



**SOUTH WESTERN SYDNEY LOCAL HEALTH
DISTRICT Care in the Community Clinical
Services Plan Stage Two including land
assessment across three sites.**

Scoping Paper

PROJECT SUMMARY

Special Infrastructure Contribution funding for land acquisition investigation within the South Western Sydney Growth areas was obtained by SWSLHD in August 2020. As part of this project, land assessment and detailed clinical services planning will be undertaken to further develop planning for future Integrated Health care hubs (IHHubs) in South Western Sydney.

There are four proposed initial locations for IHHubs in the South West: Leppington, Oran Park, Aerotropolis Core and Glenfield. Each of these areas is expected to see significant population growth over the coming decades either within the immediate locality or adjacent. By planning for these future services, SWSLHD will ensure health services are conveniently located in areas of high amenity for future populations. It is noted that the land use planning processes for the different locations are at different points of consideration which may impact on the ability to complete the proposed assessment at each of the four sites. As such, this project will ensure that land assessment is completed for three of the four sites at a minimum.

The key deliverables of the project are:

- To undertake a land assessment for the acquisition of 3 strategic locations and future communities conjointly with the Department of Planning Industry and environment
- To further develop the Care in the Community Clinical Services Plan to 2031, maximizing integration and leveraging network and clinical stream plans to identify future models of care and detailed priorities for the IHHubs. This also includes the identification of evidence based models to support hospital avoidance and the infrastructure required to meet service demands. Specific detail on clinical services planning requirements for the three proposed sites will also be undertaken.

Background

SWSLHD Community

The SWSLHD provides health care services and supports to improve the health of people living in the local government areas (LGAs) of Fairfield, Liverpool, Camden, Campbelltown, Wollondilly, Wingecarribee and the former Bankstown LGA. These LGAs cover approximately 6,243 square kilometres, with urban, rural and semi-rural areas and sites identified for significant urban growth and environmental protection. It is estimated that currently over 1 million people reside in the District. The District is experiencing rapid population growth over the next 15 years, due to the high number of births and development of new housing estates. The SWSLHD population will grow by 33 % by 2031, with an additional 318,150 people, compared to 21% growth for the rest of NSW. The highest growth rate of 92% will be in the age cohort 85 years and over, followed by the 70 to 84 years age cohort with a growth of 81% between 2016 and 2031.¹ The district does however have a relatively young profile compared to NSW as a whole, with the median age of 35 years compared to 41 years for NSW, and it has a greater proportion of people under 15years of age than any other Sydney region. Adults 25-64 years make up 51.7% of the Districts population and children 0-14years account for 21% of the population.¹

SWSLHD is culturally and socioeconomically diverse with 43% of population born overseas and approximately 10% or 92,000 people reported speaking English 'not well or not at all'. The majority of SWS population live in LGAs with higher than average levels of socioeconomic disadvantage compared to NSW,² which is linked to higher levels of disease risk factors and lower use of preventative health services. There are about 61,000 people living with disability in the District and Compared to people without disability, people with disability of working age are three times more likely to report three or more long term health conditions; more likely to report a mental health condition (50% compared to 8%); four times as likely to have arthritis; twice as likely to smoke; and much more likely to experience high psychological distress (22% compared to 1%).³ Community located IHHubs would support the integration of services to support the chronic and complex needs of the SWS population enabling patients to be managed closer to home and in settings more appropriate to their clinical needs.

SWSLHD approach to Care in the Community

The significant population growth and the substantial development of growth centres within SWSLHD have meant that consideration of how and where health services will be provided is needed. The *Care in the Community Clinical Services Plan* identifies locations for service consideration to support a wide range of services including Primary and Community Services, Mental Health services, Oral Health Services, Drug Health Services and outreach services with governance from hospital facilities to support preventable hospitalisations. The shift from inpatient models to ambulatory models, primary and community models and non hospital services will decrease admission rates and length of stay for some groups of patients as well as reduce the reliance on hospitals as the major providers of health care.

