li>• In close proximity to an acute hospital</li> <li>• Supports patients and families undergoing investigations / treatment and who do not require an inpatient admission</li> </ul>
Acute Hospital	<ul style="list-style-type: none"> <li>• Inpatient beds – medical and surgical</li> <li>• Operating Rooms</li> <li>• Intensive Care /High Dependency Unit</li> <li>• Clinical Support Services such as Medical Imaging, Pharmacy, CSSD</li> <li>• Non-Clinical Support Services including Food Services, Environmental Services Supply, Linen/ Laundry services</li> <li>• Other (as determined by key stakeholders)</li> </ul>
Rehabilitation and Respite	<ul style="list-style-type: none"> <li>• Rehabilitation – promoting independence and return to normal daily activities</li> <li>• Respite – temporary accommodation in a safe environment to support carers</li> </ul>
Hospital Staff and Patients Childcare Centre	<ul style="list-style-type: none"> <li>• Primarily focussed on supporting working healthcare employees and local community families</li> <li>• Supporting parents who have a sibling child in hospital or attending outpatient appointments</li> </ul>
Medical Specialist Suites	<ul style="list-style-type: none"> <li>• Provision of specialist consultation / follow-up in a wide range of specialties and sub-specialties</li> </ul>
Medical Research and Innovation Hub	<ul style="list-style-type: none"> <li>• Translational research – evidence based</li> <li>• Collaborative research – health, universities, research institutes</li> <li>• Clinical trials</li> <li>• Leading edge collaboration focusing on health and wellbeing</li> <li>• Research culture and activities that focuses on patients, families and carers in the community to achieve better patient outcomes</li> <li>• Strategic partnerships to foster the translation of knowledge to practice and policy</li> </ul>
Day Procedure Centre	<ul style="list-style-type: none"> <li>• Day Only Operating Rooms</li> <li>• Pre-Procedure care</li> <li>• Post-procedure care</li> <li>• Endoscopy Suite</li> <li>• Interventional Cardiology</li> </ul>
Clinical Teaching and Learning Centre	<ul style="list-style-type: none"> <li>• Tutorial spaces</li> <li>• Lecture Theatre</li> <li>• Simulation Centre</li> </ul>
Clinical Support Services	<ul style="list-style-type: none"> <li>• Diagnostic Imaging</li> <li>• Pathology</li> <li>• Pharmacy</li> </ul>

**Table 5:** Indicative ‘Integrated Health Precinct’ Services

### 3.3 High Level Project Outcomes and Benefits

Although not conclusive, the following table lists some potential outcomes and benefits of a new integrated health precinct:

Outcomes	Potential Benefits
Improved patient experience	<ul style="list-style-type: none"> <li>• Patient (and family / carer) centred care – greater inclusion and involvement in care</li> <li>• Co-design with consumers</li> <li>• Purpose built facilities</li> <li>• Improved access to services</li> <li>• Improved choice of healthcare services</li> <li>• Access to services closer to home</li> <li>• Wider range of service available locally</li> <li>• Improved patient outcomes</li> <li>• Improved health and wellbeing</li> <li>• Improved waiting times for care</li> <li>• Enhanced integrated care models</li> <li>• Decreased length of stay</li> <li>• Implementation of new technologies to support care needs</li> </ul>
Community engagement	<ul style="list-style-type: none"> <li>• Culturally sensitive care - Aboriginal, CALD</li> <li>• Improved business vibrancy</li> <li>• Meeting the needs of the local community</li> <li>• Enhanced relationships with aged care providers</li> </ul>
Financial sustainability	<ul style="list-style-type: none"> <li>• Cost effective and cost efficient care</li> <li>• Operational efficiency</li> <li>• Reduced unplanned returns</li> </ul>
Sustainable infrastructure solution	<ul style="list-style-type: none"> <li>• Modern infrastructure - safety, access, security</li> <li>• Functional clinical spaces</li> <li>• Functional workspaces</li> <li>• More accessible services – drop-off, wayfinding</li> <li>• Responsive to population increase and demand</li> <li>• Implementation of contemporary and new /emerging models of care</li> <li>• Improved ambulatory care / outpatient models - opportunity to shift the focus to non-admitted care where possible</li> <li>• Comprehensive suite of clinical support services such as Imaging, Pathology</li> <li>• Opportunity to place complementary services in health precinct</li> </ul>
Workforce development	<ul style="list-style-type: none"> <li>• Strong commitment to learning and development – capacity and capability</li> <li>• Improved staff recruitment and retention – employer of choice</li> <li>• Improved staff experience</li> <li>• Greater convenience for medical staff working across public and private sectors</li> <li>• Cross accreditation opportunities</li> <li>• Opportunities to anticipate in research activities</li> </ul>
Research and Innovation Hub	<ul style="list-style-type: none"> <li>• Translational research – evidence based</li> <li>• Collaborative research – health, universities, research institutes</li> <li>• Clinical trials</li> </ul>
Partnership and collaboration	<ul style="list-style-type: none"> <li>• Improved capacity to build strong and sustainable partnerships locally, across the LHD, metropolitan Sydney and statewide</li> <li>• Collaboration with other public and private health facilities (acute / subacute / ambulatory / outpatient / community health), primary health, residential aged care facilities, universities, community agencies, NGOs</li> </ul>
Effective safety and risk management	<ul style="list-style-type: none"> <li>• Effective clinical and corporate governance</li> </ul>

	<ul style="list-style-type: none"> <li>• Compliance with local, state and national standards, guidelines, policies and procedures</li> <li>• Accreditation aligned with National Safety and Quality Health Standards</li> <li>• Reduced clinical errors and infection, sentinel events</li> </ul>
--	---

**Table 6:** High level benefits of new hospital development

## 4. Conclusion and Recommendations

### 4.1 Conclusion

Based on assessment of information available to date, it appears very reasonable that the establishment of an integrated health precinct in Campsie would be of significant benefit to the local community. The final configuration of the integrated health precinct would require extensive consultation with key stakeholders to ensure that it meets the needs of the local community.

From a health planning perspective, *key drivers* that shaped Neetan Investments Pty Ltd approach include:

- Recognising the anticipated increase in the population and increased demand for services
- Promoting a healthy neighbourhood through illness prevention and health promotion
- Better management of patients with chronic conditions
- Exploring ways to build greater capacity to support increased demand for services
- The need to improve health literacy to ensure patients, families and carers are better informed and better equipped to be involved their care decisions
- Ensuring that the environment is responsive to the needs of the community
- Building strong partnerships to support better healthcare and decrease reliance on inpatient care where possible

The establishment of an integrated health precinct could provide significant benefit including (and not limited to):

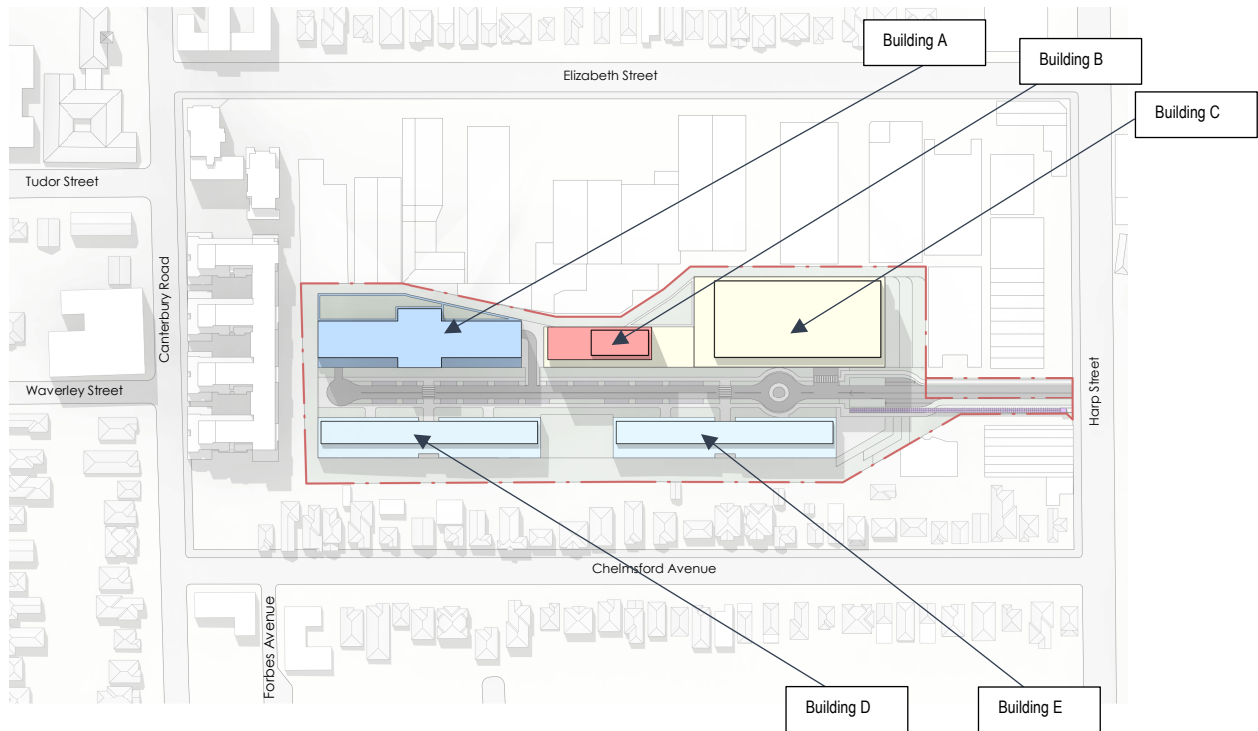
- Improved access to and choice of healthcare services
- Significant business vibrancy
- Improve the patients (and families / carers) experience
- Create employment opportunities locally

In alignment with strategic planning outcomes intended for this area, the Report seeks to provide indicative service uses to support the development of an integrated health precinct in Campsie as follows:

- Integrated Ambulatory Health Hub which could include: Renal Dialysis, Chemotherapy, Radiation Oncology, Oral health services, Integrated GP and Allied Health Services, Therapy spaces, Community Mental health services, Telehealth Service Centre, Women's Health Centre, Men's Health Centre, Child and Family Health, Health and wellbeing centre, Alternative Therapies Centre, Health Promotion spaces, Diabetes Education Centre, Medicare offices, PHI (Building A)
- Medihotel (Building B)
- Private Hospital (Building C)
- Rehabilitation and Respite (Building C)
- Hospital Staff and Patients Childcare Centre (Building C)
- Medical Centre and Specialist Suites (Building C)

- Medical Research and Innovation Hub (Building C)
- Day Procedure Centre which could include: Day Only Operating Rooms, pre-procedure and post procedure care, Endoscopy Suite, Interventional Cardiology (Building D)
- Clinical Teaching and Learning Centre including Simulation Centre (Building D)
- Clinical Support Services such as Diagnostic Imaging, Pathology, Pharmacy (Building E)

The following figure<sup>6</sup> illustrates initial intended uses of buildings on the 11 Harp St Campsie site and its proximity to Canterbury Rd:



**Figure 4:** Revised proposal for 11 Harp St site layout

Access to the Canterbury Hospital Clinical Services Plan or NSW Ministry of Health supply and demand projection data and a targeted consultation session with key SLHD / Canterbury Hospital stakeholders could not be achieved at the time of completing this Report. It is clear however, that there are key focus areas for Sydney Local Health District, and they include:

- A focus on decreased reliance on beds
- New models of care and clinical redesign will not be sufficient to address increasing demand
- High need for additional capacity across the LHD equivalent to a new tertiary facility
- Need for much greater emphasis on integrated care models and out of hospital care

Although a preliminary assessment at this stage, it can be determined that based on the size of the existing site, its proximity to Canterbury Road, the Canterbury Hospital and the local shopping area (Clemton Park Shopping Village), there is a significant opportunity for health care providers and other agencies to examine how an integrated health precinct could provide a satisfactory infrastructure solution that facilitates improved access to services as close to home as possible and adds significant social benefit to the local area

<sup>6</sup> Campsie Health Precinct – 11 Harp St – Urban Design Report (KannFinch), 08 August 2029 p. 47

## 4.2 Recommendations

The following recommendations are provided:

- Continue discussions with potential operators (public and / or private) to establish an understanding of interest in collaborating to establish the **Harp St Integrated Health Precinct**
- Progress with key stakeholder consultation with SLHD and Canterbury Hospital, to explore opportunities to collaborate, to understand their needs and those of the local community more fully and to build a sustainable approach to promoting health and wellbeing

## **5 Appendix 1 – Detailed Review of Sydney Local Health District Strategic Plans**



## 5.1 A Picture of Health – Sydney Local Health District Health Profile 2015

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Profile (2015).

The Sydney Local Health District (SLHD) is located in the centre of the Sydney metropolitan area (126sq km) and covers the following local government areas (LGAs):

- Ashfield
- Burwood
- Canada Bay
- Canterbury
- City of Sydney (Sydney South and West only)
- Leichhardt
- Marrickville
- Strathfield

SLHD incorporates high density commercial precincts, strong employment and extensive health, education and sporting facilities.

The following table illustrates some high level population data:

SLHD Population	Total / rate
Estimated resident population 2016	639,530
Percentage 25-34yrs	21.5%
Percentage 65+years	12.2%
Projected 2021	706,850
Projected 2026	766,530
Projected 2031	832,790
Canterbury SEIFA score (lowest rank in SLHD)	922
Burwood SEIFA score (second lowest rank in SLHD)	996
Sydney LHD SEIFA	1006
Campsie (suburban ranking of disadvantage in SLHD)	6th

**Table 7:** SLHD Summary population (Source: A Picture of health – Sydney Local Health District Health profile 2015, pages 6, 10, 13, 16, 17)

The Sydney Local Health District Health Profile (2015), describes the population profile as follows:

- Approximately 640,000 residents can access healthcare in the LHD
- Generally, well educated (64.8% educated to year 12 or equivalent) with pockets of lower education and literacy levels
- Full-time employment - 63.5%
- Campsie, Canterbury and Punchbowl residents have low levels of economic resources available to them

- Couple families with children comprised 43.3% of all SLHD households
- Lone person household – 26.8%
- Dwellings rented from Housing NSW – 5.4%
- Dwelling owned by their occupiers – 54.6%
- Rented dwellings – 42.2%
- Homelessness is a significant issue and impacts on people with a mental illness, often substance abuse and comprises those who are 'rough sleepers', accommodated in hostels
- Pockets of social advantage and disadvantage
- Punchbowl, Canterbury and Campsie most socioeconomically disadvantaged
- Priority population groups
  - Aboriginal people (0.9%) – poorer health and poorer access to appropriate health services, reduced life expectancy, higher hospitalisation rates, higher rates of smoking, higher alcohol attributable hospitalisations, higher prevalence of diabetes
  - CALD communities – 43% speak a language other than English at home, 34.1% born in non-English speaking countries, generally better health profile than Australian born population – mortality, hospitalisations rates and prevalence of lifestyle related health risk factors, upwards of 125 languages spoken at home
  - Humanitarian arrivals – 8.9% of total NSW humanitarian arrivals – Afghanistan, Iran, Iraq, Burma, China, Pakistan, Syria, Sri Lanka, Egypt and Turkey
  - People with disability – 4.2% of SLHD population require assistance with core activities of daily living, anticipated increase in people with disability (consistent with growth and ageing)
  - Carers – high proportion of unpaid carers (8.2%) of the SLHD population – lower than the state average (9.2%), anticipated increase of persons identifying as unpaid carers
  - Older people – declining health status as older people age – lower levels of physical activity, inadequate nutrition, falls risks, high blood pressure, high cholesterol, respiratory illness, increased chronic illness, declining sight, hearing, oral health and continence, palliative care and advanced care planning, mental illness (particularly depression associated with social isolation), dementia, difficulty with activities of daily living
- Health status and lifestyle behaviours that impact of the health of the population include:
  - Smoking - 16.2% of the population smoke (decreasing since 2002)
  - Excessive alcohol consumption – 23.9% of population consume in excess of two standard drinks per day
  - Overweight and obesity – 45.1% of population are overweight, high prevalence of childhood obesity
  - Illicit drug use – a rise in the misuse of pharmaceutical drugs and some decline in the use of ecstasy, heroin and GHB
- Health service utilisation
  - Royal Prince Alfred – principal referral hospital – tertiary and quaternary services locally, regionally, nationally and internationally, broad range of specialty services including (and not limited to) liver and kidney transplantation, cardiothoracic surgery, neo-natal intensive care Critical care and trauma services
  - Concord Hospital – principal referral hospital providing tertiary and quaternary services locally, regionally, nationally and internationally – broad range of specialty services including (and not limited to) statewide burns service, bariatric surgery, medical rehabilitation, neurology and stroke, non-inpatient services such as Hospital in the Home (HITH), Concord Centre for mental health
  - Canterbury Hospital – major metropolitan hospital providing district level care – emergency, maternity, paediatrics, aged care, medical and surgical services and non-admitted services such as HITH

- Balmain Hospital – specialist aged care and rehabilitation, non-admitted services such as GP services, HITH
- SLHD community health and community based health services
- Most common service related groups for hospitalisations across SLHD include renal dialysis, obstetrics, orthopaedics, non-specialty medicine, psychiatry, gastroenterology, Non-subspecialty surgery, respiratory medicine, Unqualified neonates (well babies), and cardiology
- Priority health areas
  - Cancer – as identified by the NSW Central Cancer Registry there are five key cancer sites – prostate, breast, lung, colon and melanoma. Across the SLHD incidence rates for head and neck, liver, lung, ovarian, stomach and thyroid cancers and non-Hodgkins lymphoma are higher than the state. Prostate and melanoma incidence are lower than the state rates
  - Cancer screening – mammography, pap smear and bowel cancer screening – aligned with national screening programs
  - Maternal health – focus on antenatal care, Aboriginal mothers, smoking in pregnancy, pre-term births
  - Injury and poisoning – focus on decreasing suicide, unintentional poisoning, falls
  - Infectious diseases – key focus on TB, HIV, chlamydia, gonorrhoea, infectious syphilis, hepatitis B, hepatitis C, pertussis, varicella and measles
- Chronic diseases
  - Diabetes – especially Type 2 due to inactivity, overweight and obesity, high blood pressure, high cholesterol
  - Respiratory disease – including influenza, pneumonia, asthma, chronic obstructive pulmonary disease and lung cancer
  - Cardiovascular disease – coronary heart disease and stroke
  - Musculoskeletal conditions – degenerative bone disease requiring hip and knee replacement
  - Oral health – can contribute to heart disease and diabetes, child dental health,
  - Falls and falls related injuries requiring hospitalisation
  - Dementia – increasingly important health issue for older people
  - Mental health – psychological stress, associated risk behaviours such as smoking, high alcohol use, other drug consumption, poor nutrition, low levels of physical activity, high use of psychotropic medication and associated high risk social behaviours, co-occurring conditions such as intellectual disability, organic brain disorders, alcohol and drug related problems; suicide
- Mortality – potentially avoidable mortality (premature deaths) – causation, prevention and healthcare; circulatory disease and neoplasms account for the majority of deaths

Considerations could include:

- How a private health care facility can provide complementary services to support the existing Canterbury Hospital
- Robust assessment of the most common service-related groups for hospitalisation across SLHD and opportunities that PHI patients may provide
- Discussion with potential operators to determine matters such as:
  - The most appropriate suite of services that best meets the needs of the local community
  - Assessment of response to SLHD high needs areas such as renal dialysis, chemotherapy services, mental health
  - Appropriate size and capacity of the new facility
  - Collaboration / negotiation with clinical support services such as Pathology, Medical Imaging

- Specialist consult spaces / needs

## 5.2 Sydney Local Health District Strategic Plan 2018-2023

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023. All information detailed below comes directly from the Sydney Local Health District Strategic Plan 2018-2023.

