



ST VINCENT'S
HEALTH AUSTRALIA

St Joseph's Hospital: future strategy

Consultation with WSLHD
June 2020

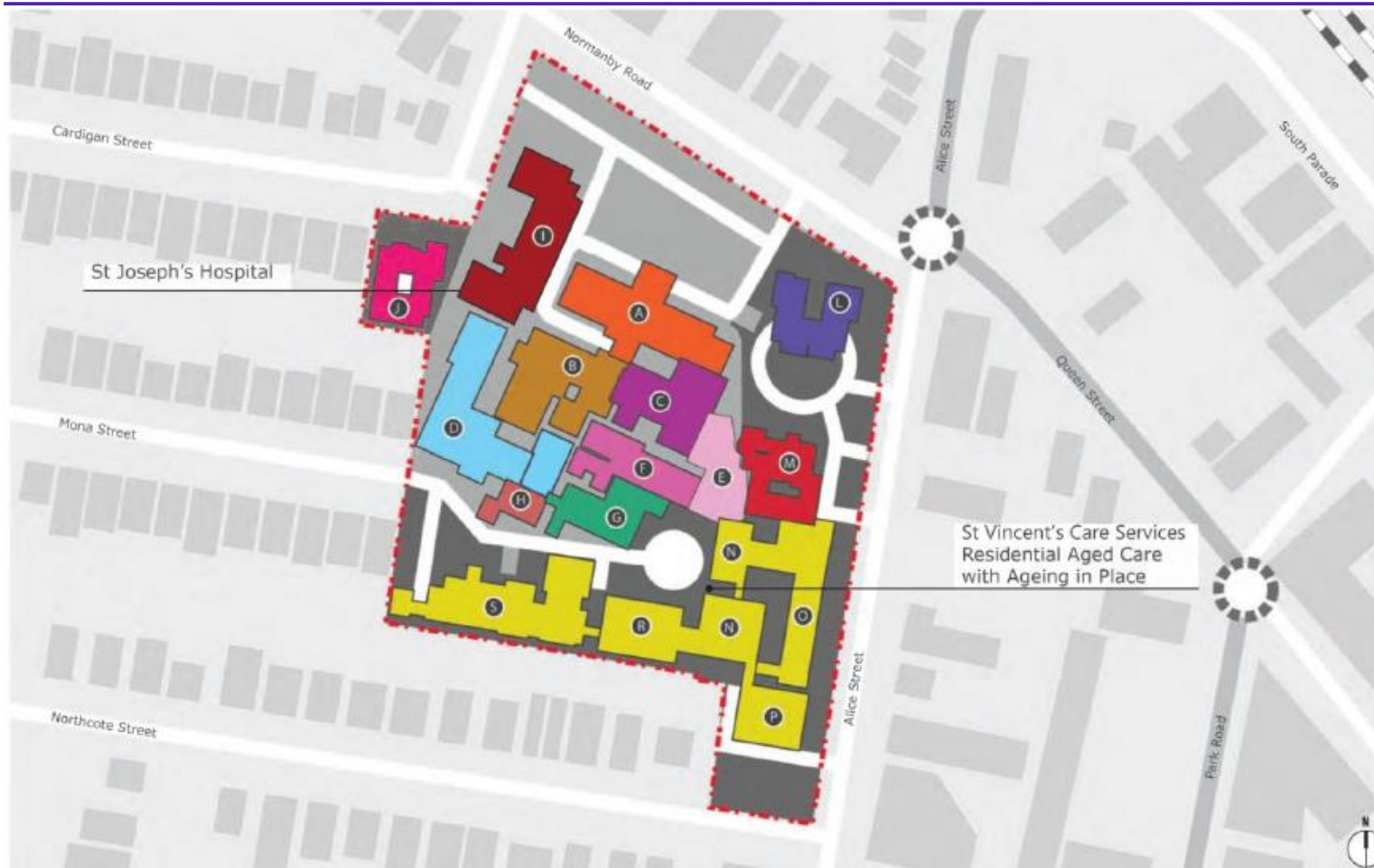
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Service profile

Service type	Separations (2018-19)	5 year compound annual growth rate	% WSLHD activity (2018-19)
<i>Rehabilitation</i>	360	1%	15%
<i>Palliative care</i>	299	-6%	27%
<i>Older persons mental health</i>	124	8%	3% (of total acute mental health)
<i>Maintenance</i>	34	-10%	3%

- 80% of patients reside in WSLHD
- Sub-acute hospital providing inpatient & outpatient services:
 - specialised mental health for older people
 - rehabilitation (aged and general)
 - palliative care
 - inpatient Huntington's Disease Service – partnership with Westmead
 - Regional Motor Neurone Disease service – for WSLHD & Nepean LHDs
- Co-located residential aged care & specialist accommodation for people with Huntington's (operated by St Vincent's Care Services)

The site



Key		
	St Joseph's Campus	 (A) Administration & Inpatient Rehabilitation Beds
	Surrounding buildings	 (B) Ambulatory Care Centre
	St Joseph's Hospital	 (C) Palliative Care Inpatient
	St Vincent's Care Services - Auburn	 (D) Psychogeriatric Unit
		 (E) Day Care Hospital
		 (G) Assembly Hall
		 (H) Mortuary Unit
		 (I) Huntington's Disease Unit
		 (J) Carinya Hostel
		 (L) Independent Living Units (ILU's)
		 (M) ILU's and Village Centre
		 (N) - (S) Resident Aged Care Ageing in Place

Current challenges



Infrastructure:

- Ageing facility well past functional & economic useful life (other than HDU)
- Haphazard layout
- Facility condition significant issue for patients, staff, referrers & unions



Efficiency

- Lack of scale – higher cost to deliver than peers
- Low occupancy
- Significant operating loss