The Care in the Community Clinical Services Plan to 2031 outlines the strategic planning vision for SWSLHD with the overarching concept of an Integrated Health Neighbourhood which takes an all-encompassing view of health services in a region. In South Western Sydney, an integrated primary and community care model has long been identified as a future direction for SWSLHD. Key features of the Integrated Health Neighbourhoods enable patients with fewer complexities and/or ongoing chronic care needs to be managed closer to home and/or in a setting more appropriate to their clinical needs. The IHHubs will deliver a new range of clinical services traditionally delivered from hospital facilities. This contemporary approach will provide new opportunities for greater collaboration and skill enhancement of the primary care sector and will be supported by seven day/week services for patients who require frequent care. IHHubs, Community Health Centres and District Hospitals will operate as an integrated system working collaboratively with primary and secondary providers who deliver care outside the public health system. In addition to new and updated infrastructure, patient enablement and technology will play important roles in creating a truly integrated health neighbourhood.

The ageing population and growing number of people living with chronic conditions means that health needs are changing. The need for closer integration of community health services with hospital and primary care services is driving evolving models of care. Greater integration can improve patient experiences and outcomes of care while also delivering efficient care for the broader health system. While effective for all health service users, integrated care is especially advantageous to those with chronic disease, the frail elderly, people with disability and those at the end of life. This means that the proposed build for the IHHubs requires significant changes to traditional community health centre buildings and models to ensure that the space is agile and a true reflection of the health neighbourhood concept. The IHHubs will meet the objectives of the 20 year Health Infrastructure Strategy by promoting network sharing and specialisation, allowing for technology and place based investment and leveraging off prior learnings from builds across NSW Health. It will also meet the demand for services that cover the lifespan of the population by collocating services that will support early intervention, child and family health services, integrated care for chronic conditions e.g.: satellite renal dialysis, mental health and aged care services.

The IHHubs support the vision of wider care within the community and will maximise capital investment by reducing operational spend. Utilisation of low cost care settings and models will improve the long term financial stability of SWSLHD and support innovative ways of providing care. It will also allow for the repurposing and better use of existing facilities to establish network connections and reduce upstream spend. The IHHubs will align with the NSW Statewide investment and prioritisation framework for infrastructure that supports investment in community settings, ambulatory and diagnostic centres, models that are technologically savvy and flexible to support responsiveness to consumers and their families and carers. The process for reviewing services and spaces within the IHHubs will promote and accommodate multiple uses and take into consideration agile spaces that will support future growth. Place based synergies will be considered with collocation of community and private providers that will support the health neighbourhood within SWSLHD. A conceptual model and descriptions of the key elements of the Integrated Health Neighbourhood are outlined in Attachment A.

Policy Context

Clarity and direction for the complex planning for land acquisition and clinical services is provided through a range of state-wide and local policies and strategies.

- NSW Health Plans and Guidelines including the NSW State Health Plan: Towards 2021, NSW Health Statewide Investment and Prioritisation Framework July 2020, NSW Health 20 Year Health Infrastructure Strategy- Realising our vision for the future of the health system,
- SWSLHD Health Plans and Guidelines including SWSLHD Strategic Plan 2018-2021, SWSLHD Care in the Community Clinical Service Plan, SWSLHD Disability and Carers Strategy 2017-2022, Clinical Services Plan for Liverpool Hospital to 2031, Macarthur Clinical Services Plan to 2031, Addendum-Bowral and District Hospital CSP, the Draft SWSLHD Surgical and Procedural Services Plan to 2031, Draft Bankstown Clinical Services Framework and the SWSLHD and SWSPHN Joint Needs Assessment.

Governance

The SIC Implementation and Advisory Committee will be re-convened to oversee the delivery of the Special Infrastructure Contribution Project for Land Assessment in the South West Sydney growth areas and the implementation and further development of the SWSLHD Care in the Community Clinical Services Plan. Proposed membership of the Committee is provided in Appendix 1.

The role of the Steering Committee will include but not be limited to:

- Provide governance and advice for the further development of the *Care in the Community Clinical Services Plan to 2031*
- Provide governance and advice for the Care in the Community Service requirements for SWSLHD
- Oversee service statements developed for future projects including Glenfield
- Provide advice relating to service planning and land investigation as part of Special Infrastructure Contribution grant received by SWSLHD
- Providing provisional endorsement of the final Plan prior to formal endorsement by SWSLHD Executive and SWSLHD Clinical and Quality Council

The Planning Unit will provide secretariat support.