As their Vision the Sydney Local Health District Strategic Plan 2018-2023 seeks to provide *'Excellence in health and healthcare for all'*.

Its Mission is:

- *'To work with our communities to promote*
  - *Co-designed and co-produced health policy, plans, new services models and research studies*
  - *Improvements in the social and environmental factors to sustain health*
  - *A healthcare system that is responsive to equity concerns*
  - *Best practice prevention, health promotion, and health protection programs and strategies*
  - *Care in the community delivered close to where people live*
- *To ensure the community has equitable access to the highest quality patient / client / and family centred care that is:*
  - *Integrated, timely, culturally safe and competent, evidence based and efficient*
  - *Provided by a highly-skilled, compassionate workforce who are committed, accountable, supported and valued*
  - *Supported by leading-edge research, education and medical and information technologies*
  - *Supportive of healthcare of populations in other Local Health Districts, States and Territories, across Australia and in other countries'*

CORE values include:

- *Collaboration*
- *Openness*
- *Respect*
- *Empowerment*

The Foundation Principles include:

- Cross cultural patient, carer and family centred care
- Our culture – ensuring the needs of patients, families and carers are at the heart of everything; and valuing health, diversity, wellbeing and safety of employees (including engagement, management and leadership) will achieve the highest quality care
- Equity – everyone has a fair opportunity to enjoy good health and access to the health services they need
- Innovation, evidence and research
- Quality, safety and risk mitigation – strong, fair and ethical leadership and systems of governance
- Quality and data driven performance
- Professional governance

- Sustainability – ensuring continued value

SLHD priorities include:

- Partnering with patients, families, carers and consumers
- Strengthening and valuing the workforce and its capability
- An inclusive health care system that is responsive to local Aboriginal communities
- Developing, planning and constructing new and upgraded health facilities to address the significant population growth, increasing demand and ageing infrastructure
- Shifting the balance of care into primary, population health, ambulatory and community based services
- Influencing social and policy factors that affect health by working in partnership with the community and other sectors
- Shaping the future through healthcare and information technology – state of the art imaging, remote medical and health monitoring, point of care diagnostic, smart technologies, Apps, robotics, etc
- Growing health and medical research
- Enhancing models of care for multiple patient groups
- Growing tertiary and quaternary care to advance specialised care options
- Developing partnerships to better integrate care, build capacity and deliver on key strategic goals - universities, local councils, PHNs, local Aboriginal health services, NGOs, residential aged care services and government agencies
- Highest possible performance, outcomes, and value for money

Future activity across SLHD will respond to:

- A projected 30% population increase
- A growing elderly population
- An anticipated increase in chronic illness
- A projected increase in cancer related illness
- An increase in demand for chemotherapy and radiotherapy services
- An increase in demand for community based services (non-admitted services)

The following table outlines anticipated changes in hospital admissions:

Future Activity	
Day Only patients	Up 40%
Overnight admissions	Up 28%
Overnight bed stays	Up 12%
Overnight Average Length of Stay (5.63 days)	Down to 4.90 days
Overnight Sub-acute Average Length of Stay (15.45 days)	Down to 15.24 days
Patients staying overnight with sub-acute conditions	Up 28%
Overnight sub-acute bed stays	Up 27%

**Table 8:** SLHD activity forecasts (Source: Sydney Local Health District Strategic Plan 2018-2023 page 20)

SLHD recognises that in order to respond to increasing population and associated demand for services:

- There needs to decreased reliance on beds

- The implementation of new models of care and clinical redesign will not be sufficient to address increasing demand
- There will be a high need for additional capacity across the LHD equivalent to a new tertiary facility
- There need to be much greater emphasis on integrated care models and out of hospital care
- Each facility within the LHD will have its respective operational framework to implement key strategies
- The LHD is governed by 14 clinical streams, each with their own framework to provide services, leadership and future direction

SLHD Strategic Plan 2018-2023 has seven strategic focus areas:

Strategic Focus Area	Goals
SFA1: Our communities, partnerships and environment	<ul style="list-style-type: none"> <li>• Respectful and purposeful partnerships that support integrated and collaborative care</li> <li>• Partnerships to advance care</li> </ul>
SFA 2: Our patients, families, carers and consumers	<ul style="list-style-type: none"> <li>• Care is patient and family centred</li> <li>• Patients can access care as close to home as possible</li> </ul>
SFA 3: Our services	<ul style="list-style-type: none"> <li>• Responsive, integrated, culturally safe and competent multidisciplinary services</li> </ul>
SFA 4: Our facilities	<ul style="list-style-type: none"> <li>• High quality facilities with leading edge technology to meet the future demand</li> <li>• ICT that better supports performance and personalised and tailored care</li> <li>• A sustainable health system</li> </ul>
SFA 5: Our staff	<ul style="list-style-type: none"> <li>• Empowered and resilient workforce</li> <li>• Staff are supported to deliver the highest quality care</li> <li>• A diverse workforce within a culturally safe and competent health system</li> </ul>
SFA 6: Our research	<ul style="list-style-type: none"> <li>• Drive a culture committed to research, informed by evidence and the consumer experience</li> <li>• Rapid translation of research to practice</li> <li>• Collaborative research</li> </ul>
SFA 7: Our education	<ul style="list-style-type: none"> <li>• Foster a culture of innovation, change management and collaboration</li> <li>• Evidence based education and training</li> <li>• State of the art education facilities</li> </ul>

**Table 9:** SLHD Strategic Focus Areas (Source: Sydney Local Health District Strategic Plan 2018-2023 page 21-27)

Observations include:

- Focus on decreased reliance on beds
- New models of care and clinical redesign will not be sufficient to address increasing demand
- High need for additional capacity across the LHD equivalent to a new tertiary facility
- Need for much greater emphasis on integrated care models and out of hospital care

### 5.3 Balmain Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Balmain Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Balmain Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Balmain Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Balmain Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility.

Balmain Hospital is a community based sub-acute facility providing:

- Aged care
  - Inpatient unit for assessment and treatment of medical conditions
  - Transitional Care Unit – to assist older people to complete their recovery
  - The Centre for STRONG Medicine – a leading research facility that uses exercise based medicine to treat disease in older persons such as arthritis, heart disease, depression, stroke, osteoporosis and diabetes
- Rehabilitation – assessment and treatment therapies to improve physical, cognitive, and communication abilities
- Ambulatory Care (demand has increased by 28% over the last three years)
  - Outpatients – Endocrinology, Nutrition Clinic, Hospital in the Home (HITH), Incontinence Clinic, Diabetes Education, Homeopathy, Acupuncture, Podiatry Services and Physiotherapy
  - Cardiac Rehabilitation (Increased demand by 100% since 2015 when established)
  - Pulmonary Rehabilitation
  - Fracture Clinic
  - Wound Clinic
  - Hospital in the Home
- General Practice (GP) casualty services

Key priorities for Balmain Hospital include:

- Support and empowered and resilient workforce
- Support employees to deliver the highest quality of care
- Foster a diverse workforce within a culturally safe and competent health system
- Maintain and improve infrastructure and facilities to meet the needs of our aged care and rehabilitation patients
- Implement information technology solutions to improve information accessibility and patient safety and care
- Support the implementation of efficiency improvements towards a sustainable health system
- Support and foster responsive, integrated, culturally safe and competent multidisciplinary services
- Streamline discharge processes to better support the transition from hospital to home and support strategies for patients to remain in the community

- Support and expand areas of clinical specialisation
- Engage and empower our community to be healthy
- Develop sustainable and proactive partnerships
- Ensure care is truly patient and family centred by engaging with patients and their carers to improve the patient experience
- Ensure that Balmain Hospital and its services meet and exceed National Safety and Quality Health Service Standards and other relevant standards
- Drive a culture committed to research, informed by evidence and consumer experience
- Establish and strengthen collaborative research with our partners
- Foster a culture of innovation, change management and collaboration
- Support equity, access and a values framework in our workforce, education and service delivery

Observations include:

- Emphasis on sub-acute care – aged care and rehabilitation, ambulatory care, general practice support
- Gap in information technology capability
- Committed to evidence based research

## 5.4 Canterbury Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Canterbury Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Canterbury Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Canterbury Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Canterbury Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility.

Canterbury Hospital currently provides a wide range of services including:

- Emergency Medicine
- Intensive Care
- Surgical sub-specialties including:
  - General Surgery
  - ENT
  - Orthopaedics
  - Urology
  - Gynaecology
- Medical sub-specialties including:



- General medicine
- Endocrinology
- Cardiology
- Respiratory Medicine
- Rheumatology
- Diabetes and Endocrinology
- Nephrology
- Neurology
- Maternity
- Paediatrics and Specials are Nursery
- Imaging including:
  - CT
  - Ultrasound
  - General Radiology
- Pathology (part of Operations East NSW Health Pathology – NSWHP)
- Allied Health
- Aged Care and Rehabilitation (part of SLHD Aged Care Clinical Network)
- Cardiac Rehabilitation
- Ambulatory Care
- Drug Health (managed through SLHD Integrated Care Directorate)
- Oral Health (managed through SLHD Integrated Care Directorate)

Canterbury Hospital also accommodates complementary healthcare services including:

- Canterbury Community Health Centre
- Tresillian Family Care Centre
- After Hours General Practice
- NSW Health Pathology

Key priorities for Canterbury Hospital include:

- Plan for the expansion of the Emergency Department
- Plan for the redevelopment of Canterbury Hospital
- Upgrade Ambulatory Care including Renal Dialysis Services
- Improve hospital services to ensure that Aboriginal people feel welcomed
- Continue to improve ICT accessibility including the digital transformation of the hospital's eMR and other IT programs
- Support innovation and performance to drive service
- Support the District priority for a sustainable and holistic health system
- Deliver high quality and safe care aligned to the health needs of the local community
- Support new innovative models of care
- Explore opportunities to improve the integration of clinical services in collaboration with other services and agencies
- Identify opportunities to improve or redesign services including Endocrinology, Cardiology, and Respiratory Medicine and improving diagnostic imaging services on site
- Investigate opportunities to improve the integration of health services – enhancing outpatient and outreach services to better support prevention and chronic disease management, multidisciplinary and cross specialty clinics and alignment with LHD Aboriginal health strategies
- Support innovation and performance to drive service improvements

- Enhance staff safety, health and wellbeing
- Recruit and retain an engaged and diverse workforce
- Develop research strategies at Canterbury Hospital consistent with the District research strategy
- Build capacity to support research and promote participation in research – clinical trials
- Promote a culture that values and supports education and professional development – research forums, conferences and symposiums, potential sub-clinical school
- Plan for the integration of state of the art education and development at Canterbury hospital – education infrastructure and technologies

The Canterbury Hospital Strategic Plan 2019-2024 provides the following information:

- Canterbury Hospital is located in Campsie
- Part of the Canterbury- Bankstown LGA (referred to as Canterbury)
- Predominantly a residential area with smaller commercial and industrial areas
- Increased residential development recently
- Upwards of 35,000 new homes at 8000 jobs expected over the next 20 years
- Canterbury is a culturally and linguistically diverse community
- 48% of Canterbury residents were born overseas
- Over 66% of Canterbury residents do not speak English at home
- Significant humanitarian arrivals have settled in Sydney Local Health District
- Aboriginal people make up one point 1% of the district's population
- Canterbury has significant socioeconomic disadvantage
- 33% of the Canterbury population are among the most socioeconomically disadvantaged in Australia
- Social disadvantage and health need are intrinsically linked
- Canterbury has a young and growing population
- A projected population increase of 39% by 2031 (from 2016) and is projected to be higher than the increase in all equivalent age groups for the NSW population
- The highest projected proportion of growth from 2016 to 2030 are those aged 65+ years and these will typically have higher levels of hospital utilisation
- Almost 10% of all babies born In the Sydney Local Health District were those of residents living in Canterbury
- Risk factors affecting the health status of people include:
  - Language and communication barriers
  - Lack of knowledge of the NSW health system
  - Isolation, lack of social and family support networks
  - Cultural stigma and shame around mental illness
  - Previous poor or negative experiences with the health system
  - Past and ongoing experience of trauma
- Canterbury health status indicator trends include:
  - Smoking attributable deaths - decreasing
  - Smoking attributable hospitalisations - stable
  - High body mass attributable hospitalisations - decreasing
  - High body mass attributable deaths - decreasing
  - Alcohol attributable hospitalisations - increasing
  - Alcohol attributable deaths - decreasing
- Cultural and religious diversity of Canterbury residents may result in the low rates of smoking and alcohol attributable hospitalisations
- Key Canterbury resident stakeholder engagement strategies include:

- Purposeful and strategic engagement with community organisations partners and other relevant stakeholder groups to ensure high quality care, excellent communication and health improvement
- Strengthened relationships and partnerships with non-government and local organisations and groups, the PHN and the Canterbury-Bankstown Council
- In collaboration with the local Primary Health Network and the University of NSW, reducing risks of inequity in health in the population and contributing to strengthening the social and physical environments to protect and promote health, by strengthening the capacity of the primary healthcare system
- Promoting the 'Canterbury 50 campaign' established to encourage women in the Canterbury area to undertake breast screening
- The establishment of community based health facilities to provide prevention early intervention and community-based care
- Establishment of a Community Council to advise on and support its quality of care which has a strong connection with Canterbury Hospital

Residents of Canterbury receive over 15% of their total healthcare at Canterbury Hospital. Outflows to other facilities included:

- Royal Prince Alfred – Obstetrics, Gynaecology, General Medical, General Surgical, Urology, Gastroenterology, and tertiary services
- Concord Hospital – Acute Psychiatry, Interventional Cardiology, Gastroenterology, Neurology (including Stroke), Palliative Care, Intensive Care, Mental Health and Orthopaedics
- Sydney Children's Hospitals Network (SCHN) – specialist Paediatric services
- Bankstown Lidcombe Hospital (SWSLHD) – Gastroenterology, General Surgery, Cardiology, Respiratory Medicine

The following table illustrates key activity for Canterbury residents in 2017/18:

Overview of Canterbury Hospital	2017/18
Separations	20,113
Percentage of same day separations	30.6%
Total acute bed days	57,069
Average overnight acute length of stay	3.5
Daily average of inpatients	226
Bed occupancy rates	74.8%
Non-acute bed days	4,588
Non-admitted patient services	48,439
Surgical procedures performed	6,677
Inflows by total separations:	100%
SLHD	71.9%
SWSLHD	13.5%
SESLHD	6.4%
WSLHD	3.1%

Overseas	2.8%
Other	2.3%
Canterbury resident acute inpatient flows:	47.8%
Canterbury Hospital	27.6%
Royal Prince Alfred Hospital	10.8%
Concord Hospital	8.0%
Chris O'Brien Lifehouse (public patients)	0.7%
Other 0.7%	0.7%
Canterbury resident outflows	52.2%
NSW Private Hospitals	30%
SESLHD	9.1%
SWSLHD	7.7%
SCHN	2.7%
Other	2.7%

**Table 10:** Key activity data for Canterbury residents 2017/18 (Source: Canterbury Hospital Strategic Plan 2019-2024 page 19)

Observations include:

- 39% increase in population by 2031
- 33% of Canterbury population socioeconomically disadvantaged
- High ethnicity – 66% of Canterbury population do not speak English at home, 48% born overseas
- 30% of outflows for Canterbury residents are for private health care services
- High projected population increase in 65+yrs by 2031
- Redevelopment of Canterbury Hospital – high priority and need – infrastructure old and inhibits the implementation contemporary and new / emerging models of care, new technologies
- LHD focus on evidence-based practice / research
- ICT gaps
- Need for Renal Dialysis services
- Apparent gap in Gastroenterology, Interventional Cardiology, Mental Health, Stroke, Interventional Radiology, MRI and PET services
- Opportunity to establish better links with complementary services – General Practice, Community Health, Child and family health, Pathology services
- 18.8% Canterbury resident activity flows to Concord or RPA Hospitals
- 16.8% activity flows to SESLHD or SWSLHD
- 10% of all SLHD births are attributed to Canterbury residents
- Apparent need for establishment of community-based health facilities to provide prevention early intervention and community-based care
- Promotion of Breast Screening in Canterbury area

## 5.5 Concord Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Concord Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Concord Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Concord Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Concord Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility.

Concord Hospital is a 542 bed role delineation 5/6 principal referral hospital (Group A1) and:

- Currently provides a comprehensive range of specialty and sub-specialty services including
  - Emergency medicine
  - Intensive Care and High Dependency
  - Statewide Burns Unit
  - Medical specialties including Cardiology, Endocrinology, and Metabolism, Gastroenterology and Liver, HIV/ AIDS, Immunology, Infectious Diseases, Neurology, Renal Medicine, Respiratory, Rheumatology, Dermatology
  - Cancer Services including medical Oncology, Breast and Endocrine, Head and Neck Surgery, Haematology, Palliative Care and Cancer Survivorship
  - Surgical specialties including Bariatric Surgery, ENT, Colorectal, Upper GI, Neurosurgery Ophthalmology, Orthopaedics, Plastic reconstructive, maxillary Facial and Hand Surgery, Dental, Vascular Surgery, Cardiothoracic, Gynaecology, and Urology
  - Anaesthetic and Pain Management
  - Aged Care and Rehabilitation, Psychogeriatrics and Chronic Care
  - Andrology
  - Sports medicine
  - Imaging – Interventional Radiology, MRI, SPECT-CT, Nuclear Medicine, and General Radiography
  - Allied health including Physiotherapy, Nutrition and Dietetics, Occupational Therapy, Pharmacy, Podiatry, Psychology, Social Work, Audiology and Speech Pathology
  - Tertiary / quaternary services not already listed including skin culture laboratory, Dementia services, Collaborative Centres for Cardiometabolic Health in Psychosis, Neuro-immunology, Neuro-genetics, Ortho- geriatrics
- Employs almost 3000 staff
- Phase 1 Concord Hospital Redevelopment - \$150m (2015)
- Funding announced for delivery of Concord Hospital Redevelopment - \$341.2m (June 2017) – clinical services building (increased inpatient and outpatient capacity) due to be completed in 2021 including:
  - Rehabilitation and Aged Care – ambulatory clinics, assessment and therapy areas, rehabilitation gyms and psychogeriatric facility
  - Comprehensive Care Centre including ambulatory and inpatient oncology services
  - National Centre for Veterans Healthcare to support health and wellbeing of veterans and their families

- Enhancement and integration of clinical research
- Improved access and hospital entries with new dedicated patient drop-off
- Retail space to link existing buildings and new building
- Improvement in logistics systems and new loading dock
- Establishment of cultural lunge for Aboriginal patients, families and carers
- Demolition of WW2 ramp wards to provide future development zone
- Significant role (network services) in supporting Canterbury Hospital (back-up, support, beds and services)
  - Radiology
  - Nuclear Medicine
  - Pathology
  - Infectious Diseases
  - Intensive Care
  - Emergency Medicine
  - Specialised Aged Care
  - Rehabilitation
  - Cancer
  - Cardiology
  - Endocrinology
  - Colorectal Surgery
  - Neurology
  - Palliative Care Services

The following table illustrates key activity for Concord Hospital in 2018/19:

Overview of Concord Hospital	2018/19
Separations (same day and overnight)	40,313
Separations – same day	20,796 (51.6%)
Total acute bed days (excludes psychiatric)	122,146
Average overnight acute length of stay (excludes psychiatric)	4.29
Daily average number of inpatients	635
Non-admitted patient services	413,084
ED presentations	42,327
Surgical procedures	14,940

**Table 11:** Key activity data for Concord residents 2018/19 (Source: Concord Hospital Strategic Plan 2019-2024 page 17)

Key priorities for Concord Hospital include:

- Aligned with Sydney Local Health District Research Strategic Plan 2018-2023
- Encouraging consumer participation in research activities
- Building capacity to undertake research by supporting emerging researchers
- Strengthening opportunities for research with existing research partners and explore opportunities for new partnerships
- Completing stage one redevelopment in accordance with the clinical services plan with upgraded Aged Care and Rehabilitation services, Cancer services and the National Centre for Veterans Healthcare, as

well as Ambulatory Care, Emergency Department, Intensive Care, Theatres, Imaging, Diagnostics and Research facilities

- Finalise the clinical services planning for stage two redevelopment - comprehensive and consultative process to inform Stage 2 Redevelopment - consider the need for new services such as Maternity and Paediatrics, consider expansion of Gynaecology service
- Focus on culturally appropriate care for Aboriginal people
- Continue to improve ICT Accessibility – electronic health programs, eReferrals, eMeds, Patient ID barcoding,
- Support Sydney Local Health District's priority for a sustainable health system
- Deliver high quality and safe care aligned to the health needs of the local population
- Support the introduction of innovative new services and models of care e.g. critical care outreach,
- Explore opportunities to improve the integration of clinical services - neurology outreach to support Canterbury Hospital, integration of ortho- geriatric model, medical/ surgical liaison services for complex older persons, enhance ageing and dementia and mental health capability
- Expand and build our partnerships across the health and social system – strengthen relationships with residential aged care facilities, further develop palliative care services and allied health
- Collaborate closely with the local Primary Health Network
- Provide Concord Hospital staff with the support to enable the provision of safe and high quality care
- Identify strategies to recruit and retain the Concord Hospital workforce
- Enhance staff safety and well being
- Promote and support a culture of patient and family centred care quality safety evidence based practise and innovation – research infrastructure, extend model of RPA institute of academic surgery, enhance clinical trials, opportunities for 'in-hospital' / local research
- Ensure that equity and the CORE values underpin all education and training activities
- Continue to support and encourage professional development for employees across all disciplines
- Support the integration of state-of-the-art education facilities as part of the Concord hospital redevelopment

Observations include:

- Clinical Services Planning underway for Stage 2 redevelopment
- LHD focus on evidence-based practice / research
- Consider the need for new services such as Maternity and Paediatrics, consider expansion of Gynaecology service
- Focus on culturally appropriate care for Aboriginal people
- Need for improved ICT accessibility
- Consideration of introduction of critical care outreach, improved integration neurology outreach to support Canterbury Hospital, integration of ortho- geriatric model, medical/ surgical liaison services for complex older persons, enhance ageing and dementia and mental health capability
- Expand and build our partnerships across the health and social system – with residential aged care facilities, further develop palliative care services and allied health
- Strong PHN collaboration
- Need for state-of-the-art education facilities
- Need for research infrastructure
- Plan to extend model of RPA institute of academic surgery
- Plan to enhance clinical trials
- Explore opportunities for 'in-hospital' / local research

## 5.6 Royal Prince Alfred Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Royal Prince Alfred Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Royal Prince Alfred Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Royal Prince Alfred Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Royal Prince Alfred Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility to respond to the needs of a growing and ageing local and referral population evolving technologies, and future models of care

Royal Prince Alfred Hospital (RPA) is a tertiary / quaternary level 6 facility and currently provides a wide range of services. RPA has also led a number of life changing treatments including:

- Endo vascular aortic valve replacement
- Coronary angiography
- Endovascular surgery
- The first Extra Corporeal Membrane Oxygenation (ECMO) retrieval program
- Extracorporeal irradiation and re-implantation of bone for primary bone sarcoma
- the development of cochlear implants
- Developing the continuous positive airway pressure (CPAP) machine
- Undertaking pioneering work on the clinical use of routine HIV drug resistance genotyping of individual patients' virus
- Discovering a range of novel devices including a new approach to cardiotocography (CTG) monitoring
- The introduction of triage nurses
- Australian site for trialling genetic therapy

RPA's specialty services include:

- National Centre for Liver transplantation
- Kidney transplantation
- Cardiovascular and cardiothoracic services
- Genomics
- Neurosciences and neuro-intervention
- Haematology
- Cancer care
- Highly complex maximally invasive surgery such as peritonectomy and pelvic exenteration
- Intensive Care
- Neonatal care
- Maternity



- Gynaecology

Other services include:

- Emergency Medicine including Level 1 Trauma Services
- Surgical and procedural specialties including:
  - Cardiothoracic
  - Interventional Cardiology
  - Diagnostic Gastroenterology and Endoscopy
  - Colorectal
  - Upper GI
  - Neurosurgery
  - Ophthalmology
  - Otolaryngology (ENT)
  - Orthopaedics
  - Plastic and Reconstructive
  - Vascular
  - Gynaecology
  - Gynae-oncology
  - Urology
  - Breast
  - Head and Neck
  - Organ transplantation
- Medical specialties including:
  - Cardiology
  - Dermatology
  - Endocrinology
  - Obesity
  - Genomics
  - HIV / AIDS
  - Immunology
  - Infectious Diseases
  - Neurology
  - Renal Medicine
  - Renal Dialysis
  - Respiratory
  - Sleep Disorders
  - Aged Care
  - Rehabilitation
  - Rheumatology
  - Neuropathology
- Cancer therapy including:
  - Medical oncology
  - Molecular oncology
  - Haematology
  - Palliative care
- Maternity, Foetal Medicine, Neonatal Intensive Care and Paediatrics
- Intensive Care
- Anaesthetic

- Medical imaging including Radiology (including interventional radiology and neuro-interventional radiology) Molecular Imaging (PET-CT, general nuclear medicine) and PET cyclotron
- Mental Health, Drug Health
- Allied Health such as Dietetics and Nutrition, Occupational Therapy, Orthotics, Physiotherapy, Podiatry, Psychology, Social Work, Speech Pathology
- Pathology services through NSW Health Pathology

The following table illustrates key activity for Royal Prince Alfred Hospital in 2017/18:

Overview of Royal Prince Alfred Hospital	2017/18
Separations (same day and overnight)	82,966
Separations – same day	40,011 (48.23%)
Total bed days	300,784
Acute average acute length of stay	3.12
Daily average number of inpatients	824.07
Occupancy rate	94.10%
Acute bed days	300,784
Average available beds	768
Non-admitted patient services event	537,936
ED attendances	75,854
Ambulance presentations	22,544
Births	5,140
Percentage from SLHD	68.4%
Identified as Aboriginal	1,697
Identified as Aboriginal and Torres Strait Islander	64
Identified as Torres Strait Islander	34
Born overseas	44%
Residents of SLHD who spoke language other than English at home	53%

**Table 12:** Key activity data for Royal Prince

Alfred catchment 2017/18 (Source: RPA Hospital Strategic Plan 2019-2024 page 19)

Key priorities for RPA Hospital include:

- Plan for and champion the redevelopment and expansion of RPA hospital in accordance with the clinical services strategy and CSP to meet the needs of a growing and changing local and referral population
- Review and enhance RPA facilities with a focus on accessibility, cultural appropriateness and patient centred care including:
  - Expansion of inpatient capacity
  - Remodelled and expanded ED including waiting area
  - Enhanced Intensive Care capacity
  - A major emphasis on ambulatory care and outpatients
  - Expanded pre-admission clinic space
  - Operating theatres including hybrid theatres
  - Medical and surgical facilities

- Medical imaging and diagnostic capabilities
- Paediatric services
- Clinical support services
- Stronger rehabilitation capability
- Building digital capability with state of the art ICT infrastructure
- A purpose built research facility on the RPA campus
- Complete the roll-out and optimization of a mobile integrated lifelong eMR to support best practice care integrated across care partners in the primary, community and acute care system
- Collocate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies
- Build and leverage strategic partnerships across the health and social care system to minimised service fragmentation and ensure equitable access to high quality patient care – HealthOne, Universities, community, PHN, NGOs
- Strengthen engagement and existing partnerships with Aboriginal communities and organisations to ‘Close the gap’ in health behaviours, health outcomes and access to health services between Aboriginal and non-Aboriginal people
- Contribute to the planned establishment of RPA HealthOne East Green Square as part of the broader Sydney Local Health District integrated care strategy
- Implement flexible and adaptive models of care to address the needs and challenges of specific cohorts (such as aged, people with disability, indigenous culturally and linguistically diverse and people from rural and remote areas), high volume areas such as ED, ICU and paediatrics
- Consider informational and emotional needs of patients, families and carers in the design and delivery of clinical care services through co-design, leading better value care (LBVC)
- Design and implement easy to navigate care pathways which facilitate active involvement of patients, families and carers in their care
- Identify opportunities to improve or redesign services
- Investigate opportunities to improve the integration of health services
- Support innovation and performance to drive service improvements
- Future service development such as genetic therapy trials, novel transplantation modalities, researching the efficacy of new approaches to robotic surgery (including artificial intelligence), providing novel multidisciplinary clinics for management of complex medical diseases such as pulmonary hypertension, neuroimmunology and interstitial lung disease
- Building its medical imaging capability and capacity including interventional neuroradiology services and positron emission tomography magnetic resonance imaging (PET-MR)
- Ambulatory care services and the need to develop new multidisciplinary models to address complex medical issues and chronic diseases
- Promote opportunities for greater employee engagement and participation at both a strategic and operational level
- Support managers to build healthy teams and look after our staff including through participation in staff wellbeing programs
- Attract retain and develop exceptional staff by becoming an employer of choice
- Inspire a culture of accountability through the high quality feedback continuous improvement development cycles and recognition of employee excellence
- Celebrate and maintain world class status of our RPA through proactive communication of research successes and innovation
- Advanced translation all healthcare research by leveraging strategic partnerships with medical research institutes, universities and industry partners
- Support involvement of staff, patients, families and communities in all phases of the research cycle

- Advocate and promote the development and successful implementation of Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub
- Partner with universities in education institutes to offer sector ready professional development opportunities targeted to service needs
- Promote availability and access to modern evidence based education methods and infrastructure
- Embed a continuous learning culture through support for reflective learning and customized development pathways

Observations include:

- Planning for redevelopment and expansion of RPA hospital - clinical services strategy and CSP to meet the needs of a growing and changing local and referral population - with a focus on accessibility, cultural appropriateness and patient centred care
- Plan to collocate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies
- LHD focus on evidence-based practice / research, strategic partnerships
- Strengthen engagement / existing partnerships with Aboriginal communities and organisations to 'Close the gap'
- Focus on co-design with consumers
- To improve the integration of services
- Exploring future service development such as genetic therapy trials, novel transplantation modalities, researching the efficacy of new approaches to robotic surgery (including artificial intelligence), providing novel multidisciplinary clinics for management of complex medical diseases such as pulmonary hypertension, neuroimmunology and interstitial lung disease
- Plan to build medical imaging capability and capacity including interventional neuroradiology services and positron emission tomography magnetic resonance imaging (PET-MR)
- Expand ambulatory care services - develop new multidisciplinary models to address complex medical issues and chronic diseases
- High need for increased digital capability, improved ITC accessibility
- Implementation of Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub
- Exploring opportunities to review / redesign services, flexible / adaptive models of care

# Best for Project

## AUSTRALIA

SYDNEY | ADELAIDE | BRISBANE | CANBERRA | DARWIN  
MELBOURNE | NEWCASTLE | PERTH | PARRAMATTA

## NEW ZEALAND

AUCKLAND | CHRISTCHURCH | TAURANGA  
WELLINGTON | QUEENSTOWN

## MALAYSIA

KUALA LUMPUR

[hello@tsamgt.com](mailto:hello@tsamgt.com) | [tsamgt.com](https://tsamgt.com)

# TSA



# **Integrated Health Care Precinct 11 Harp St, Campsie**

**Neetan Investments Pty Ltd**

## **Campsie Local Community – Health Context Review**

**4 August 2020**

## Document Control

Revision:	Date Issued	Issued to:	Issued By:
	29 July 2020	Neetan Investments Pty Ltd	BKHP
1	30 July 2020	Neetan Investments Pty Ltd	BKHP
2	2 August 2020	Neetan Investments Pty Ltd	BKHP
3	3 August 2020	Neetan Investments Pty Ltd	BKHP
4	4 August 2020	Neetan Investments Pty Ltd	BKHP



This **Campsie Local Community - Health Context Review** has been prepared for Neetan Investments Pty Ltd by:  
Bernadette Keenan Health Projects Pty Ltd  
PO Box 217  
Bondi Junction  
NSW 1355  
E: [bkeenan@bkhp.com.au](mailto:bkeenan@bkhp.com.au)  
M: 0417 229 342

## Table of Contents

<b>1. Executive Summary .....</b>	<b>4</b>
1.1 Harp St Integrated Health Precinct Project Overview .....	4
1.2 Report Findings and Considerations .....	7
1.3 Conclusion and Summary Recommendations .....	9
<b>2. Background .....</b>	<b>11</b>
2.1 Harp St Integrated Health Precinct Project Overview .....	13
2.2 Project Report - Objective, Scope and Methodology .....	13
2.3 Project Report Assumptions .....	14
<b>3. Documentation Review – Clinical .....</b>	<b>15</b>
3.1 Sydney Local Health District and Facility Specific Overview .....	15
3.2 Indicative Services – Harp St Integrated Health Precinct .....	25
3.3 High Level Project Outcomes and Benefits .....	26
<b>4 Conclusion and Recommendations .....</b>	<b>28</b>
4.1 Conclusion .....	28
4.2 Recommendations .....	30
<b>5 Appendix 1 – Detailed Review of Sydney Local Health District Strategic Plans .....</b>	<b>31</b>
5.1 A Picture of Health – Sydney Local Health District Health Profile 2015 .....	32
5.2 Sydney Local Health District Strategic Plan 2018-2023 .....	35
5.3 Balmain Hospital Strategic Plan 2019-2024 .....	38
5.4 Canterbury Hospital Strategic Plan 2019-2024 .....	39
5.5 Concord Hospital Strategic Plan 2019-2024 .....	44
5.6 Royal Prince Alfred Hospital Strategic Plan 2019-2024 .....	47



## 1. Executive Summary

The **Campsie Local Community – Health Context Review** seeks to provide a framework for considering the potential service and building configurations required to meet local community needs. Aligned with the framework used in preparing the ‘11 Harp St Planning Proposal’, which is underpinned by the NSW State government’s 10-year plan (NSW 2021), the Greater Sydney Regional Plan, A Metropolis of Three Cities, The South District Plan for Sydney, and the Canterbury Bankstown Local Strategic Planning Statement (LSPS), the key considerations have been:

- Building healthy communities
- Planning to meet the needs of the whole community including culturally and linguistically diverse groups and the local Aboriginal community
- Out of hospital care where possible
- Integrated care – connected, collaborative and coordinated care
- Improving outcomes for vulnerable communities
- Building business and community vibrancy
- Person centred care - improved health literacy, health care choice, and shared decision making
- Best practice care and ‘state of the art’ purpose-built facilities
- Cross agency collaboration
- Proximity to existing local businesses, transport and social infrastructure
- Creating opportunities to work locally

Additionally, and key to Neetan Investments Pty Ltd’s approach, the Canterbury Bankstown LSPS<sup>1</sup> proposes to create the ‘Eastern Lifestyle and Medical Precinct’ by transforming current industrial land for ‘an extended hospital precinct and include allied health activities’ which would create ‘an urban boulevard and medical destination’.

### 1.1 Harp St Integrated Health Precinct Project Overview

Aimed at improving the patient experience, the **Harp St Integrated Health Precinct** will facilitate access to a comprehensive suite of multidisciplinary health care services in a contemporary setting, as close to home as possible for the community of Campsie. With the provision of acute care services, ambulatory care, community health, allied health, specialist consultation rooms and other key clinical support services all colocated, the health precinct can effectively be a ‘one-stop-shop’ for many residents who require access to health care services.

With a very specific focus on ‘person centred’ care, where patients, their families and their carers can be involved in how their care is accessed and delivered, the **Harp St Integrated Health Precinct** will provide an environment that is conducive to high quality care and best practice outcomes. Through a holistic approach, services in the precinct will promote health and wellbeing for all, provide a focus for out of hospital care where possible and will also facilitate connected, coordinated and collaborative care.

The precinct will cater for community members across the ages from early childhood to older persons and end of life care, and its design and approach will reflect the cultural diversity and needs experienced locally. This new development will also provide an opportunity to build business vibrancy, create significant social benefit and greater self-sufficiency and sustainability in Campsie.

---

<sup>1</sup> Canterbury Bankstown Local Strategic Planning Statement - Connective City 2036, March 2020, p23

The precinct provides an opportunity to expand the existing health services provided locally so that local residents only travel for services that cannot be supported locally due to the highly specialised nature or complexity of care that is required. There will be a focus on working with key stakeholders to ensure that the infrastructure investment solution has also considered how digital technology and eHealth will be a key enabler to:

- Support and explore alternatives to how care is best delivered to members of the community e.g. acute setting, ambulatory setting or at home
- Deliver safe, high quality and efficient care
- Ensure that patients are well informed and involved in their own care
- Ensure staff have access to the necessary data and information to promote effective decision making
- Ensure that organisations can effectively plan and manage services
- Appropriately share the right information at the right time and in the right place
- Better connect points of care and facilitate easier access to information
- Promote better experiences for patients, staff and organisations

The integrated health precinct approach also facilitates greater collaboration and partnership opportunities to support research and innovation, learning and development, cross sector and cross agency activities.

Canterbury Bankstown has a large diverse and growing population and improved access to health services will provide significant community benefit.

With the exception of Day Surgery facilities, there are no acute / sub-acute private hospitals in the Canterbury Bankstown Local Government Area (LGA) and the Canterbury Hospital is enduring challenges to meet the demand for services effectively due to its limited capacity.