Integration

- Referrals not optimised
- Limited joint planning with WSLHD

Current infrastructure



1. Huntington's Disease Unit – built 2012 and in good condition



2. Main Hospital building (inpatient rehab) is outdated and does not meet current standards – built 1977



3. Ambulatory Care services building is past functional life – built 1952 (inpatient palliative care building also built 1952)



4. Inappropriate access arrangements between buildings

Strategic options

1

Relocate

- UWS site: EOI 2015; revised site not suitable
- Westmead Precinct: SVHNS proposal 2017; not agreed
- Auburn Hospital site (suggested by MoH): land no longer available
- Cumberland precinct development (suggested by MoH): not suitable

SVHNS preferred option but not realisable

2

Redevelop on site

- Removal / refurb of ageing facilities and construction of contemporary accommodation that meets future health needs of WSLHD
- Achieve scale for operational efficiency – 90 beds

A health service plan that:

1. Builds on current strengths to meet local demand.
2. Expands service offering to leverage SVH Darlinghurst specialist expertise – D&A; homeless health.
3. Address service gaps from WS & adjacent LHDs.

3

Close facility – no base case

- Cannot continue as is beyond short-term
- Short-term operational improvement plan in place including focus on referral pathways

Masterplan for site redevelopment (2011)



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Possible new service concept

Grow to 90 beds for operational viability

Build on current strengths:

1. Centre for Brain & Behavior
2. Palliative care
3. Rehabilitation

Introduce new services leveraging SVH specialist expertise:

4. A women's drug and alcohol step-down service
5. Homeless health medical respite
6. Renal dialysis service

What we would need

- **Urgent capital investment ~\$100m**
 - Ministry funding not likely in short to medium term
 - Priority in SVHN asset strategic plan for many years but not on NSW Capital Plan
 - St Vincent's could co-contribute up to \$20m through major fundraising campaign
 - Land is owned by St Vincent's
- **Secure flow of referrals from WSLHD to ensure viability**
 - Long-term contracted services agreement assuring minimum occupancy
- **Ministry support for recurrent funding growth for new service models & capacity growth**

Appendices

A – overview of new service models

B – planning timeline

Women's Drug & Alcohol Unit



Description of service:

- Pilot model to provide short term residential accommodation for women following inpatient withdrawal. A step-down, sub-acute service which provides additional inter-disciplinary support for up to four weeks.
- Model supports extended transition to community or other rehabilitation services, particularly for those who require complex case management.
- Referrals would be received from tertiary facilities and stand-alone withdrawal management services across NSW (however, majority will likely be from Sydney metro).

Rationale:

- Step-down from acute inpatient withdrawal to residential withdrawal and/or residential rehabilitation is known service gap in public system¹
 - 3 to 4 week inpatient residential services are offered in the private and NGO sector, the typical withdrawal period for inpatient stays in acute facilities (including SVH Gorman Unit) is up to 7 days.
 - Concord Hospital (Ward 64) has an extended inpatient stay model which allows for up to 21 day stays. A step-down, sub-acute model would be more cost-effective and support increased capacity at acute care facilities.
- Withdrawal treatment for services for women are lacking, particularly in Western Sydney²
 - Only three women specific facilities known to be located in Sydney
 - 2091 female alcohol and drug related dependence and withdrawal separations across Sydney metro LHDs (2017-18); 1.8% annual growth in bed days over the next 10-15 years
- Strong alignment with SVHS specialist alcohol and drug expertise & research

¹Ritter et al. 2014, New horizons: the review of alcohol and other drug treatment services in Australia; ²Western Sydney PHN Alcohol and Other Drugs Needs Assessment

Homeless health respite

Description of service:

- Replicates 'Tierney House' medical respite model at SVHS.
- Short term accommodation (7-14 days) and health care support services for homeless patients as they transition into and out of acute hospital care. Also links clients to housing, Centrelink, legal, financial and other social services.
- 12 bed non-medical unit, staffed 24 hours/day by residential support workers.
- Proposed to support patients from WSLHD; SWLHD (north); SLHD (west); NSLHD (west)

Rationale:

- Homeless population in Western Sydney significant¹
 - 3,129 in Cumberland LGA – 2nd highest in NSW (Sydney 5,061)
 - Additional 6,609 in neighbouring LGAs of Canterbury-Bankstown; Fairfield; Strathfield & Ryde
- No similar service in Western Sydney (or outside SVHS)
- Expansion of a proven model at Darlinghurst²:
 - Improves access to health care & health literacy
 - Reduced ED presentations, hospital admissions and LOS – net cost benefit \$8,276 per client over two years.
- Strong alignment with SVHS specialist expertise – St Vs is a partner in NSW Government commitment to halve homelessness; Premier's Council on Homelessness.

¹ABS Census of Population & Housing: estimating homelessness; ²SVHS homeless program evaluation 2018

Planning timeline

Multiple (rolling) planning processes since 2010:

- 2010 preliminary concept plan & 2011 Masterplan
- 2015:
 - UWS EOI
 - Joint service planning with WSLHD (did not translate into formal agreement)
- 2016:
 - 2016 preliminary business case (internal) – continue existing services and grow in line with projections:
 - Draft CSP completed but did not address declining activity & min scale for operational efficiency
- 2017 Westmead Precinct EOI submitted
- 2018 draft WSLHD service agreement – limited traction
- 2019:
 - Discussions resume with new CE WSLHD & exec
 - 2019 concept proposal – including new service types:
 - Stand-alone subacute hospital model not supported by Ministry
 - Regardless, no apparent capital finding source
 - Requires joint planning with referring LHDs –future sub-acute demand and capacity unclear

Next step: Board seeking to make decision on future of SJH

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