Detailed Deliverables

The SWSLHD Greenfield land assessment will future focus planning for SWSLHD enabling the development of health services that are conveniently located in areas of high amenity and close transportation for future populations. Locations will be reviewed for high community amenity (locations that enable service delivery connections), immediacy of public transport links as well as road connections and value for money and compliance.

Site investigation and due diligence will be completed as follows:

- Commissioning of population level data that supports placement of the IH Hubs and prioritisation of services for the care in the Community plan based on growth, housing and immigration, to map population catchment data.
- Commissioning of services to complete Site Assessments including:
 - 6 options for three locations.
 - Assessment of 6 options to a shortlist of 2 sites for three locations.
 - Desktop land price assessments for the shortlisted sites and further due diligence consisting of geotechnical assessment, concept master plans, GIS mapping, cost planning (including required infrastructure).

- Completion of a valuation and further due diligence including town planning report (highest-and-best-use), engineering (traffic, EMF, services, pedestrian bridge), surveying and detailed legal advice.
- An independent land valuation will be prepared incorporating the above due diligence assessment outcomes to ensure an informed market price for the land.
- Identification of preferred sites

The clinical services plan will outline the services to be provided across the three identified sites. The potential structure for the Plan includes:

- Further consultation on the Care in the Community Clinical Services Plan to confirm the following:
 - Networking of proposed health services
 - Accessibility/Use of existing health services.
 - Confirm the current gaps and requirements relating to future demographic changes
- Review and expand the Care in the Community Clinical Services Plan to include the following:
 - Policy and organisational context at a national, state and local level including the NSW Health 20 Year infrastructure Strategy and the NSW Health State-wide Investment and Prioritisation framework
 - Identify the current health care needs of the different population groups and vulnerable groups and identify the significant population and demographic changes and its impact on demand for care, including the diversity of the community, access and equity
 - Identify the needs of the SWSLHD population within a place based lens to review the movement and patterns of the population who may access services at Greenfields locations due to adjacencies with transport
 - Analysis of similar and innovative services across NSW Health
 - Explore current models of care and opportunities for innovation to be based within an IHHub across Primary and acute facilities
 - Articulate how the Clinical Services Plans for Bankstown, Liverpool and Macarthur and the Draft Clinical Service Plan for Bowral allocate future activity and how these networks will be used to further refine the development of an IHHubs.
 - Identify models to support the population across the lifespan where care can be delivered in the community and closer to home
 - Identify enablers and barriers to the implementation of models of care and services to be delivered within the IHHubs.
 - Identify opportunities for virtual care including telehealth within the IHHubs
 - Identify linkages and networking arrangements between all aspects of health service delivery including arrangements with non-government and private providers for the provision of required services.
 - Identify what services would be appropriate to be provided within the IHHubs and what linkages and networking arrangements are established to hospital based settings as well as those that should be provided in alternative settings e.g. residential aged care facilities (RACFs)
 - Identify current service activity across SWSLHD and project activity to inform future service needs to 2031
 - Investigate synergies with other service providers to identify opportunities for optimising delivery of appropriate health services to the growing population centres
 - Determine governance and reporting responsibilities and accountabilities

A summary of the proposed planning process and timeframes for consultation is outlined in Appendix 2.

Key Questions to be addressed

Site Assessment:

- What are the identified sites that will meet the needs for the IHHubs based on proximity to

transportation, colocation with other community providers?

- What are the identified sites that meet Government to government transactions?
- What are the identified sites that have appropriate geotechnical assessments and cost planning?
- Where the IHHubs should be placed based on population movement and growth?

Clinical Services Plan:

- What are the current services delivered in acute facilities via outpatient departments that could be supported within the community at IHHubs?
- What are the gaps and opportunities for Primary and Community Services, Mental health services, Oral health Services and Drug health Services within the IHHubs?
- What are the clinical stream models that lend themselves to an IHHub approach and could these services be sustained within an IHHub model?
- What is the current and future demand for services with a view of population growth?
- How can services be better integrated within health services across the LHD? How would the IHHubs support this?
- What are the options for service development and realignment? Within the LHD? External to it?
- What is the role of the private and not for profit sector in the IHHubs? What opportunities are there for collaboration and partnerships in the provision of services?
- What service models of care, networking arrangement and infrastructure are required to establish viable and sustainable services across the Greenfield sites that optimise a patient centred equitable and cost efficient approach?
- What are implications of policy parameters such as ABF and targets in the provision of care in SWSLHD?
- What action is required to address gaps in system-wide enablers such as information technology, virtual care, business intelligence, workforce, professional development, teaching and research?