To deliver an integrated health precinct on the Harp St site, the proposed development could include:

Indicative Services could comprise:	
Integrated Ambulatory Health Hub	<ul style="list-style-type: none"> <li>• Renal Dialysis</li> <li>• Chemotherapy</li> <li>• Radiation Oncology</li> <li>• Oral health services</li> <li>• Integrated GP and Allied Health Services</li> <li>• Therapy spaces, Community Mental health services</li> <li>• Telehealth Service Centre</li> <li>• Women's Health Centre</li> <li>• Men's Health Centre</li> <li>• Child and Family Health</li> <li>• Health and Wellbeing Centre</li> <li>• Alternative Therapies Centre</li> <li>• Health Promotion spaces</li> <li>• Diabetes Education Centre</li> <li>• Medicare offices</li> <li>• Private Health Insurance offices</li> <li>• Retail – café, optometry, audiology centre, assistive technology etc</li> </ul>

Medi Hotel	<ul style="list-style-type: none"> <li>• Overnight facility generally for 'self-caring' patients who require minimal supervision / support who are accessing / have accessed acute hospital services</li> <li>• In close proximity to an acute hospital</li> <li>• Supports patients and families undergoing investigations / treatment and who do not require an inpatient admission</li> </ul>
Acute Hospital	<ul style="list-style-type: none"> <li>• Inpatient beds – medical and surgical</li> <li>• Operating Rooms</li> <li>• Intensive Care / High Dependency Unit</li> <li>• Clinical Support Services such as Medical Imaging, Pharmacy, CSSD</li> <li>• Non-Clinical Support Services including Food Services, Environmental Services Supply, Linen/ Laundry services</li> </ul>
Rehabilitation and Respite	<ul style="list-style-type: none"> <li>• Rehabilitation – promoting independence and return to normal daily activities</li> <li>• Respite – temporary accommodation in a safe environment to support carers</li> </ul>
Hospital Staff and Patients Childcare Centre	<ul style="list-style-type: none"> <li>• Primarily focussed on supporting working healthcare employees and local community families</li> <li>• Supporting parents who have a sibling child in hospital or attending outpatient appointments</li> </ul>
Medical Specialist Suites	<ul style="list-style-type: none"> <li>• Provision of specialist consultation / follow-up in a wide range of specialties and sub-specialties</li> </ul>
Medical Research and Innovation Hub	<ul style="list-style-type: none"> <li>• Translational research – evidence based</li> <li>• Collaborative research – health, universities, research institutes</li> <li>• Clinical trials</li> <li>• Leading edge collaboration focusing on health and wellbeing</li> <li>• Research culture and activities that focuses on patients, families and carers in the community to achieve better patient outcomes</li> <li>• Strategic partnerships to foster the translation of knowledge to practice and policy</li> </ul>
Day Procedure Centre	<ul style="list-style-type: none"> <li>• Day Only Operating Rooms</li> <li>• Pre-Procedure care</li> <li>• Post-procedure care</li> <li>• Endoscopy Suite</li> <li>• Interventional Cardiology</li> </ul>
Clinical Teaching and Learning Centre	<ul style="list-style-type: none"> <li>• Tutorial spaces</li> <li>• Lecture Theatre</li> <li>• Simulation Centre</li> </ul>
Clinical Support Services	<ul style="list-style-type: none"> <li>• Diagnostic Imaging</li> <li>• Pathology</li> <li>• Pharmacy</li> </ul>

**Table 1:** Indicative 'Integrated Health Precinct' Services

## 1.2 Report Findings and Considerations

High level themes have been identified following the documentation review and they include:

Themes	Aims, Objectives and Considerations
Patient experience	<ul style="list-style-type: none"> <li>Care as close to home as possible</li> <li>Person centred care – patients, families and carers</li> <li>Greater access and choice</li> <li>Less invasive interventions</li> <li>Decreased length of stays</li> <li>Co-design with consumers</li> <li>Integrated care</li> <li>Less reliance on inpatient care</li> </ul>
Population	<ul style="list-style-type: none"> <li>39% increase to 2031</li> <li>33% of Canterbury socially disadvantaged</li> <li>High ethnicity – 48% born overseas and 66% do not speak English at home</li> <li>High projected population increase for 65+yrs by 2031</li> <li>18.8% Canterbury resident activity flows to Concord or RPA Hospitals</li> <li>16.8% activity flows to SESLHD or SWSLHD</li> <li>10% of all SLHD births are attributed to Canterbury residents</li> </ul>
SLHD direction / Canterbury Hospital	<ul style="list-style-type: none"> <li>Decreased reliance on beds</li> <li>New models of care and clinical redesign</li> <li>Need for additional capacity to meet growing demand</li> <li>Integrated models of care and out of hospital care</li> <li>Improved ITC capability / digital health – high priority</li> <li>Commitment to evidence based research</li> <li>Redevelopment of Canterbury Hospital – high priority</li> <li>Need for Renal Dialysis in Canterbury</li> <li>Promotion of Breast Screen services in Canterbury</li> <li>Apparent gap in Gastroenterology, Interventional Cardiology, Mental Health, Stroke, Interventional Radiology, MRI and PET services</li> <li>Build stronger / strategic partnerships</li> <li>Apparent need for establishment of community-based health facilities to provide prevention early intervention and community-based care</li> <li>Concord Hospital provides significant support to Canterbury Hospital – back-up, beds and services including <ul style="list-style-type: none"> <li>Radiology</li> <li>Nuclear Medicine</li> <li>Pathology</li> <li>Infectious Diseases</li> <li>Intensive Care</li> <li>Emergency Medicine</li> <li>Specialised Aged Care</li> <li>Rehabilitation</li> <li>Cancer</li> <li>Cardiology</li> <li>Endocrinology</li> <li>Colorectal Surgery</li> <li>Neurology</li> <li>Palliative Care Services</li> </ul> </li> <li>Focus on culturally appropriate care for Aboriginal people</li> <li>Need for research and education infrastructure</li> <li>Focus on co-design with consumers</li> </ul>
Private Health Insurance	<ul style="list-style-type: none"> <li>Rates appear low – more robust work required with potential operators</li> <li>Socioeconomically disadvantaged population</li> </ul>

	<ul style="list-style-type: none"> <li>• 30% of SLHD outflows for Canterbury residents are for private health services</li> </ul>
Partnership opportunities	<ul style="list-style-type: none"> <li>• Opportunities for strong collaborative relationships with Canterbury Hospital and other SLHD facilities</li> <li>• Provision of services to public hospitals e.g. elective surgery</li> <li>• Complementary services including alternative therapies</li> <li>• Clinical support services such as Pathology, Medical Imaging</li> <li>• Opportunity to establish better links with complementary services – General Practice, Community Health, Child and family health,</li> </ul>
Spaces	<ul style="list-style-type: none"> <li>• Opportunities to lease space to SLHD</li> <li>• Need for specialist consultation spaces</li> <li>• Need for Renal Dialysis space for SLHD</li> <li>• Potential for locally based cancer therapy / clinics for SLHD</li> <li>• Need for SLHD Community Health space</li> <li>• More rigorous assessment of bed requirements, day only / overnight, service configurations</li> <li>• Consider need for research infrastructure</li> </ul>
Activity	<ul style="list-style-type: none"> <li>• Robust assessment of the most common service-related groups for hospitalisation across SLHD and opportunities that PHI patients may provide</li> <li>• High needs – renal dialysis, chemotherapy services, mental health services</li> </ul>
Suite of Services	<ul style="list-style-type: none"> <li>• Day Surgery including high volume short stay</li> <li>• GP and Allied Health</li> <li>• Imaging</li> <li>• Endoscopy services</li> <li>• Rehabilitation services</li> <li>• Mental Health services</li> <li>• Interventional Cardiology</li> <li>• Interventional Radiology</li> <li>• Hybrid ORs</li> <li>• Orthopaedic services – ageing population / degenerative musculoskeletal disease</li> <li>• Ophthalmology</li> <li>• Pathology</li> <li>• Pharmacy</li> <li>• Ambulatory Care</li> <li>• Complementary services including alternative therapies</li> <li>• Allied health services</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• Learning and development to build capacity and capability of individuals and teams</li> <li>• Cross accreditation opportunities</li> <li>• Potential academic links to support training and education</li> <li>• Employer of choice</li> </ul>
Research and Innovation	<ul style="list-style-type: none"> <li>• Potential academic links</li> <li>• Committed to evidence based research</li> <li>• Consider need for research facilities and strategic partnerships</li> </ul>
Retail	<ul style="list-style-type: none"> <li>• Café</li> <li>• Pharmacy</li> <li>• Other</li> </ul>

**Table 2:** Documentation review findings and considerations

### 1.3 Conclusion and Summary Recommendations

Based on assessment of information available to date, it appears very reasonable that the establishment of an integrated health precinct in Campsie would be of significant benefit to the local community. The final configuration of the integrated health precinct would require extensive consultation with key stakeholders to ensure that it meets the needs of the local community.

From a health planning perspective, *key drivers* that shaped Neetan Investments Pty Ltd approach include:

- Recognising the anticipated increase in the population and increased demand for services
- Promoting a healthy neighbourhood through illness prevention and health promotion
- Better management of patients with chronic conditions
- Exploring ways to build greater capacity to support increased demand for services
- The need to improve health literacy to ensure patients, families and carers are better informed and better equipped to be involved their care decisions
- Ensuring that the environment is responsive to the needs of the community
- Building strong partnerships to support better healthcare and decrease reliance on inpatient care where possible

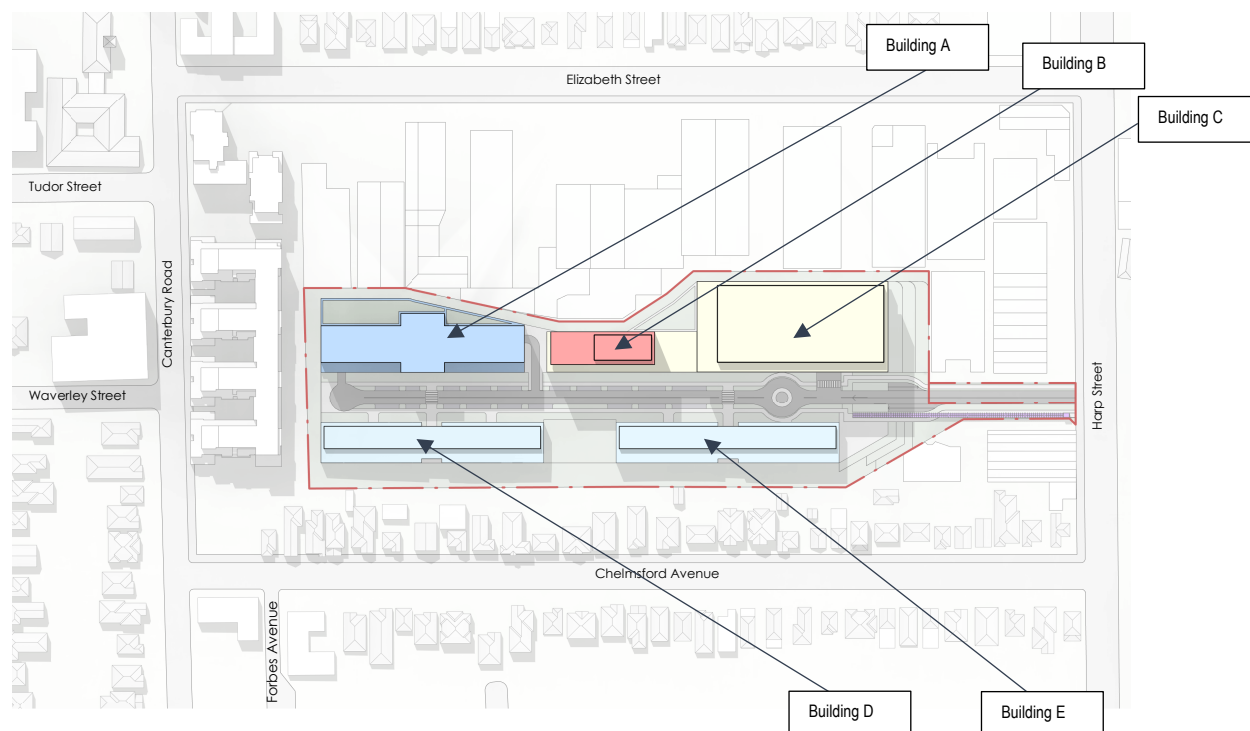
The establishment of an integrated health precinct could provide significant benefit including (and not limited to):

- Improved access to and choice of healthcare services
- Significant business vibrancy
- Improve the patients (and families / carers) experience
- Create employment opportunities locally

In alignment with Canterbury Bankstown Council rezoning outcomes, the broader strategies for the site and subsequent to removing Aged Care from the planning considerations, buildings A, D and E have been reconsidered, the Report seeks to provide indicative service uses to support the development of an integrated health precinct in Campsie as follows:

- Integrated Ambulatory Health Hub which could include: Renal Dialysis, Chemotherapy, Radiation Oncology, Oral health services, Integrated GP and Allied Health Services, Therapy spaces, Community Mental health services, Telehealth Service Centre, Women's Health Centre, Men's Health Centre, Child and Family Health, Health and wellbeing centre, Alternative Therapies Centre, Health Promotion spaces, Diabetes Education Centre, Medicare offices, PHI (Building A)
- Medihotel (Building B)
- Private Hospital (Building C)
- Rehabilitation and Respite (Building C)
- Hospital Staff and Patients Childcare Centre (Building C)
- Medical Centre and Specialist Suites (Building C)
- Medical Research and Innovation Hub (Building C)
- Day Procedure Centre which could include: Day Only Operating Rooms, pre-procedure and post procedure care, Endoscopy Suite, Interventional Cardiology (Building D)
- Clinical Teaching and Learning Centre including Simulation Centre (Building D)
- Clinical Support Services such as Diagnostic Imaging, Pathology, Pharmacy (Building E)

The following figure<sup>2</sup> illustrates initial intended uses of buildings on the 11 Harp St Campsie site and its proximity to Canterbury Rd:



**Figure 1:** Revised proposal for 11 Harp St site layout

Access to the Canterbury Hospital Clinical Services Plan or NSW Ministry of Health supply and demand projection data and a targeted consultation session with key SLHD / Canterbury Hospital stakeholders could not be achieved at the time of completing this Report. It is clear however, that there are key focus areas for Sydney Local Health District, and they include:

- A focus on decreased reliance on beds
- New models of care and clinical redesign will not be sufficient to address increasing demand
- High need for additional capacity across the LHD equivalent to a new tertiary facility
- Need for much greater emphasis on integrated care models and out of hospital care

A stakeholder consultation with SLHD and Canterbury Hospital is ongoing.

Although a preliminary assessment at this stage, it can be determined that based on the size of the existing site, its proximity to Canterbury Road, the Canterbury Hospital and the local shopping area (Clemton Park Shopping Village), there is a significant opportunity for health care providers and other agencies to examine how an integrated health precinct could provide a satisfactory infrastructure solution that facilitates improved access to services as close to home as possible and adds significant social benefit to the local area.

The following recommendations are provided:

- Continue discussions with potential operators (public and / or private) to establish an understanding of interest in collaborating to establish the **Harp St Integrated Health Precinct**

<sup>2</sup> Campsie Health Precinct – 11 Harp St – Urban Design Report (KannFinch), 08 August 2029 p. 47

- Progress with key stakeholder consultation with SLHD and Canterbury Hospital, to explore opportunities to collaborate, to understand their needs and those of the local community more fully and to build a sustainable approach to promoting health and wellbeing

## 2. Background

### NSW Health's Strategic Framework for Integrating Care<sup>3</sup>

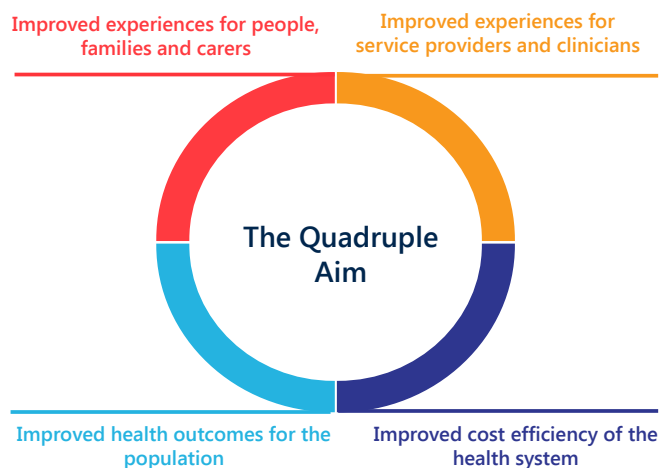
NSW Health's Strategic Framework for Integrating Care proposes to support 'better outcomes for individuals, families, health professionals, community health workers, and the broader health system. These outcomes include:

- *People, families and carers experiencing better coordination of care across different settings*
- *Improved health and wellbeing of the population, with greater health literacy and self-care*
- *A more value-based health system with reduced duplication in investment and services and more effective use of resources*
- *Greater job satisfaction for service providers, clinicians and other staff, with improved experiences of providing care....'*

And, 'the integration of care across settings and providers is an aspiration of all health services.....that provides enhanced quality and safety of care and better patient experiences...to deliver better value for the system and better outcomes for patients. '

NSW Health's vision is underpinned by 'The Quadruple Aim' – better experiences for patients and their families / carers, better experiences for service providers and clinicians, improved outcomes and improved cost efficiency.

The following table illustrates the 'Quadruple Aim':



**Figure 2:** NSW Health's Framework to deliver better value care

### Key Objectives of the Harp St Integrated Health Precinct

<sup>3</sup> NSW Health Strategic Framework for Integrating Care, November 2018, p.2



Underpinned by the key principles<sup>4</sup> of the NSW Health's Strategic Framework for Integrating Care:

- Person centred
- Primary care based
- Targeted
- Continually improved
- Collectively accountable
- Shared information,

this paper seeks to provide an overview of Neetan Investments Pty Ltd approach to support Canterbury Bankstown Council's vision to provide an Integrated Health Precinct in Campsie.

From a health planning perspective, *key drivers* that shaped Neetan Investments Pty Ltd approach include:

- Recognising the anticipated increase in the population and increased demand for services
- Promoting a healthy neighbourhood through illness prevention and health promotion
- Better management of patients with chronic conditions
- Exploring ways to build greater capacity to support increased demand for services
- The need to improve health literacy to ensure patients, families and carers are better informed and better equipped to be involved their care decisions
- Ensuring that the environment is responsive to the needs of the community
- Building strong partnerships to support better healthcare and decrease reliance on inpatient care where possible

By ensuring that patients, families and carers are more involved in their own care through shared decision making, it is envisaged that they will be empowered to ensure that their care meets their needs more fully. By improving the community's health literacy, ideally, they will become more engaged and more informed so that they can better determine what is important to them and how they can participate in promoting their own health and wellbeing.

*Health literacy* can be promoted through effective communication, the way we configure spaces and services, and how we plan to better meet the needs of the community by considering:

- Physical design, adjacencies and layout of buildings that considers physical and operational links
- Wayfinding and directional tools to make it easier for pedestrian / other movements
- Plain / simple language and explanations for all to aid in understanding diagnoses, treatments and care planning
- Effective CALD communication strategies to better include our multicultural community

Through *partnership and collaboration* with primary health care providers and other partners, the service offerings will be more comprehensive and targeted to meet community needs so as to better facilitate:

- Improved access
- Improved care coordination
- Improved information sharing
- Shared decision making
- Early intervention

---

<sup>4</sup> NSW Health Strategic Framework for Integrating Care, November 2018, p.14

- Hospital avoidance where possible

## 2.1 Harp St Integrated Health Precinct Project Overview

The **Harp St Integrated Health Precinct** could facilitate:

- Seamless healthcare that responds to the needs of the local community, and interfaces with social care
- Better patient experiences and patient satisfaction – greater involvement, inclusion and choice
- A ‘one stop shop’ type model that links clinical, clinical support and non-clinical services
- Improved opportunities to collaborate with Primary Care
- Improved collaboration and integration across the specialties and services
- Improved opportunities to promote teaching, learning and development of individuals and teams
- Improved staff / team satisfaction
- Improved opportunities to support patient education
- Improved access and less travel distances for patients, families and carers
- Improved coordination of care
- The opportunity to implement new / contemporary models of care
- Implementation of technologies to support telehealth and multidisciplinary care
- Improved opportunity to divert clinically appropriate activity from the acute hospital / Emergency Department
- Improved opportunities to promote multidisciplinary translational research

## 2.2 Project Report - Objective, Scope and Methodology

This Report seeks to provide a high-level health context review of the publicly available documentation listed below. Additionally, the Project Team participated in one brief videoconference with the Chief Executive and the Director of Operations (Sydney Local Health District) held on Monday, 13 July 2020.