Planning Process

Site Assessment:

- Review sites and finalise top two sites per location based on adjacencies, sites that support network specialisation
- Prepare a shortlist of 2 sites for each of the three locations.
- Prepare and revise Desktop land price assessments for the shortlisted sites
- With Department of Planning Infrastructure and Environment complete geotechnical assessment, concept master plans, GIS mapping, cost planning (including required infrastructure).
- Commission valuation, town planning report (highest-and-best-use), engineering (traffic, EMF, services, pedestrian bridge), surveying and detailed legal advice.
- A commissioned and independent land valuation will be prepared incorporating the above due diligence and assessment outcomes to ensure an informed market price for the land.
- Finalisation and endorsement of sites to progress to recommendation
- Application for funding via SIC to build endorsed sites

Clinical Services Planning

- Review clinical stream models and discuss opportunities across streams and facilities to be placed in the IHHubs initiative
- Prepare and revise background data and review current literature to inform discussions with significant stakeholders
- Develop and undertake a broadly based consultation process with clinicians (specialists, nurses and allied health) and, General Practitioners (GPs) and other internal and external service providers which will identify strengths and gaps in services identified
- Undertake a data analysis exercise to determine current and projected activity based on services identified as appropriate
- Review and update models of care and network arrangements to guide future service and

- infrastructure enhancements
- Steering Committee considers the information from stakeholders, and identifies key priority areas for action and elements of older persons and rehabilitation service models of care
- Planning Unit summarises priorities and prepares a draft Plan which outlines challenges and proposed directions
- Stakeholder consultations on the draft Plan undertaken
- Finalisation and endorsement of the Plan through governing structures
- Release of finalised Plan including publically through the SWSLHD Web page.

Refer Appendix 2 for Indicative Process and Timeframes

Preliminary List of Stakeholders

- Department of Planning industry and environment
- Consumers, carers and family members
- Community groups
- SWSLHD Clinical Governance
- SWSLHD Medical Services
- SWSLHD Allied Health
- SWSLHD Primary and Community Health Services
- SWSLHD Community Aged Care Services
- SWSLHD Mental health Services
- SWSLHD Drug Health Services
- SWSLHD clinical stream directors including Cardiovascular Services, Aged Care and Rehabilitation, and Complex Care and Internal Medicine and Critical Care
- SWSLHD Oral Health Services
- SWSLHD Aboriginal Health,
- SWSLHD Population Health and Health Promotion
- SWSLHD Multicultural Services
- SWSLHD Consumer/Community Council, networks, groups and community members
- SWSLHD Enabling Services e.g. Centre for Education and Workforce Development (CEWD),
- Information Management and Technology Division (IM&TD)
- SWSLHD Sustainable Access Manager
- Aboriginal Health Services e.g. SWSLHD Aboriginal health staff, Tharawal Aboriginal Medical Service and Gandangara Health Services (N.B. Process to be confirmed within an Aboriginal Health Impact Assessment)
- South Western Sydney PHN and GP groups
- NDIS representatives
- Government and non-government organisations (NGO) funded service providers e.g.: local Councils and Karitane
- Private providers
- Educational institutions e.g. Western Sydney University, University NSW Australia, University of Sydney and research institutes – Ingham Institute

References

1. NSW Department Planning and Environment, New South Wales State and Local Government Area Population Projections: 2016 Final.
2. Australian Bureau of Statistics (ABS) Census of Population and Housing 2016
3. 14. Australian Institute of Health and Welfare, Health status and risk factors of Australians with disability 2007–08 and 2011–12 Cat. no. DIS 65. AIHW: Canberra 2016.
4. South Western Sydney Local Health District Care in the Community Clinical Services Plan to 2031. August 2019

5. NSW Health 20 year Health Infrastructure Strategy - Realising our vision for the future health system. 9781760814121
6. NSW Health Annual Report 2018.
7. SWSLHD Disability and Carers Strategy 2017 -2022.