Publicly available documents reviewed include:

- A Picture of Health – Sydney Local Health District Health Profile 2015
- Sydney Local Health District Strategic Plan 2018-2023
- Balmain Hospital Strategic Plan 2019-2024
- Canterbury Hospital Strategic Plan 2019-2024
- Concord Hospital Strategic Plan 2019-2024
- Royal Prince Alfred Hospital Strategic Plan 2019-2024

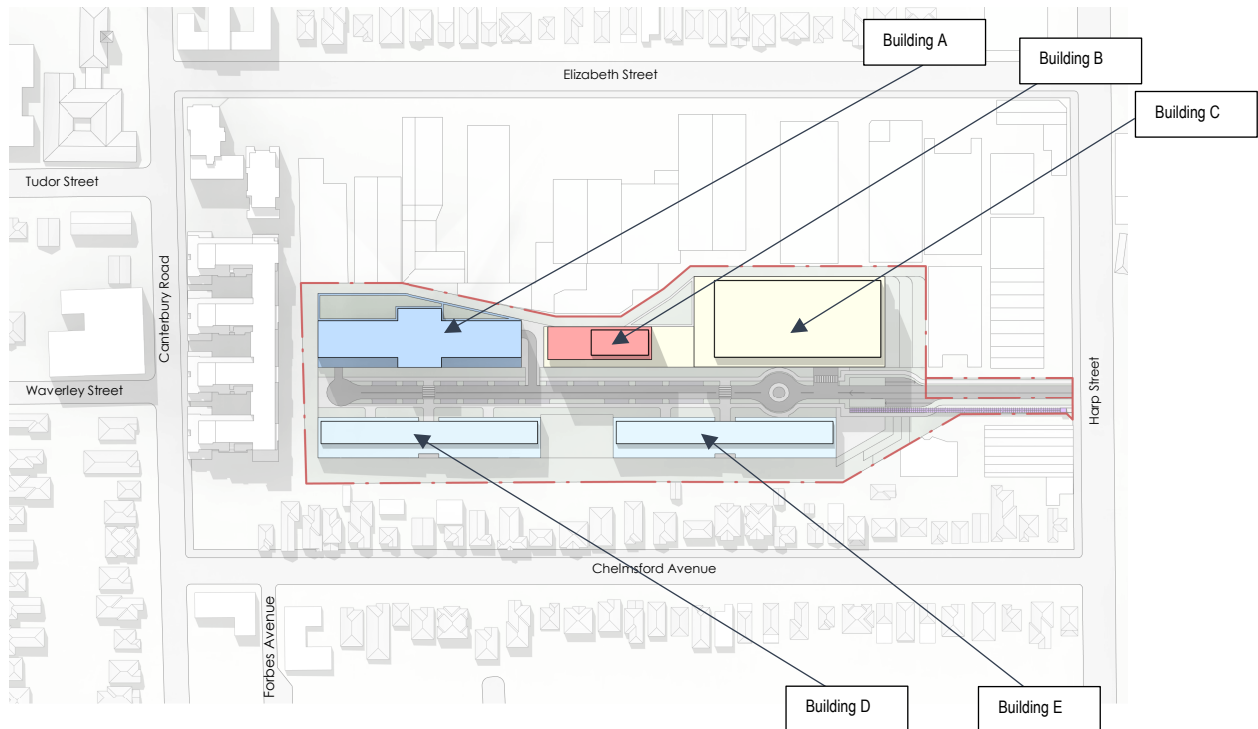
The initial project scope for 11 Harp St, Campsie included:

- Aged Care (Building A)
- Medi Hotel (Building B) – 100 rooms
- Private Hospital (Building C) – 200 beds
- Rehabilitation Centre and Respite Care (Building C)
- Hospital Staff and Patients Childcare Centre (Building C) – 150 places
- Medical Centre and Specialist Suites (Building C)
- Medical Research and Innovation Hub (Building C) – size to be determined

- Independent Living Units (Buildings D and E)
- Disability Living (Building D)

It is noted however, that the original proposal lodged with Canterbury Bankstown Council incorporated Aged Care (including residential aged care beds independent living and disability housing proposed for Buildings A, D and E) and it is acknowledged that this not permitted under the proposed health precinct zoning. Council staff indicated a preference for land uses moving forward to be limited to health and health related only.

The following figure<sup>5</sup> illustrates initial intended uses of buildings on the 11 Harp St Campsie site and its proximity to Canterbury Rd:



**Figure 3:** Initial 11 Harp St site layout

## 2.3 Project Report Assumptions

In preparing this Report, the following assumptions apply:

- The purpose of this review is to give indicative advice only
- The Report does not consider the SLHD Clinical Services Plan (CSP) or the Canterbury Hospital CSP – these documents set the direction for clinical services for patients accessing care in public health facilities within SLHD, and consider geographic, population, health service and activity profiles, demand for service, service delivery, future models of care and service priorities etc. (documents not available publicly)
- Consideration and recommendations pertaining to size / scale will require full and comprehensive analysis by prospective operators
- The review does not consider any financial assessment to support the development and its viability - capital investment, recurrent, FFE

<sup>5</sup> Campsie Health Precinct – 11 Harp St – Urban Design Report (KannFinch), 08 August 2029 p. 47

- Clinical data such as HARDS and NSW Ministry of Health demand / supply data has not been provided and is excluded in this review process
- Detailed consultation with SLHD / Canterbury Hospital has not been achieved at the time of finalising this Report
- Recommendation and comment will be general in nature

### 3. Documentation Review – Clinical

#### 3.1 Sydney Local Health District and Facility Specific Overview

The review of documentation as listed below only considers the documents listed. It does not include consideration of activity projection data that is held by the NSW Ministry of Health or hospital demand modelling data held by HARDS & Associates as the client has no access to these data sets.

Further, at the time of preparing this Report, there is no publicly available Clinical Service planning documentation as it relates to the Sydney Local Health District or the public health facilities within it.

The review undertaken considered applicability to clinical services only. Other components of the documents outlined have not been considered.

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and the individual LHD hospital facilities strategic plans. All information detailed below comes directly from the Sydney Local Health District Strategic Plan 2018-2023 and the individual LHD hospital facilities strategic plans.

#### *A Picture of Health – Sydney Local Health District Health Profile 2015*

The Sydney Local Health District (SLHD) is located in the centre of the Sydney metropolitan area (126sq km) and covers the following local government areas (LGAs):

- Ashfield
- Burwood
- Canada Bay
- Canterbury
- City of Sydney (Sydney South and West only)
- Leichhardt
- Marrickville
- Strathfield

SLHD incorporates high density commercial precincts, strong employment and extensive health, education and sporting facilities.

The following table illustrates some high level population data:

SLHD Population	Total / rate
Estimated resident population 2016	639,530
Percentage 25-34yrs	21.5%
Percentage 65+years	12.2%
Projected 2021	706,850
Projected 2026	766,530
Projected 2031	832,790
Canterbury SEIFA score (lowest rank in SLHD)	922
Burwood SEIFA score (second lowest rank in SLHD)	996
Sydney LHD SEIFA	1006
Campsie (suburban ranking of disadvantage in SLHD)	6th

**Table 3:** SLHD Summary population (Source: A Picture of Health – Sydney Local Health District Health profile 2015, pages 6, 10, 13, 16, 17)

In summary, this document proposes that:

- There are pockets of social advantage and disadvantage across the LHD
- Priority populations groups include:
  - Aboriginal people
  - CALD communities
  - Humanitarian arrivals
  - People with disability
  - Carers
  - Older people
- Health status and lifestyle behaviours that impact of the health of the population include:
  - Smoking - 16.2% of the population smoke (decreasing since 2002)
  - Excessive alcohol consumption – 23.9% of population consume in excess of two standard drinks per day
  - Overweight and obesity – 45.1% of population are overweight, high prevalence of childhood obesity
  - Illicit drug use – a rise in the misuse of pharmaceutical drugs and some decline in the use of ecstasy, heroin and GHB
- Priority health areas include:
  - Cancer
  - Cancer screening
  - Maternal health
  - Injury and poisoning
  - Infectious diseases
- There is a significant challenge managing chronic disease including:
  - Diabetes
  - Respiratory disease
  - Cardiovascular disease
  - Musculoskeletal conditions
  - Oral health
  - Falls and falls related injuries
  - Dementia

- Mental health
- Most common service related groups for hospitalisations include:
  - Renal dialysis
  - Obstetrics
  - Orthopaedics
  - Non-specialty medicine
  - Psychiatry
  - Gastroenterology
  - Non-subspecialty surgery
  - Respiratory medicine
  - Unqualified neonates (well babies)
  - Cardiology

*Sydney Local Health District Strategic Plan 2018-2023*

SLHD priorities include:

- Partnering with patients, families, carers and consumers
- Strengthening and valuing the workforce and its capability
- An inclusive health care system that is responsive to local Aboriginal communities
- Developing, planning and constructing new and upgraded health facilities to address the significant population growth, increasing demand and ageing infrastructure
- Shifting the balance of care into primary, population health, ambulatory and community based services
- Influencing social and policy factors that affect health by working in partnership with the community and other sectors
- Shaping the future through healthcare and information technology – state of the art imaging, remote medical and health monitoring, point of care diagnostic, smart technologies, Apps, robotics, etc
- Growing health and medical research
- Enhancing models of care for multiple patient groups
- Growing tertiary and quaternary care to advance specialised care options
- Developing partnerships to better integrate care, build capacity and deliver on key strategic goals - universities, local councils, PHNs, local Aboriginal health services, NGOs, residential aged care services and government agencies
- Highest possible performance, outcomes, and value for money

Future activity across SLHD will respond to:

- A projected 30% population increase
- A growing elderly population
- An anticipated increase in chronic illness
- A projected increase in cancer related illness
- An increase in demand for chemotherapy and radiotherapy services
- An increase in demand for community based services (non-admitted services)

SLHD recognises that in order to respond to increasing population and associated demand for services:

- There needs to decreased reliance on beds
- The implementation of new models of care and clinical redesign will not be sufficient to address increasing demand

- There will be a high need for additional capacity across the LHD equivalent to a new tertiary facility
- There need to be much greater emphasis on integrated care models and out of hospital care
- Each facility within the LHD will have its respective operational framework to implement key strategies
- The LHD is governed by 14 clinical streams, each with their own framework to provide services, leadership and future direction

Observations include:

- Focus on decreased reliance on beds
- New models of care and clinical redesign will not be sufficient to address increasing demand
- High need for additional capacity across the LHD equivalent to a new tertiary facility
- Need for much greater emphasis on integrated care models and out of hospital care

Balmain Hospital Strategic Plan 2019-2024

Key priorities for Balmain Hospital include:

- Support and empowered and resilient workforce
- Support employees to deliver the highest quality of care
- Foster a diverse workforce within a culturally safe and competent health system
- Maintain and improve infrastructure and facilities to meet the needs of our aged care and rehabilitation patients
- Implement information technology solutions to improve information accessibility and patient safety and care
- Support the implementation of efficiency improvements towards a sustainable health system
- Support and foster responsive, integrated, culturally safe and competent multidisciplinary services
- Streamline discharge processes to better support the transition from hospital to home and support strategies for patients to remain in the community
- Support and expand areas of clinical specialisation
- Engage and empower our community to be healthy
- Develop sustainable and proactive partnerships
- Ensure care is truly patient and family centred by engaging with patients and their carers to improve the patient experience
- Ensure that Balmain Hospital and its services meet and exceed National Safety and Quality Health Service Standards and other relevant standards
- Drive a culture committed to research, informed by evidence and consumer experience
- Establish and strengthen collaborative research with our partners
- Foster a culture of innovation, change management and collaboration
- Support equity, access and a values framework in our workforce, education and service delivery

Observations include:

- Emphasis on sub-acute care – aged care and rehabilitation, ambulatory care, general practice support
- Gap in information technology capability
- Committed to evidence based research

Canterbury Hospital Strategic Plan 2019-2024

Key priorities for Canterbury Hospital include:

- Plan for the expansion of the Emergency Department
- Plan for the redevelopment of Canterbury Hospital
- Upgrade Ambulatory Care including Renal Dialysis Services
- Improve hospital services to ensure that Aboriginal people feel welcomed
- Continue to improve ICT accessibility including the digital transformation of the hospital's eMR and other IT programs
- Support innovation and performance to drive service
- Support the District priority for a sustainable and holistic health system
- Deliver high quality and safe care aligned to the health needs of the local community
- Support new innovative models of care
- Explore opportunities to improve the integration of clinical services in collaboration with other services and agencies
- Identify opportunities to improve or redesign services including Endocrinology, Cardiology, and Respiratory Medicine and improving diagnostic imaging services on site
- Investigate opportunities to improve the integration of health services – enhancing outpatient and outreach services to better support prevention and chronic disease management, multidisciplinary and cross specialty clinics and alignment with LHD Aboriginal health strategies
- Support innovation and performance to drive service improvements
- Enhance staff safety, health and wellbeing
- Recruit and retain an engaged and diverse workforce
- Develop research strategies at Canterbury Hospital consistent with the District research strategy
- Build capacity to support research and promote participation in research – clinical trials
- Promote a culture that values and supports education and professional development – research forums, conferences and symposiums, potential sub-clinical school
- Plan for the integration of state of the art education and development at Canterbury hospital – education infrastructure and technologies

Observations include:

- 39% increase in population by 2031
- 33% of Canterbury population socioeconomically disadvantaged
- High ethnicity – 66% of Canterbury population do not speak English at home, 48% born overseas
- 30% of outflows for Canterbury residents are for private health care services
- High projected population increase in 65+ yrs by 2031
- Redevelopment of Canterbury Hospital – high priority and need – infrastructure old and inhibits the implementation contemporary and new / emerging models of care, new technologies
- LHD focus on evidence-based practice / research
- ICT gaps
- Need for Renal Dialysis services
- Apparent gap in Gastroenterology, Interventional Cardiology, Mental Health, Stroke, Interventional Radiology, MRI and PET services
- Opportunity to establish better links with complementary services – General Practice, Community Health, Child and family health, Pathology services
- 18.8% Canterbury resident activity flows to Concord or RPA Hospitals
- 16.8% activity flows to SESLHD or SWSLHD



- 10% of all SLHD births are attributed to Canterbury residents
- Apparent need for establishment of community-based health facilities to provide prevention early intervention and community-based care
- Promotion of Breast Screening in Canterbury area

#### Concord Hospital Strategic Plan 2019-2024

Key priorities for Concord Hospital include:

- Aligned with Sydney Local Health District Research Strategic Plan 2018-2023
- Encouraging consumer participation in research activities
- Building capacity to undertake research by supporting emerging researchers
- Strengthening opportunities for research with existing research partners and explore opportunities for new partnerships
- Completing stage one redevelopment in accordance with the clinical services plan with upgraded Aged Care and Rehabilitation services, Cancer services and the National Centre for Veterans Healthcare, as well as Ambulatory Care, Emergency Department, Intensive Care, Theatres, Imaging, Diagnostics and Research facilities
- Finalise the clinical services planning for stage two redevelopment - comprehensive and consultative process to inform Stage 2 Redevelopment - consider the need for new services such as Maternity and Paediatrics, consider expansion of Gynaecology service
- Focus on culturally appropriate care for Aboriginal people
- Continue to improve ICT Accessibility – electronic health programs, eReferrals, eMeds, Patient ID barcoding,
- Support Sydney Local Health District's priority for a sustainable health system
- Deliver high quality and safe care aligned to the health needs of the local population
- Support the introduction of innovative new services and models of care e.g. critical care outreach,
- Explore opportunities to improve the integration of clinical services - neurology outreach to support Canterbury Hospital, integration of ortho- geriatric model, medical/ surgical liaison services for complex older persons, enhance ageing and dementia and mental health capability
- Expand and build our partnerships across the health and social system – strengthen relationships with residential aged care facilities, further develop palliative care services and allied health
- Collaborate closely with the local Primary Health Network
- Provide Concord Hospital staff with the support to enable the provision of safe and high quality care
- Identify strategies to recruit and retain the Concord Hospital workforce
- Enhance staff safety and well being
- Promote and support a culture of patient and family centred care quality safety evidence based practise and innovation – research infrastructure, extend model of RPA institute of academic surgery, enhance clinical trials, opportunities for 'in-hospital' / local research
- Ensure that equity and the CORE values underpin all education and training activities
- Continue to support and encourage professional development for employees across all disciplines
- Support the integration of state-of-the-art education facilities as part of the Concord hospital redevelopment

Observations include:

- Clinical Services Planning underway for Stage 2 redevelopment
- LHD focus on evidence-based practice / research

- Consider the need for new services such as Maternity and Paediatrics, consider expansion of Gynaecology service
- Focus on culturally appropriate care for Aboriginal people
- Need for improved ICT accessibility
- Consideration of introduction of critical care outreach, improved integration neurology outreach to support Canterbury Hospital, integration of ortho- geriatric model, medical/ surgical liaison services for complex older persons, enhance ageing and dementia and mental health capability
- Expand and build our partnerships across the health and social system – with residential aged care facilities, further develop palliative care services and allied health
- Strong PHN collaboration
- Need for state-of-the-art education facilities
- Need for research infrastructure
- Plan to extend model of RPA institute of academic surgery
- Plan to enhance clinical trials
- Explore opportunities for 'in-hospital' / local research

#### Royal Prince Alfred Hospital Strategic Plan 2019-2024

Key priorities for RPA Hospital include:

- Plan for and champion the redevelopment and expansion of RPA hospital in accordance with the clinical services strategy and CSP to meet the needs of a growing and changing local and referral population
- Review and enhance RPA facilities with a focus on accessibility, cultural appropriateness and patient centred care including:
  - Expansion of inpatient capacity
  - Remodelled and expanded ED including waiting area
  - Enhanced Intensive Care capacity
  - A major emphasis on ambulatory care and outpatients
  - Expanded pre-admission clinic space
  - Operating theatres including hybrid theatres
  - Medical and surgical facilities
  - Medical imaging and diagnostic capabilities
  - Paediatric services
  - Clinical support services
  - Stronger rehabilitation capability
  - Building digital capability with state of the art ICT infrastructure
  - A purpose built research facility on the RPA campus
- Complete the roll-out and optimization of a mobile integrated lifelong eMR to support best practice care integrated across care partners in the primary, community and acute care system
- Collocate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies
- Build and leverage strategic partnerships across the health and social care system to minimised service fragmentation and ensure equitable access to high quality patient care – HealthOne, Universities, community, PHN, NGOs
- Strengthen engagement and existing partnerships with Aboriginal communities and organisations to 'Close the gap' in health behaviours, health outcomes and access to health services between Aboriginal and non-Aboriginal people

- Contribute to the planned establishment of RPA HealthOne East Green Square as part of the broader Sydney Local Health District integrated care strategy
- Implement flexible and adaptive models of care to address the needs and challenges of specific cohorts (such as aged, people with disability, indigenous culturally and linguistically diverse and people from rural and remote areas), high volume areas such as ED, ICU and paediatrics
- Consider informational and emotional needs of patients, families and carers in the design and delivery of clinical care services through co-design, leading better value care (LBVC)
- Design and implement easy to navigate care pathways which facilitate active involvement of patients, families and carers in their care
- Identify opportunities to improve or redesign services
- Investigate opportunities to improve the integration of health services
- Support innovation and performance to drive service improvements
- Future service development such as genetic therapy trials, novel transplantation modalities, researching the efficacy of new approaches to robotic surgery (including artificial intelligence), providing novel multidisciplinary clinics for management of complex medical diseases such as pulmonary hypertension, neuroimmunology and interstitial lung disease
- Building its medical imaging capability and capacity including interventional neuroradiology services and positron emission tomography magnetic resonance imaging (PET-MR)
- Ambulatory care services and the need to develop new multidisciplinary models to address complex medical issues and chronic diseases
- Promote opportunities for greater employee engagement and participation at both a strategic and operational level
- Support managers to build healthy teams and look after our staff including through participation in staff wellbeing programs
- Attract, retain and develop exceptional staff by becoming an employer of choice
- Inspire a culture of accountability through the high quality feedback continuous improvement development cycles and recognition of employee excellence
- Celebrate and maintain world class status of our RPA through proactive communication of research successes and innovation
- Advanced translation of all healthcare research by leveraging strategic partnerships with medical research institutes, universities and industry partners
- Support involvement of staff, patients, families and communities in all phases of the research cycle
- Advocate and promote the development and successful implementation of Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub
- Partner with universities in education institutes to offer sector ready professional development opportunities targeted to service needs
- Promote availability and access to modern evidence based education methods and infrastructure
- Embed a continuous learning culture through support for reflective learning and customized development pathways

Observations include:

- Planning for redevelopment and expansion of RPA hospital - clinical services strategy and CSP to meet the needs of a growing and changing local and referral population - with a focus on accessibility, cultural appropriateness and patient centred care
- Plan to collocate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies
- LHD focus on evidence-based practice / research, strategic partnerships

- Strengthen engagement / existing partnerships with Aboriginal communities and organisations to 'Close the gap'
- Focus on co-design with consumers
- To improve the integration of services
- Exploring future service development such as genetic therapy trials, novel transplantation modalities, researching the efficacy of new approaches to robotic surgery (including artificial intelligence), providing novel multidisciplinary clinics for management of complex medical diseases such as pulmonary hypertension, neuroimmunology and interstitial lung disease
- Plan to build medical imaging capability and capacity including interventional neuroradiology services and positron emission tomography magnetic resonance imaging (PET-MR)
- Expand ambulatory care services - develop new multidisciplinary models to address complex medical issues and chronic diseases
- High need for increased digital capability, improved ITC accessibility
- Implementation of Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub
- Exploring opportunities to review / redesign services, flexible / adaptive models of care

#### High level SLHD themes:

High level themes have been identified following the documentation review and they include:

Themes	Aims, Objectives and Considerations
Patient experience	<ul style="list-style-type: none"> <li>• Care as close to home as possible</li> <li>• Person centred care – patients, families and carers</li> <li>• Greater access and choice</li> <li>• Less invasive interventions</li> <li>• Decreased length of stays</li> <li>• Co-design with consumers</li> <li>• Integrated care</li> <li>• Less reliance on inpatient care</li> </ul>
Population	<ul style="list-style-type: none"> <li>• 39% increase to 2031</li> <li>• 33% of Canterbury socially disadvantaged</li> <li>• High ethnicity – 48% born overseas and 66% do not speak English at home</li> <li>• High projected population increase for 65+yrs by 2031</li> <li>• 18.8% Canterbury resident activity flows to Concord or RPA Hospitals</li> <li>• 16.8% activity flows to SESLHD or SWSLHD</li> <li>• 10% of all SLHD births are attributed to Canterbury residents</li> </ul>
SLHD direction / Canterbury Hospital	<ul style="list-style-type: none"> <li>• Decreased reliance on beds</li> <li>• New models of care and clinical redesign</li> <li>• Need for additional capacity to meet growing demand</li> <li>• Integrated models of care and out of hospital care</li> <li>• Improved ITC capability / digital health – high priority</li> <li>• Commitment to evidence based research</li> <li>• Redevelopment of Canterbury Hospital – high priority</li> <li>• Need for Renal Dialysis in Canterbury</li> <li>• Promotion of Breast Screen services in Canterbury</li> <li>• Apparent gap in Gastroenterology, Interventional Cardiology, Mental Health, Stroke, Interventional Radiology, MRI and PET services</li> <li>• Build stronger / strategic partnerships</li> </ul>

	<ul style="list-style-type: none"> <li>• Apparent need for establishment of community-based health facilities to provide prevention early intervention and community-based care</li> <li>• Concord Hospital provides significant support to Canterbury Hospital – back-up, beds and services including <ul style="list-style-type: none"> <li>○ Radiology</li> <li>○ Nuclear Medicine</li> <li>○ Pathology</li> <li>○ Infectious Diseases</li> <li>○ Intensive Care</li> <li>○ Emergency Medicine</li> <li>○ Specialised Aged Care</li> <li>○ Rehabilitation</li> <li>○ Cancer</li> <li>○ Cardiology</li> <li>○ Endocrinology</li> <li>○ Colorectal Surgery</li> <li>○ Neurology</li> <li>○ Palliative Care Services</li> </ul> </li> <li>• Focus on culturally appropriate care for Aboriginal people</li> <li>• Need for research and education infrastructure</li> <li>• Focus on co-design with consumers</li> </ul>
Private Health Insurance	<ul style="list-style-type: none"> <li>• Rates appear low – more robust work required with potential operators</li> <li>• Socioeconomically disadvantaged population</li> <li>• 30% of SLHD outflows for Canterbury residents are for private health services</li> </ul>
Partnership opportunities	<ul style="list-style-type: none"> <li>• Opportunities for strong collaborative relationships with Canterbury Hospital and other SLHD facilities</li> <li>• Provision of services to public hospitals e.g. elective surgery</li> <li>• Complementary services including alternative therapies</li> <li>• Clinical support services such as Pathology, Medical Imaging</li> <li>• Opportunity to establish better links with complementary services – General Practice, Community Health, Child and family health,</li> </ul>
Spaces	<ul style="list-style-type: none"> <li>• Opportunities to lease space to SLHD</li> <li>• Need for specialist consultation spaces</li> <li>• Need for Renal Dialysis space for SLHD</li> <li>• Potential for locally based cancer therapy / clinics for SLHD</li> <li>• Need for SLHD Community Health space</li> <li>• More rigorous assessment of bed requirements, day only / overnight, service configurations</li> <li>• Consider need for research infrastructure</li> </ul>
Activity	<ul style="list-style-type: none"> <li>• Robust assessment of the most common service-related groups for hospitalisation across SLHD and opportunities that PHI patients may provide</li> <li>• High needs – renal dialysis, chemotherapy services, mental health services</li> </ul>
Suite of Services	<ul style="list-style-type: none"> <li>• Day Surgery including high volume short stay</li> <li>• GP and Allied Health</li> <li>• Imaging</li> <li>• Endoscopy services</li> <li>• Rehabilitation services</li> <li>• Mental Health services</li> <li>• Interventional Cardiology</li> <li>• Interventional Radiology</li> <li>• Hybrid ORs</li> <li>• Orthopaedic services – ageing population / degenerative musculoskeletal disease</li> <li>• Ophthalmology</li> </ul>

	<ul style="list-style-type: none"> <li>• Pathology</li> <li>• Pharmacy</li> <li>• Ambulatory Care</li> <li>• Complementary services including alternative therapies</li> <li>• Allied health services</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• Learning and development to build capacity and capability of individuals and teams</li> <li>• Cross accreditation opportunities</li> <li>• Potential academic links to support training and education</li> <li>• Employer of choice</li> </ul>
Research and Innovation	<ul style="list-style-type: none"> <li>• Potential academic links</li> <li>• Committed to evidence based research</li> <li>• Consider need for research facilities and strategic partnerships</li> </ul>
Retail	<ul style="list-style-type: none"> <li>• Café</li> <li>• Pharmacy</li> <li>• Other</li> </ul>

**Table 4:** Documentation review findings and considerations

### 3.2 Indicative Services – Harp St Integrated Health Precinct

It is acknowledged by Neetan Investments ty Ltd, that a detailed consultation process with key stakeholders is required to fully and reliably determine the requirements of an Integrated Health Precinct in Campsie.

This paper does not determine whether an acute care facility would be a public health facility or one that is supported by the private sector.

However, based on high level assessment of the publicly available information listed in Section 2.2 above, some assumptions about need, and as it pertains to the Sydney Local Health District, Canterbury Hospital, other SLHD heath facilities, and any consideration of the establishment of a private acute hospital facility, the proposed development could include any or all of the following:

Indicative Services could comprise:	
Integrated Ambulatory Health Hub	<ul style="list-style-type: none"> <li>• Renal Dialysis</li> <li>• Chemotherapy</li> <li>• Radiation Oncology</li> <li>• Oral health services</li> <li>• Integrated GP and Allied Health Services</li> <li>• Therapy spaces, Community Mental health services</li> <li>• Telehealth Service Centre</li> <li>• Women's Health Centre</li> <li>• Men's Health Centre</li> <li>• Child and Family Health</li> <li>• Health and Wellbeing Centre</li> <li>• Alternative Therapies Centre</li> <li>• Health Promotion spaces</li> <li>• Diabetes Education Centre</li> <li>• Medicare offices</li> <li>• Private Health Insurance offices</li> <li>• Retail – café, optometry, audiology centre, assistive technology etc</li> </ul>

Medi Hotel	<ul style="list-style-type: none"> <li>• Overnight facility generally for ‘self-caring’ patients who require minimal supervision / support who are accessing / have accessed acute hospital services</li> <li>• In close proximity to an acute hospital</li> <li>• Supports patients and families undergoing investigations / treatment and who do not require an inpatient admission</li> </ul>
Acute Hospital	<ul style="list-style-type: none"> <li>• Inpatient beds – medical and surgical</li> <li>• Operating Rooms</li> <li>• Intensive Care /High Dependency Unit</li> <li>• Clinical Support Services such as Medical Imaging, Pharmacy, CSSD</li> <li>• Non-Clinical Support Services including Food Services, Environmental Services Supply, Linen/ Laundry services</li> <li>• Other (as determined by key stakeholders)</li> </ul>
Rehabilitation and Respite	<ul style="list-style-type: none"> <li>• Rehabilitation – promoting independence and return to normal daily activities</li> <li>• Respite – temporary accommodation in a safe environment to support carers</li> </ul>
Hospital Staff and Patients Childcare Centre	<ul style="list-style-type: none"> <li>• Primarily focussed on supporting working healthcare employees and local community families</li> <li>• Supporting parents who have a sibling child in hospital or attending outpatient appointments</li> </ul>
Medical Specialist Suites	<ul style="list-style-type: none"> <li>• Provision of specialist consultation / follow-up in a wide range of specialties and sub-specialties</li> </ul>
Medical Research and Innovation Hub	<ul style="list-style-type: none"> <li>• Translational research – evidence based</li> <li>• Collaborative research – health, universities, research institutes</li> <li>• Clinical trials</li> <li>• Leading edge collaboration focusing on health and wellbeing</li> <li>• Research culture and activities that focuses on patients, families and carers in the community to achieve better patient outcomes</li> <li>• Strategic partnerships to foster the translation of knowledge to practice and policy</li> </ul>
Day Procedure Centre	<ul style="list-style-type: none"> <li>• Day Only Operating Rooms</li> <li>• Pre-Procedure care</li> <li>• Post-procedure care</li> <li>• Endoscopy Suite</li> <li>• Interventional Cardiology</li> </ul>
Clinical Teaching and Learning Centre	<ul style="list-style-type: none"> <li>• Tutorial spaces</li> <li>• Lecture Theatre</li> <li>• Simulation Centre</li> </ul>
Clinical Support Services	<ul style="list-style-type: none"> <li>• Diagnostic Imaging</li> <li>• Pathology</li> <li>• Pharmacy</li> </ul>

**Table 5:** Indicative ‘Integrated Health Precinct’ Services

### 3.3 High Level Project Outcomes and Benefits

Although not conclusive, the following table lists some potential outcomes and benefits of a new integrated health precinct:

Outcomes	Potential Benefits
Improved patient experience	<ul style="list-style-type: none"> <li>• Patient (and family / carer) centred care – greater inclusion and involvement in care</li> <li>• Co-design with consumers</li> <li>• Purpose built facilities</li> <li>• Improved access to services</li> <li>• Improved choice of healthcare services</li> <li>• Access to services closer to home</li> <li>• Wider range of service available locally</li> <li>• Improved patient outcomes</li> <li>• Improved health and wellbeing</li> <li>• Improved waiting times for care</li> <li>• Enhanced integrated care models</li> <li>• Decreased length of stay</li> <li>• Implementation of new technologies to support care needs</li> </ul>
Community engagement	<ul style="list-style-type: none"> <li>• Culturally sensitive care - Aboriginal, CALD</li> <li>• Improved business vibrancy</li> <li>• Meeting the needs of the local community</li> <li>• Enhanced relationships with aged care providers</li> </ul>
Financial sustainability	<ul style="list-style-type: none"> <li>• Cost effective and cost efficient care</li> <li>• Operational efficiency</li> <li>• Reduced unplanned returns</li> </ul>
Sustainable infrastructure solution	<ul style="list-style-type: none"> <li>• Modern infrastructure - safety, access, security</li> <li>• Functional clinical spaces</li> <li>• Functional workspaces</li> <li>• More accessible services – drop-off, wayfinding</li> <li>• Responsive to population increase and demand</li> <li>• Implementation of contemporary and new /emerging models of care</li> <li>• Improved ambulatory care / outpatient models - opportunity to shift the focus to non-admitted care where possible</li> <li>• Comprehensive suite of clinical support services such as Imaging, Pathology</li> <li>• Opportunity to place complementary services in health precinct</li> </ul>
Workforce development	<ul style="list-style-type: none"> <li>• Strong commitment to learning and development – capacity and capability</li> <li>• Improved staff recruitment and retention – employer of choice</li> <li>• Improved staff experience</li> <li>• Greater convenience for medical staff working across public and private sectors</li> <li>• Cross accreditation opportunities</li> <li>• Opportunities to anticipate in research activities</li> </ul>
Research and Innovation Hub	<ul style="list-style-type: none"> <li>• Translational research – evidence based</li> <li>• Collaborative research – health, universities, research institutes</li> <li>• Clinical trials</li> </ul>
Partnership and collaboration	<ul style="list-style-type: none"> <li>• Improved capacity to build strong and sustainable partnerships locally, across the LHD, metropolitan Sydney and statewide</li> <li>• Collaboration with other public and private health facilities (acute / subacute / ambulatory / outpatient / community health), primary health, residential aged care facilities, universities, community agencies, NGOs</li> </ul>
Effective safety and risk management	<ul style="list-style-type: none"> <li>• Effective clinical and corporate governance</li> </ul>



	<ul style="list-style-type: none"> <li>• Compliance with local, state and national standards, guidelines, policies and procedures</li> <li>• Accreditation aligned with National Safety and Quality Health Standards</li> <li>• Reduced clinical errors and infection, sentinel events</li> </ul>
--	---

**Table 6:** High level benefits of new hospital development

## 4. Conclusion and Recommendations

### 4.1 Conclusion

Based on assessment of information available to date, it appears very reasonable that the establishment of an integrated health precinct in Campsie would be of significant benefit to the local community. The final configuration of the integrated health precinct would require extensive consultation with key stakeholders to ensure that it meets the needs of the local community.

From a health planning perspective, *key drivers* that shaped Neetan Investments Pty Ltd approach include:

- Recognising the anticipated increase in the population and increased demand for services
- Promoting a healthy neighbourhood through illness prevention and health promotion
- Better management of patients with chronic conditions
- Exploring ways to build greater capacity to support increased demand for services
- The need to improve health literacy to ensure patients, families and carers are better informed and better equipped to be involved their care decisions
- Ensuring that the environment is responsive to the needs of the community
- Building strong partnerships to support better healthcare and decrease reliance on inpatient care where possible

The establishment of an integrated health precinct could provide significant benefit including (and not limited to):

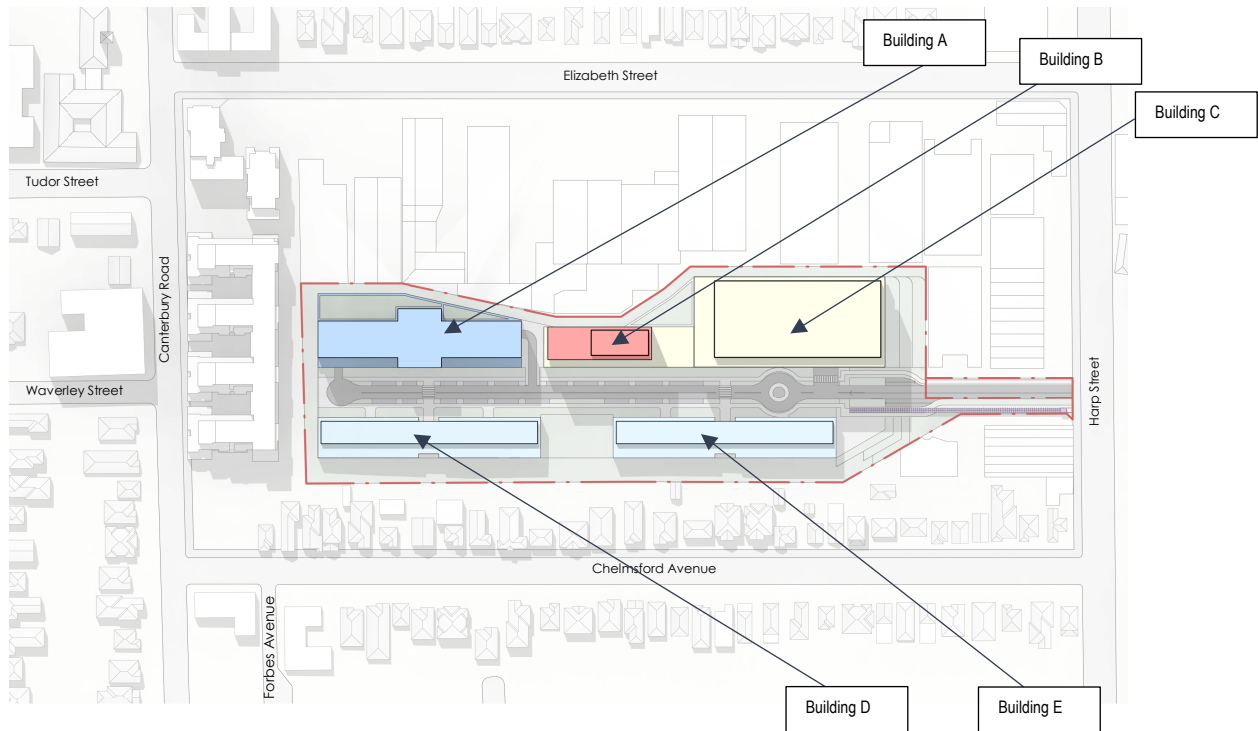
- Improved access to and choice of healthcare services
- Significant business vibrancy
- Improve the patients (and families / carers) experience
- Create employment opportunities locally

In alignment with strategic planning outcomes intended for this area, the Report seeks to provide indicative service uses to support the development of an integrated health precinct in Campsie as follows:

- Integrated Ambulatory Health Hub which could include: Renal Dialysis, Chemotherapy, Radiation Oncology, Oral health services, Integrated GP and Allied Health Services, Therapy spaces, Community Mental health services, Telehealth Service Centre, Women's Health Centre, Men's Health Centre, Child and Family Health, Health and wellbeing centre, Alternative Therapies Centre, Health Promotion spaces, Diabetes Education Centre, Medicare offices, PHI (Building A)
- Medihotel (Building B)
- Private Hospital (Building C)
- Rehabilitation and Respite (Building C)
- Hospital Staff and Patients Childcare Centre (Building C)
- Medical Centre and Specialist Suites (Building C)

- Medical Research and Innovation Hub (Building C)
- Day Procedure Centre which could include: Day Only Operating Rooms, pre-procedure and post procedure care, Endoscopy Suite, Interventional Cardiology (Building D)
- Clinical Teaching and Learning Centre including Simulation Centre (Building D)
- Clinical Support Services such as Diagnostic Imaging, Pathology, Pharmacy (Building E)

The following figure<sup>6</sup> illustrates initial intended uses of buildings on the 11 Harp St Campsie site and its proximity to Canterbury Rd:



**Figure 4:** Revised proposal for 11 Harp St site layout

Access to the Canterbury Hospital Clinical Services Plan or NSW Ministry of Health supply and demand projection data and a targeted consultation session with key SLHD / Canterbury Hospital stakeholders could not be achieved at the time of completing this Report. It is clear however, that there are key focus areas for Sydney Local Health District, and they include:

- A focus on decreased reliance on beds
- New models of care and clinical redesign will not be sufficient to address increasing demand
- High need for additional capacity across the LHD equivalent to a new tertiary facility
- Need for much greater emphasis on integrated care models and out of hospital care

Although a preliminary assessment at this stage, it can be determined that based on the size of the existing site, its proximity to Canterbury Road, the Canterbury Hospital and the local shopping area (Clemton Park Shopping Village), there is a significant opportunity for health care providers and other agencies to examine how an integrated health precinct could provide a satisfactory infrastructure solution that facilitates improved access to services as close to home as possible and adds significant social benefit to the local area

<sup>6</sup> Campsie Health Precinct – 11 Harp St – Urban Design Report (KannFinch), 08 August 2029 p. 47

## 4.2 Recommendations

The following recommendations are provided:

- Continue discussions with potential operators (public and / or private) to establish an understanding of interest in collaborating to establish the **Harp St Integrated Health Precinct**
- Progress with key stakeholder consultation with SLHD and Canterbury Hospital, to explore opportunities to collaborate, to understand their needs and those of the local community more fully and to build a sustainable approach to promoting health and wellbeing

## **5 Appendix 1 – Detailed Review of Sydney Local Health District Strategic Plans**

## 5.1 A Picture of Health – Sydney Local Health District Health Profile 2015

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Profile (2015).

The Sydney Local Health District (SLHD) is located in the centre of the Sydney metropolitan area (126sq km) and covers the following local government areas (LGAs):

- Ashfield
- Burwood
- Canada Bay
- Canterbury
- City of Sydney (Sydney South and West only)
- Leichhardt
- Marrickville
- Strathfield

SLHD incorporates high density commercial precincts, strong employment and extensive health, education and sporting facilities.

The following table illustrates some high level population data:

SLHD Population	Total / rate
Estimated resident population 2016	639,530
Percentage 25-34yrs	21.5%
Percentage 65+years	12.2%
Projected 2021	706,850
Projected 2026	766,530
Projected 2031	832,790
Canterbury SEIFA score (lowest rank in SLHD)	922
Burwood SEIFA score (second lowest rank in SLHD)	996
Sydney LHD SEIFA	1006
Campsie (suburban ranking of disadvantage in SLHD)	6th

**Table 7:** SLHD Summary population (Source: A Picture of health – Sydney Local Health District Health profile 2015, pages 6, 10, 13, 16, 17)

The Sydney Local Health District Health Profile (2015), describes the population profile as follows:

- Approximately 640,000 residents can access healthcare in the LHD
- Generally, well educated (64.8% educated to year 12 or equivalent) with pockets of lower education and literacy levels
- Full-time employment - 63.5%
- Campsie, Canterbury and Punchbowl residents have low levels of economic resources available to them

- Couple families with children comprised 43.3% of all SLHD households
- Lone person household – 26.8%
- Dwellings rented from Housing NSW – 5.4%
- Dwelling owned by their occupiers – 54.6%
- Rented dwellings – 42.2%
- Homelessness is a significant issue and impacts on people with a mental illness, often substance abuse and comprises those who are 'rough sleepers', accommodated in hostels
- Pockets of social advantage and disadvantage
- Punchbowl, Canterbury and Campsie most socioeconomically disadvantaged
- Priority population groups
  - Aboriginal people (0.9%) – poorer health and poorer access to appropriate health services, reduced life expectancy, higher hospitalisation rates, higher rates of smoking, higher alcohol attributable hospitalisations, higher prevalence of diabetes
  - CALD communities – 43% speak a language other than English at home, 34.1% born in non-English speaking countries, generally better health profile than Australian born population – mortality, hospitalisations rates and prevalence of lifestyle related health risk factors, upwards of 125 languages spoken at home
  - Humanitarian arrivals – 8.9% of total NSW humanitarian arrivals – Afghanistan, Iran, Iraq, Burma, China, Pakistan, Syria, Sri Lanka, Egypt and Turkey
  - People with disability – 4.2% of SLHD population require assistance with core activities of daily living, anticipated increase in people with disability (consistent with growth and ageing)
  - Carers – high proportion of unpaid carers (8.2%) of the SLHD population – lower than the state average (9.2%), anticipated increase of persons identifying as unpaid carers
  - Older people – declining health status as older people age – lower levels of physical activity, inadequate nutrition, falls risks, high blood pressure, high cholesterol, respiratory illness, increased chronic illness, declining sight, hearing, oral health and continence, palliative care and advanced care planning, mental illness (particularly depression associated with social isolation), dementia, difficulty with activities of daily living
- Health status and lifestyle behaviours that impact of the health of the population include:
  - Smoking - 16.2% of the population smoke (decreasing since 2002)
  - Excessive alcohol consumption – 23.9% of population consume in excess of two standard drinks per day
  - Overweight and obesity – 45.1% of population are overweight, high prevalence of childhood obesity
  - Illicit drug use – a rise in the misuse of pharmaceutical drugs and some decline in the use of ecstasy, heroin and GHB
- Health service utilisation
  - Royal Prince Alfred – principal referral hospital – tertiary and quaternary services locally, regionally, nationally and internationally, broad range of specialty services including (and not limited to) liver and kidney transplantation, cardiothoracic surgery, neo-natal intensive care Critical care and trauma services
  - Concord Hospital – principal referral hospital providing tertiary and quaternary services locally, regionally, nationally and internationally – broad range of specialty services including (and not limited to) statewide burns service, bariatric surgery, medical rehabilitation, neurology and stroke, non-inpatient services such as Hospital in the Home (HITH), Concord Centre for mental health
  - Canterbury Hospital – major metropolitan hospital providing district level care – emergency, maternity, paediatrics, aged care, medical and surgical services and non-admitted services such as HITH

- Balmain Hospital – specialist aged care and rehabilitation, non-admitted services such as GP services, HITH
- SLHD community health and community based health services
- Most common service related groups for hospitalisations across SLHD include renal dialysis, obstetrics, orthopaedics, non-specialty medicine, psychiatry, gastroenterology, Non-subspecialty surgery, respiratory medicine, Unqualified neonates (well babies), and cardiology
- Priority health areas
  - Cancer – as identified by the NSW Central Cancer Registry there are five key cancer sites – prostate, breast, lung, colon and melanoma. Across the SLHD incidence rates for head and neck, liver, lung, ovarian, stomach and thyroid cancers and non-Hodgkins lymphoma are higher than the state. Prostate and melanoma incidence are lower than the state rates
  - Cancer screening – mammography, pap smear and bowel cancer screening – aligned with national screening programs
  - Maternal health – focus on antenatal care, Aboriginal mothers, smoking in pregnancy, pre-term births
  - Injury and poisoning – focus on decreasing suicide, unintentional poisoning, falls
  - Infectious diseases – key focus on TB, HIV, chlamydia, gonorrhoea, infectious syphilis, hepatitis B, hepatitis C, pertussis, varicella and measles
- Chronic diseases
  - Diabetes – especially Type 2 due to inactivity, overweight and obesity, high blood pressure, high cholesterol
  - Respiratory disease – including influenza, pneumonia, asthma, chronic obstructive pulmonary disease and lung cancer
  - Cardiovascular disease – coronary heart disease and stroke
  - Musculoskeletal conditions – degenerative bone disease requiring hip and knee replacement
  - Oral health – can contribute to heart disease and diabetes, child dental health,
  - Falls and falls related injuries requiring hospitalisation
  - Dementia – increasingly important health issue for older people
  - Mental health – psychological stress, associated risk behaviours such as smoking, high alcohol use, other drug consumption, poor nutrition, low levels of physical activity, high use of psychotropic medication and associated high risk social behaviours, co-occurring conditions such as intellectual disability, organic brain disorders, alcohol and drug related problems; suicide
- Mortality – potentially avoidable mortality (premature deaths) – causation, prevention and healthcare; circulatory disease and neoplasms account for the majority of deaths

Considerations could include:

- How a private health care facility can provide complementary services to support the existing Canterbury Hospital
- Robust assessment of the most common service-related groups for hospitalisation across SLHD and opportunities that PHI patients may provide
- Discussion with potential operators to determine matters such as:
  - The most appropriate suite of services that best meets the needs of the local community
  - Assessment of response to SLHD high needs areas such as renal dialysis, chemotherapy services, mental health
  - Appropriate size and capacity of the new facility
  - Collaboration / negotiation with clinical support services such as Pathology, Medical Imaging

- Specialist consult spaces / needs

## 5.2 Sydney Local Health District Strategic Plan 2018-2023

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023. All information detailed below comes directly from the Sydney Local Health District Strategic Plan 2018-2023.

As their Vision the Sydney Local Health District Strategic Plan 2018-2023 seeks to provide *'Excellence in health and healthcare for all'*.

Its Mission is:

- *'To work with our communities to promote*
  - *Co-designed and co-produced health policy, plans, new services models and research studies*
  - *Improvements in the social and environmental factors to sustain health*
  - *A healthcare system that is responsive to equity concerns*
  - *Best practice prevention, health promotion, and health protection programs and strategies*
  - *Care in the community delivered close to where people live*
- *To ensure the community has equitable access to the highest quality patient / client / and family centred care that is:*
  - *Integrated, timely, culturally safe and competent, evidence based and efficient*
  - *Provided by a highly-skilled, compassionate workforce who are committed, accountable, supported and valued*
  - *Supported by leading-edge research, education and medical and information technologies*
  - *Supportive of healthcare of populations in other Local Health Districts, States and Territories, across Australia and in other countries'*

CORE values include:

- *Collaboration*
- *Openness*
- *Respect*
- *Empowerment*

The Foundation Principles include:

- Cross cultural patient, carer and family centred care
- Our culture – ensuring the needs of patients, families and carers are at the heart of everything; and valuing health, diversity, wellbeing and safety of employees (including engagement, management and leadership) will achieve the highest quality care
- Equity – everyone has a fair opportunity to enjoy good health and access to the health services they need
- Innovation, evidence and research
- Quality, safety and risk mitigation – strong, fair and ethical leadership and systems of governance
- Quality and data driven performance
- Professional governance



- Sustainability – ensuring continued value

SLHD priorities include:

- Partnering with patients, families, carers and consumers
- Strengthening and valuing the workforce and its capability
- An inclusive health care system that is responsive to local Aboriginal communities
- Developing, planning and constructing new and upgraded health facilities to address the significant population growth, increasing demand and ageing infrastructure
- Shifting the balance of care into primary, population health, ambulatory and community based services
- Influencing social and policy factors that affect health by working in partnership with the community and other sectors
- Shaping the future through healthcare and information technology – state of the art imaging, remote medical and health monitoring, point of care diagnostic, smart technologies, Apps, robotics, etc
- Growing health and medical research
- Enhancing models of care for multiple patient groups
- Growing tertiary and quaternary care to advance specialised care options
- Developing partnerships to better integrate care, build capacity and deliver on key strategic goals - universities, local councils, PHNs, local Aboriginal health services, NGOs, residential aged care services and government agencies
- Highest possible performance, outcomes, and value for money

Future activity across SLHD will respond to:

- A projected 30% population increase
- A growing elderly population
- An anticipated increase in chronic illness
- A projected increase in cancer related illness
- An increase in demand for chemotherapy and radiotherapy services
- An increase in demand for community based services (non-admitted services)

The following table outlines anticipated changes in hospital admissions:

Future Activity	
Day Only patients	Up 40%
Overnight admissions	Up 28%
Overnight bed stays	Up 12%
Overnight Average Length of Stay (5.63 days)	Down to 4.90 days
Overnight Sub-acute Average Length of Stay (15.45 days)	Down to 15.24 days
Patients staying overnight with sub-acute conditions	Up 28%
Overnight sub-acute bed stays	Up 27%

**Table 8:** SLHD activity forecasts (Source: Sydney Local Health District Strategic Plan 2018-2023 page 20)

SLHD recognises that in order to respond to increasing population and associated demand for services:

- There needs to decreased reliance on beds

- The implementation of new models of care and clinical redesign will not be sufficient to address increasing demand
- There will be a high need for additional capacity across the LHD equivalent to a new tertiary facility
- There need to be much greater emphasis on integrated care models and out of hospital care
- Each facility within the LHD will have its respective operational framework to implement key strategies
- The LHD is governed by 14 clinical streams, each with their own framework to provide services, leadership and future direction

SLHD Strategic Plan 2018-2023 has seven strategic focus areas:

Strategic Focus Area	Goals
SFA1: Our communities, partnerships and environment	<ul style="list-style-type: none"> <li>• Respectful and purposeful partnerships that support integrated and collaborative care</li> <li>• Partnerships to advance care</li> </ul>
SFA 2: Our patients, families, carers and consumers	<ul style="list-style-type: none"> <li>• Care is patient and family centred</li> <li>• Patients can access care as close to home as possible</li> </ul>
SFA 3: Our services	<ul style="list-style-type: none"> <li>• Responsive, integrated, culturally safe and competent multidisciplinary services</li> </ul>
SFA 4: Our facilities	<ul style="list-style-type: none"> <li>• High quality facilities with leading edge technology to meet the future demand</li> <li>• ICT that better supports performance and personalised and tailored care</li> <li>• A sustainable health system</li> </ul>
SFA 5: Our staff	<ul style="list-style-type: none"> <li>• Empowered and resilient workforce</li> <li>• Staff are supported to deliver the highest quality care</li> <li>• A diverse workforce within a culturally safe and competent health system</li> </ul>
SFA 6: Our research	<ul style="list-style-type: none"> <li>• Drive a culture committed to research, informed by evidence and the consumer experience</li> <li>• Rapid translation of research to practice</li> <li>• Collaborative research</li> </ul>
SFA 7: Our education	<ul style="list-style-type: none"> <li>• Foster a culture of innovation, change management and collaboration</li> <li>• Evidence based education and training</li> <li>• State of the art education facilities</li> </ul>

**Table 9:** SLHD Strategic Focus Areas (Source: Sydney Local Health District Strategic Plan 2018-2023 page 21-27)

Observations include:

- Focus on decreased reliance on beds
- New models of care and clinical redesign will not be sufficient to address increasing demand
- High need for additional capacity across the LHD equivalent to a new tertiary facility
- Need for much greater emphasis on integrated care models and out of hospital care

### 5.3 Balmain Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Balmain Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Balmain Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Balmain Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Balmain Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility.

Balmain Hospital is a community based sub-acute facility providing:

- Aged care
  - Inpatient unit for assessment and treatment of medical conditions
  - Transitional Care Unit – to assist older people to complete their recovery
  - The Centre for STRONG Medicine – a leading research facility that uses exercise based medicine to treat disease in older persons such as arthritis, heart disease, depression, stroke, osteoporosis and diabetes
- Rehabilitation – assessment and treatment therapies to improve physical, cognitive, and communication abilities
- Ambulatory Care (demand has increased by 28% over the last three years)
  - Outpatients – Endocrinology, Nutrition Clinic, Hospital in the Home (HITH), Incontinence Clinic, Diabetes Education, Homeopathy, Acupuncture, Podiatry Services and Physiotherapy
  - Cardiac Rehabilitation (Increased demand by 100% since 2015 when established)
  - Pulmonary Rehabilitation
  - Fracture Clinic
  - Wound Clinic
  - Hospital in the Home
- General Practice (GP) casualty services

Key priorities for Balmain Hospital include:

- Support and empowered and resilient workforce
- Support employees to deliver the highest quality of care
- Foster a diverse workforce within a culturally safe and competent health system
- Maintain and improve infrastructure and facilities to meet the needs of our aged care and rehabilitation patients
- Implement information technology solutions to improve information accessibility and patient safety and care
- Support the implementation of efficiency improvements towards a sustainable health system
- Support and foster responsive, integrated, culturally safe and competent multidisciplinary services
- Streamline discharge processes to better support the transition from hospital to home and support strategies for patients to remain in the community

- Support and expand areas of clinical specialisation
- Engage and empower our community to be healthy
- Develop sustainable and proactive partnerships
- Ensure care is truly patient and family centred by engaging with patients and their carers to improve the patient experience
- Ensure that Balmain Hospital and its services meet and exceed National Safety and Quality Health Service Standards and other relevant standards
- Drive a culture committed to research, informed by evidence and consumer experience
- Establish and strengthen collaborative research with our partners
- Foster a culture of innovation, change management and collaboration
- Support equity, access and a values framework in our workforce, education and service delivery

Observations include:

- Emphasis on sub-acute care – aged care and rehabilitation, ambulatory care, general practice support
- Gap in information technology capability
- Committed to evidence based research

## 5.4 Canterbury Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Canterbury Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Canterbury Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Canterbury Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Canterbury Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility.

Canterbury Hospital currently provides a wide range of services including:

- Emergency Medicine
- Intensive Care
- Surgical sub-specialties including:
  - General Surgery
  - ENT
  - Orthopaedics
  - Urology
  - Gynaecology
- Medical sub-specialties including:

- General medicine
- Endocrinology
- Cardiology
- Respiratory Medicine
- Rheumatology
- Diabetes and Endocrinology
- Nephrology
- Neurology
- Maternity
- Paediatrics and Specials are Nursery
- Imaging including:
  - CT
  - Ultrasound
  - General Radiology
- Pathology (part of Operations East NSW Health Pathology – NSWHP)
- Allied Health
- Aged Care and Rehabilitation (part of SLHD Aged Care Clinical Network)
- Cardiac Rehabilitation
- Ambulatory Care
- Drug Health (managed through SLHD Integrated Care Directorate)
- Oral Health (managed through SLHD Integrated Care Directorate)

Canterbury Hospital also accommodates complementary healthcare services including:

- Canterbury Community Health Centre
- Tresillian Family Care Centre
- After Hours General Practice
- NSW Health Pathology

Key priorities for Canterbury Hospital include:

- Plan for the expansion of the Emergency Department
- Plan for the redevelopment of Canterbury Hospital
- Upgrade Ambulatory Care including Renal Dialysis Services
- Improve hospital services to ensure that Aboriginal people feel welcomed
- Continue to improve ICT accessibility including the digital transformation of the hospital's eMR and other IT programs
- Support innovation and performance to drive service
- Support the District priority for a sustainable and holistic health system
- Deliver high quality and safe care aligned to the health needs of the local community
- Support new innovative models of care
- Explore opportunities to improve the integration of clinical services in collaboration with other services and agencies
- Identify opportunities to improve or redesign services including Endocrinology, Cardiology, and Respiratory Medicine and improving diagnostic imaging services on site
- Investigate opportunities to improve the integration of health services – enhancing outpatient and outreach services to better support prevention and chronic disease management, multidisciplinary and cross specialty clinics and alignment with LHD Aboriginal health strategies
- Support innovation and performance to drive service improvements

- Enhance staff safety, health and wellbeing
- Recruit and retain an engaged and diverse workforce
- Develop research strategies at Canterbury Hospital consistent with the District research strategy
- Build capacity to support research and promote participation in research – clinical trials
- Promote a culture that values and supports education and professional development – research forums, conferences and symposiums, potential sub-clinical school
- Plan for the integration of state of the art education and development at Canterbury hospital – education infrastructure and technologies

The Canterbury Hospital Strategic Plan 2019-2024 provides the following information:

- Canterbury Hospital is located in Campsie
- Part of the Canterbury- Bankstown LGA (referred to as Canterbury)
- Predominantly a residential area with smaller commercial and industrial areas
- Increased residential development recently
- Upwards of 35,000 new homes at 8000 jobs expected over the next 20 years
- Canterbury is a culturally and linguistically diverse community
- 48% of Canterbury residents were born overseas
- Over 66% of Canterbury residents do not speak English at home
- Significant humanitarian arrivals have settled in Sydney Local Health District
- Aboriginal people make up one point 1% of the district's population
- Canterbury has significant socioeconomic disadvantage
- 33% of the Canterbury population are among the most socioeconomically disadvantaged in Australia
- Social disadvantage and health need are intrinsically linked
- Canterbury has a young and growing population
- A projected population increase of 39% by 2031 (from 2016) and is projected to be higher than the increase in all equivalent age groups for the NSW population
- The highest projected proportion of growth from 2016 to 2030 are those aged 65+ years and these will typically have higher levels of hospital utilisation
- Almost 10% of all babies born In the Sydney Local Health District were those of residents living in Canterbury
- Risk factors affecting the health status of people include:
  - Language and communication barriers
  - Lack of knowledge of the NSW health system
  - Isolation, lack of social and family support networks
  - Cultural stigma and shame around mental illness
  - Previous poor or negative experiences with the health system
  - Past and ongoing experience of trauma
- Canterbury health status indicator trends include:
  - Smoking attributable deaths - decreasing
  - Smoking attributable hospitalisations - stable
  - High body mass attributable hospitalisations - decreasing
  - High body mass attributable deaths - decreasing
  - Alcohol attributable hospitalisations - increasing
  - Alcohol attributable deaths - decreasing
- Cultural and religious diversity of Canterbury residents may result in the low rates of smoking and alcohol attributable hospitalisations
- Key Canterbury resident stakeholder engagement strategies include:

- Purposeful and strategic engagement with community organisations partners and other relevant stakeholder groups to ensure high quality care, excellent communication and health improvement
- Strengthened relationships and partnerships with non-government and local organisations and groups, the PHN and the Canterbury-Bankstown Council
- In collaboration with the local Primary Health Network and the University of NSW, reducing risks of inequity in health in the population and contributing to strengthening the social and physical environments to protect and promote health, by strengthening the capacity of the primary healthcare system
- Promoting the 'Canterbury 50 campaign' established to encourage women in the Canterbury area to undertake breast screening
- The establishment of community based health facilities to provide prevention early intervention and community-based care
- Establishment of a Community Council to advise on and support its quality of care which has a strong connection with Canterbury Hospital

Residents of Canterbury receive over 15% of their total healthcare at Canterbury Hospital. Outflows to other facilities included:

- Royal Prince Alfred – Obstetrics, Gynaecology, General Medical, General Surgical, Urology, Gastroenterology, and tertiary services
- Concord Hospital – Acute Psychiatry, Interventional Cardiology, Gastroenterology, Neurology (including Stroke), Palliative Care, Intensive Care, Mental Health and Orthopaedics
- Sydney Children's Hospitals Network (SCHN) – specialist Paediatric services
- Bankstown Lidcombe Hospital (SWSLHD) – Gastroenterology, General Surgery, Cardiology, Respiratory Medicine

The following table illustrates key activity for Canterbury residents in 2017/18:

Overview of Canterbury Hospital	2017/18
Separations	20,113
Percentage of same day separations	30.6%
Total acute bed days	57,069
Average overnight acute length of stay	3.5
Daily average of inpatients	226
Bed occupancy rates	74.8%
Non-acute bed days	4,588
Non-admitted patient services	48,439
Surgical procedures performed	6,677
Inflows by total separations:	100%
SLHD	71.9%
SWSLHD	13.5%
SESLHD	6.4%
WSLHD	3.1%

Overseas	2.8%
Other	2.3%
Canterbury resident acute inpatient flows:	47.8%
Canterbury Hospital	27.6%
Royal Prince Alfred Hospital	10.8%
Concord Hospital	8.0%
Chris O'Brien Lifehouse (public patients)	0.7%
Other 0.7%	0.7%
Canterbury resident outflows	52.2%
NSW Private Hospitals	30%
SESLHD	9.1%
SWSLHD	7.7%
SCHN	2.7%
Other	2.7%

**Table 10:** Key activity data for Canterbury residents 2017/18 (Source: Canterbury Hospital Strategic Plan 2019-2024 page 19)

Observations include:

- 39% increase in population by 2031
- 33% of Canterbury population socioeconomically disadvantaged
- High ethnicity – 66% of Canterbury population do not speak English at home, 48% born overseas
- 30% of outflows for Canterbury residents are for private health care services
- High projected population increase in 65+yrs by 2031
- Redevelopment of Canterbury Hospital – high priority and need – infrastructure old and inhibits the implementation contemporary and new / emerging models of care, new technologies
- LHD focus on evidence-based practice / research
- ICT gaps
- Need for Renal Dialysis services
- Apparent gap in Gastroenterology, Interventional Cardiology, Mental Health, Stroke, Interventional Radiology, MRI and PET services
- Opportunity to establish better links with complementary services – General Practice, Community Health, Child and family health, Pathology services
- 18.8% Canterbury resident activity flows to Concord or RPA Hospitals
- 16.8% activity flows to SESLHD or SWSLHD
- 10% of all SLHD births are attributed to Canterbury residents
- Apparent need for establishment of community-based health facilities to provide prevention early intervention and community-based care
- Promotion of Breast Screening in Canterbury area



## 5.5 Concord Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Concord Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Concord Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Concord Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Concord Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility.

Concord Hospital is a 542 bed role delineation 5/6 principal referral hospital (Group A1) and:

- Currently provides a comprehensive range of specialty and sub-specialty services including
  - Emergency medicine
  - Intensive Care and High Dependency
  - Statewide Burns Unit
  - Medical specialties including Cardiology, Endocrinology, and Metabolism, Gastroenterology and Liver, HIV/ AIDS, Immunology, Infectious Diseases, Neurology, Renal Medicine, Respiratory, Rheumatology, Dermatology
  - Cancer Services including medical Oncology, Breast and Endocrine, Head and Neck Surgery, Haematology, Palliative Care and Cancer Survivorship
  - Surgical specialties including Bariatric Surgery, ENT, Colorectal, Upper GI, Neurosurgery Ophthalmology, Orthopaedics, Plastic reconstructive, maxillary Facial and Hand Surgery, Dental, Vascular Surgery, Cardiothoracic, Gynaecology, and Urology
  - Anaesthetic and Pain Management
  - Aged Care and Rehabilitation, Psychogeriatrics and Chronic Care
  - Andrology
  - Sports medicine
  - Imaging – Interventional Radiology, MRI, SPECT-CT, Nuclear Medicine, and General Radiography
  - Allied health including Physiotherapy, Nutrition and Dietetics, Occupational Therapy, Pharmacy, Podiatry, Psychology, Social Work, Audiology and Speech Pathology
  - Tertiary / quaternary services not already listed including skin culture laboratory, Dementia services, Collaborative Centres for Cardiometabolic Health in Psychosis, Neuro-immunology, Neuro-genetics, Ortho- geriatrics
- Employs almost 3000 staff
- Phase 1 Concord Hospital Redevelopment - \$150m (2015)
- Funding announced for delivery of Concord Hospital Redevelopment - \$341.2m (June 2017) – clinical services building (increased inpatient and outpatient capacity) due to be completed in 2021 including:
  - Rehabilitation and Aged Care – ambulatory clinics, assessment and therapy areas, rehabilitation gyms and psychogeriatric facility
  - Comprehensive Care Centre including ambulatory and inpatient oncology services
  - National Centre for Veterans Healthcare to support health and wellbeing of veterans and their families

- Enhancement and integration of clinical research
- Improved access and hospital entries with new dedicated patient drop-off
- Retail space to link existing buildings and new building
- Improvement in logistics systems and new loading dock
- Establishment of cultural lunge for Aboriginal patients, families and carers
- Demolition of WW2 ramp wards to provide future development zone
- Significant role (network services) in supporting Canterbury Hospital (back-up, support, beds and services)
  - Radiology
  - Nuclear Medicine
  - Pathology
  - Infectious Diseases
  - Intensive Care
  - Emergency Medicine
  - Specialised Aged Care
  - Rehabilitation
  - Cancer
  - Cardiology
  - Endocrinology
  - Colorectal Surgery
  - Neurology
  - Palliative Care Services

The following table illustrates key activity for Concord Hospital in 2018/19:

Overview of Concord Hospital	2018/19
Separations (same day and overnight)	40,313
Separations – same day	20,796 (51.6%)
Total acute bed days (excludes psychiatric)	122,146
Average overnight acute length of stay (excludes psychiatric)	4.29
Daily average number of inpatients	635
Non-admitted patient services	413,084
ED presentations	42,327
Surgical procedures	14,940

**Table 11:** Key activity data for Concord residents 2018/19 (Source: Concord Hospital Strategic Plan 2019-2024 page 17)

Key priorities for Concord Hospital include:

- Aligned with Sydney Local Health District Research Strategic Plan 2018-2023
- Encouraging consumer participation in research activities
- Building capacity to undertake research by supporting emerging researchers
- Strengthening opportunities for research with existing research partners and explore opportunities for new partnerships
- Completing stage one redevelopment in accordance with the clinical services plan with upgraded Aged Care and Rehabilitation services, Cancer services and the National Centre for Veterans Healthcare, as

well as Ambulatory Care, Emergency Department, Intensive Care, Theatres, Imaging, Diagnostics and Research facilities

- Finalise the clinical services planning for stage two redevelopment - comprehensive and consultative process to inform Stage 2 Redevelopment - consider the need for new services such as Maternity and Paediatrics, consider expansion of Gynaecology service
- Focus on culturally appropriate care for Aboriginal people
- Continue to improve ICT Accessibility – electronic health programs, eReferrals, eMeds, Patient ID barcoding,
- Support Sydney Local Health District's priority for a sustainable health system
- Deliver high quality and safe care aligned to the health needs of the local population
- Support the introduction of innovative new services and models of care e.g. critical care outreach,
- Explore opportunities to improve the integration of clinical services - neurology outreach to support Canterbury Hospital, integration of ortho- geriatric model, medical/ surgical liaison services for complex older persons, enhance ageing and dementia and mental health capability
- Expand and build our partnerships across the health and social system – strengthen relationships with residential aged care facilities, further develop palliative care services and allied health
- Collaborate closely with the local Primary Health Network
- Provide Concord Hospital staff with the support to enable the provision of safe and high quality care
- Identify strategies to recruit and retain the Concord Hospital workforce
- Enhance staff safety and well being
- Promote and support a culture of patient and family centred care quality safety evidence based practise and innovation – research infrastructure, extend model of RPA institute of academic surgery, enhance clinical trials, opportunities for 'in-hospital' / local research
- Ensure that equity and the CORE values underpin all education and training activities
- Continue to support and encourage professional development for employees across all disciplines
- Support the integration of state-of-the-art education facilities as part of the Concord hospital redevelopment

Observations include:

- Clinical Services Planning underway for Stage 2 redevelopment
- LHD focus on evidence-based practice / research
- Consider the need for new services such as Maternity and Paediatrics, consider expansion of Gynaecology service
- Focus on culturally appropriate care for Aboriginal people
- Need for improved ICT accessibility
- Consideration of introduction of critical care outreach, improved integration neurology outreach to support Canterbury Hospital, integration of ortho- geriatric model, medical/ surgical liaison services for complex older persons, enhance ageing and dementia and mental health capability
- Expand and build our partnerships across the health and social system – with residential aged care facilities, further develop palliative care services and allied health
- Strong PHN collaboration
- Need for state-of-the-art education facilities
- Need for research infrastructure
- Plan to extend model of RPA institute of academic surgery
- Plan to enhance clinical trials
- Explore opportunities for 'in-hospital' / local research

## 5.6 Royal Prince Alfred Hospital Strategic Plan 2019-2024

The information documented in this section acknowledges the significant work undertaken by SLHD to develop the Sydney Local Health District Health Strategic Plan 2018-2023 and Royal Prince Alfred Hospital Strategic Plan 2019-2024. All information detailed below comes directly from the Royal Prince Alfred Hospital Strategic Plan 2019-2024.

As part of the Sydney Local Health District, the Royal Prince Alfred Hospital Strategic Plan 2019-2024 aligns with the:

- Vision, Mission and CORE Values
- Foundation Principles
- SLHD priorities
- SLHD seven Strategic Focus Areas

The Royal Prince Alfred Hospital Strategic Plan 2019-2024 provides an operational framework for implementing the Strategic Plan and highlights to future direction for the facility to respond to the needs of a growing and ageing local and referral population evolving technologies, and future models of care

Royal Prince Alfred Hospital (RPA) is a tertiary / quaternary level 6 facility and currently provides a wide range of services. RPA has also led a number of life changing treatments including:

- Endo vascular aortic valve replacement
- Coronary angiography
- Endovascular surgery
- The first Extra Corporeal Membrane Oxygenation (ECMO) retrieval program
- Extracorporeal irradiation and re-implantation of bone for primary bone sarcoma
- the development of cochlear implants
- Developing the continuous positive airway pressure (CPAP) machine
- Undertaking pioneering work on the clinical use of routine HIV drug resistance genotyping of individual patients' virus
- Discovering a range of novel devices including a new approach to cardiotocography (CTG) monitoring
- The introduction of triage nurses
- Australian site for trialling genetic therapy

RPA's specialty services include:

- National Centre for Liver transplantation
- Kidney transplantation
- Cardiovascular and cardiothoracic services
- Genomics
- Neurosciences and neuro-intervention
- Haematology
- Cancer care
- Highly complex maximally invasive surgery such as peritonectomy and pelvic exenteration
- Intensive Care
- Neonatal care
- Maternity

- Gynaecology

Other services include:

- Emergency Medicine including Level 1 Trauma Services
- Surgical and procedural specialties including:
  - Cardiothoracic
  - Interventional Cardiology
  - Diagnostic Gastroenterology and Endoscopy
  - Colorectal
  - Upper GI
  - Neurosurgery
  - Ophthalmology
  - Otolaryngology (ENT)
  - Orthopaedics
  - Plastic and Reconstructive
  - Vascular
  - Gynaecology
  - Gynae-oncology
  - Urology
  - Breast
  - Head and Neck
  - Organ transplantation
- Medical specialties including:
  - Cardiology
  - Dermatology
  - Endocrinology
  - Obesity
  - Genomics
  - HIV / AIDS
  - Immunology
  - Infectious Diseases
  - Neurology
  - Renal Medicine
  - Renal Dialysis
  - Respiratory
  - Sleep Disorders
  - Aged Care
  - Rehabilitation
  - Rheumatology
  - Neuropathology
- Cancer therapy including:
  - Medical oncology
  - Molecular oncology
  - Haematology
  - Palliative care
- Maternity, Foetal Medicine, Neonatal Intensive Care and Paediatrics
- Intensive Care
- Anaesthetic

- Medical imaging including Radiology (including interventional radiology and neuro-interventional radiology) Molecular Imaging (PET-CT, general nuclear medicine) and PET cyclotron
- Mental Health, Drug Health
- Allied Health such as Dietetics and Nutrition, Occupational Therapy, Orthotics, Physiotherapy, Podiatry, Psychology, Social Work, Speech Pathology
- Pathology services through NSW Health Pathology

The following table illustrates key activity for Royal Prince Alfred Hospital in 2017/18:

Overview of Royal Prince Alfred Hospital	2017/18
Separations (same day and overnight)	82,966
Separations – same day	40,011 (48.23%)
Total bed days	300,784
Acute average acute length of stay	3.12
Daily average number of inpatients	824.07
Occupancy rate	94.10%
Acute bed days	300,784
Average available beds	768
Non-admitted patient services event	537,936
ED attendances	75,854
Ambulance presentations	22,544
Births	5,140
Percentage from SLHD	68.4%
Identified as Aboriginal	1,697
Identified as Aboriginal and Torres Strait Islander	64
Identified as Torres Strait Islander	34
Born overseas	44%
Residents of SLHD who spoke language other than English at home	53%

**Table 12:** Key activity data for Royal Prince

Alfred catchment 2017/18 (Source: RPA Hospital Strategic Plan 2019-2024 page 19)

Key priorities for RPA Hospital include:

- Plan for and champion the redevelopment and expansion of RPA hospital in accordance with the clinical services strategy and CSP to meet the needs of a growing and changing local and referral population
- Review and enhance RPA facilities with a focus on accessibility, cultural appropriateness and patient centred care including:
  - Expansion of inpatient capacity
  - Remodelled and expanded ED including waiting area
  - Enhanced Intensive Care capacity
  - A major emphasis on ambulatory care and outpatients
  - Expanded pre-admission clinic space
  - Operating theatres including hybrid theatres
  - Medical and surgical facilities

- Medical imaging and diagnostic capabilities
- Paediatric services
- Clinical support services
- Stronger rehabilitation capability
- Building digital capability with state of the art ICT infrastructure
- A purpose built research facility on the RPA campus
- Complete the roll-out and optimization of a mobile integrated lifelong eMR to support best practice care integrated across care partners in the primary, community and acute care system
- Collocate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies
- Build and leverage strategic partnerships across the health and social care system to minimised service fragmentation and ensure equitable access to high quality patient care – HealthOne, Universities, community, PHN, NGOs
- Strengthen engagement and existing partnerships with Aboriginal communities and organisations to ‘Close the gap’ in health behaviours, health outcomes and access to health services between Aboriginal and non-Aboriginal people
- Contribute to the planned establishment of RPA HealthOne East Green Square as part of the broader Sydney Local Health District integrated care strategy
- Implement flexible and adaptive models of care to address the needs and challenges of specific cohorts (such as aged, people with disability, indigenous culturally and linguistically diverse and people from rural and remote areas), high volume areas such as ED, ICU and paediatrics
- Consider informational and emotional needs of patients, families and carers in the design and delivery of clinical care services through co-design, leading better value care (LBVC)
- Design and implement easy to navigate care pathways which facilitate active involvement of patients, families and carers in their care
- Identify opportunities to improve or redesign services
- Investigate opportunities to improve the integration of health services
- Support innovation and performance to drive service improvements
- Future service development such as genetic therapy trials, novel transplantation modalities, researching the efficacy of new approaches to robotic surgery (including artificial intelligence), providing novel multidisciplinary clinics for management of complex medical diseases such as pulmonary hypertension, neuroimmunology and interstitial lung disease
- Building its medical imaging capability and capacity including interventional neuroradiology services and positron emission tomography magnetic resonance imaging (PET-MR)
- Ambulatory care services and the need to develop new multidisciplinary models to address complex medical issues and chronic diseases
- Promote opportunities for greater employee engagement and participation at both a strategic and operational level
- Support managers to build healthy teams and look after our staff including through participation in staff wellbeing programs
- Attract retain and develop exceptional staff by becoming an employer of choice
- Inspire a culture of accountability through the high quality feedback continuous improvement development cycles and recognition of employee excellence
- Celebrate and maintain world class status of our RPA through proactive communication of research successes and innovation
- Advanced translation of all healthcare research by leveraging strategic partnerships with medical research institutes, universities and industry partners
- Support involvement of staff, patients, families and communities in all phases of the research cycle

- Advocate and promote the development and successful implementation of Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub
- Partner with universities in education institutes to offer sector ready professional development opportunities targeted to service needs
- Promote availability and access to modern evidence based education methods and infrastructure
- Embed a continuous learning culture through support for reflective learning and customized development pathways

Observations include:

- Planning for redevelopment and expansion of RPA hospital - clinical services strategy and CSP to meet the needs of a growing and changing local and referral population - with a focus on accessibility, cultural appropriateness and patient centred care
- Plan to collocate tertiary hospital, medical research institutes, University of Sydney and industry centres to facilitate research collaboration and increase efficiencies
- LHD focus on evidence-based practice / research, strategic partnerships
- Strengthen engagement / existing partnerships with Aboriginal communities and organisations to 'Close the gap'
- Focus on co-design with consumers
- To improve the integration of services
- Exploring future service development such as genetic therapy trials, novel transplantation modalities, researching the efficacy of new approaches to robotic surgery (including artificial intelligence), providing novel multidisciplinary clinics for management of complex medical diseases such as pulmonary hypertension, neuroimmunology and interstitial lung disease
- Plan to build medical imaging capability and capacity including interventional neuroradiology services and positron emission tomography magnetic resonance imaging (PET-MR)
- Expand ambulatory care services - develop new multidisciplinary models to address complex medical issues and chronic diseases
- High need for increased digital capability, improved ITC accessibility
- Implementation of Camperdown-Ultimo Collaboration Area and Sydney Innovation and Technology Hub
- Exploring opportunities to review / redesign services, flexible / adaptive models of care