Appendix 1: Steering Committee Membership

Status	Position	Name
Co-Chair	Director, Capital Works and Infrastructure	David Ryan
Co-Chair	Executive Director SWSLHD Allied Health and Community Services	Sue Colley
Chair	Manager, Planning Unit, SWSLHD	Simone Proft
Member	General Manager, Primary and Community Health	Justin Duggan
Member	Senior Project Director, Health Infrastructure	Elise Cockerill
Member	Director, Community Mental Health and Partnerships, Mental Health Services, SWSLHD	Patrick Parker
Member	Deputy Manager, Planning Unit, SWSLHD	Joanna Rae
Member	Director of Complex Care and Internal Medicine, Clinical Stream Director, SWSLHD	Alan McDougall
Member	Camden & Campbelltown Hospitals Representative	TBC
Member	Senior Nursing representative	TBC
Secretariat	Project Manager, Planning Unit, SWSLHD	Liz Scerri

Appendix 2: Indicative Process and Timeframes

Objectives	Strategies	Indicative Timeframes
1. Scope planning	<ul style="list-style-type: none"> ▪ Scoping Paper developed ▪ Scoping Paper considered by the SWSLHD Clinical and Quality Council 	August - September 2020
2. Consolidate planning process	<ul style="list-style-type: none"> ▪ Establish Steering Committee ▪ Engage with Ministry of Health on the project as relevant ▪ Commission preliminary land assessment ▪ Consult with the Manager Community Participation and key CCC members and Director Aboriginal Health about preferred consultation processes ▪ Complete an Aboriginal Health Impact Assessment ▪ Consolidate and confirm detailed planning process and consultation approaches ▪ Consult with SWSLHD CCC about potential community issues and concerns ▪ Complete commissioning of Land Assessment by an external company utilizing HI tendering process 	September - October 2020
3. Identify current situation and review previous work	<ul style="list-style-type: none"> ▪ Commission population level data to support project data ▪ Identify the current health care needs of the different population age cohorts and groups ▪ Map existing services, networks and relationships ▪ Identify services to be piloted within the purpose built facility including community based, post acute,, health maintenance and continuing care ▪ Identify current planning for services within existing CSPs or other planning documents/processes ▪ Literature review on community, post acute, sub acute and community models of care ▪ Identify and review current activity ▪ In consultation with the Steering Committee, determine/finalise current consultation process i.e. in depth interviews, surveys, focus groups and consultation questions and key stakeholders 	November - December 2020

4. Gain Stakeholder view and identify preferred Sites	<ul style="list-style-type: none"> ▪ Review Short Listed sites ▪ Undertake consultation process – enablers and barriers, issues and strategies ▪ Progress consultations with consumers, carers and family members, internal and external service providers ▪ Establish working groups to identify and describe models/approaches ▪ Conduct targeted meetings and discussions ▪ Ensure that needs of CALD communities and Aboriginal people are considered ▪ Summarise outcomes from consultations with communities and service providers 	Jan-April 2021
5. Draft Plan and detailed land assessment	<ul style="list-style-type: none"> ▪ Undertake detailed land assessment of short listed sites ▪ Steering Committee to review feedback and identify priority areas for action ▪ Models of care delivery further refined ▪ Areas of strategic action drafted and consolidated ▪ Hold the second meeting of the Steering Committee 	May 2021
6. Consultation on draft	<ul style="list-style-type: none"> ▪ Draft document circulated for comment and meetings with targeted groups to confirm direction ▪ Discussion with CCC and via support and other groups with consumers ▪ Hold the third meeting of the Steering Committee 	June 2021
7. Finalisation of the Draft Plan	<ul style="list-style-type: none"> ▪ Steering Committee considers feedback and confirms implications for draft strategies including governance arrangements ▪ Draft CSP reviewed and finalised and strategies costed ▪ Hold the fourth meeting of the Steering Committee 	July 2021
8. Approval	<ul style="list-style-type: none"> ▪ Finalisation and endorsement of sites to progress to recommendation ▪ Endorsement by SWSLHD Clinical and Quality Council and the Board ▪ CSP finalised, and sent to printers for publication ▪ CSP forwarded to key partners, facilities and streams ▪ Implement governance arrangements for the implementation 	September 2021

Attachment A

FIGURE 1: INTEGRATED HEALTH NEIGHBOURHOOD - CONCEPT IMAGE

INTEGRATED HEALTH NEIGHBOURHOOD

