SPRINGFIELD
LAND CORPORATION

HEALTH CITY SPRINGFIELD

LEADERSHIP IN INNOVATIVE & INTEGRATED HEALTH CARE

Submission to the

National Health and Hospitals Reform Commission

21 October 2008

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Greater Springfield is a city on the move. Located within the western corridor of South East Queensland—in the region in which the Yuggera (or Jaggera) and Yugumbir languages were spoken— it is one of the fastest growing urban areas in Australia. Those who live, work, study and travel around Greater Springfield are witnesses to a unique city in the making . . . a 21st century city with a technological sophistication that will change the way people live, work, communicate, and even interact socially. An advanced dark fibre network and the prospect of wireless internet will ensure that Greater Springfield is a connected city on every level . . .

A range of education facilities from child care through to university studies; an innovative world-class Health City that will deliver more efficient quality health care and make aged-care a top priority for the future; and a thriving CBD precinct that caters for all businesses and services, will offer a new working lifestyle. With more than 30,000 jobs being created, Greater Springfield offers a way of life that holds enormous appeal.

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INTRODUCTION:
COMMERCIAL LEADERSHIP IN HEALTH PUBLIC POLICY

Australia's health care future depends on innovation and productive partnerships. This future can be seen today in the master plan for Health City Springfield. A 52 hectares comprehensive health and wellness precinct, Health City will rewrite the future of integrated community health care in Australia. It will also demonstrate how innovative and integrated health policy can successfully be implemented in a commercial business context.

In this policy paper, Springfield Land Corporation, a property developer, wishes to demonstrate both commercial and public policy leadership by articulating how contemporary health policy principles and ideas are driving the design of its health precinct infrastructure, its integrated services model, and the partnerships forming between governments, commercial providers and not-for-profit services.

To guide the reform and future directions of the Australian health care system, the National Health and Hospitals Reform Commission has proposed fifteen design and governance principles. The Commission leads with the clear statement in its first principle that *'the direction of our health system and the provision of health services must be shaped around the health needs of individuals, their families and communities.'* Health City Springfield's model of health care, developed in collaboration with Harvard Medical International in 2007, captures this principle in its entirety, with detailed plans to provide a fully integrated preventative and remedial health and wellness strategy for the residents of Greater Springfield and the fast-developing adjacent regions.

Unique in many ways, Health City's most important feature is the linkage between health and education together with its emphasis on research capability that will directly benefit patients and providers. It will serve as a one-stop-shop for health care, where ideas, skills, and expertise are concentrated in one precinct, similar to America's Silicon Valley concept. It draws on the best international thinking about health care service models for the future.

It illustrates the possibilities for creative public/private partnerships between Federal, State, and Local Governments, on the one hand, and a range of service providers and co-investors. It promotes principles of developing partnerships with all stakeholders and service providers through the range of health care services and infrastructure, which includes innovative technology and management approaches.

Springfield Land Corporation believes the Australian and Queensland Governments should consider directing funds to become partners in what will be a fully integrated healthcare model. This paper sets out the policy case for Health City Springfield noting, in particular, its consistency with the proposed design and governance principles of the National Health and Hospitals Reform Commission. It identifies partnership opportunities with the Australian and Queensland Governments across the health, urban planning, and education and research sectors to secure the sustainable success of Health City Springfield.

Professor John Hay AO
Chairman, Health City Springfield Board
Springfield Land Corporation

Jim Varghese
Executive Director (Health and Education)
Springfield Land Corporation

2. HEALTH CITY SPRINGFIELD: LEADING INTEGRATED HEALTH CARE

Health City Springfield

Greater Springfield

Planning for Health City Springfield began in 1992 as an integral element of the strategy for Greater Springfield, one of the fastest growing urban areas in Australia and providing a potential catchment to an urban growth corridor that can accommodate some 800,000 people in the next half century (Harvard Medical International, 5). Comprising 2860 hectares located within the western corridor of South East Queensland, about 28kms south-west of Brisbane and 17kms south east of Ipswich, Greater Springfield is also one of the largest master planned communities in Australia.

The master developer, Springfield Land Corporation (established in 1992), has developed partnerships with Australian entities including Delfin Lend Lease, Macquarie Bank, Telstra, Energex, Suncorp and NEC. It will invest significantly in innovative education, technology, and community infrastructure. Future planning for the western corridor also includes significant investment in transport access (road and rail) and health infrastructure to support the rapid projected population growth.

The location and magnitude of the current population size and growth expected in the Greater Springfield community will require a significant growth in healthcare services for the area. Health City Springfield, in the East Ipswich area of the West Moreton and South Burnett (Queensland) Health Service District, will service a region expected to double in population by 2026. It will have two defined population catchment areas:

1. The primary and largest catchment incorporates the Statistical Local Area of Ipswich City East and selected suburbs within the Statistical Local Area of Beaudesert Part A. These are within an approximate 15 minute drive of Springfield. In 2006, the population in the primary catchment was estimated at 47,502.

2. The secondary catchment incorporates Selected Statistical Local Areas and suburbs surrounding the primary catchment. In 2006, the population in the secondary catchment was estimated at 132,892 (Aurora Report, 7).

Factors which will influence the rate of population growth in Health City Springfield's two catchment areas include the:

- expansion of transport corridors which will improve access between Springfield and other major population centres;
- timing of other infrastructure development at Springfield which would attract more people to the area;
- types of services to be provided at Health City Springfield (Aurora Report, 7).

Queensland Health considers that a population between 100,000 - 300,000 calls for an integrated health and community care precinct. Such precincts, as defined by the South East Queensland Infrastructure Plan, are intended to meet the overall healthcare needs of the population by encouraging government and private services such as health clinics and general practitioners to be located near community services (Harvard Medical International, 12).

Convergence of place, principles, and partnerships

Health City Springfield, eventually incorporating 450,000m2 of integrated health care services, will succeed because of the convergence of several essential elements:

- *Site of Innovation:* It is being built on a greenfield site – construction will begin in late 2008 on stage one – making it an ideal test-bed for implementing innovative health care policies and practices.

- *Population:* The planned city population of Greater Springfield alone will have the right demographic mix to support the sustainability of Health City. It will grow from 16,000 residents in 2008 to more than 100,000 by 2026. Growth in Greater Springfield is expected to occur at the highest rate of any area in Queensland over the next 15 years. The Queensland Government Planning Information and Forecasting Unit's medium growth scenario predicts an annual growth rate for Queensland of 4.4% with the growth

rate in Springfield expected to be more than one and a half times faster. These growth rates will see the population nearly double in 15 years.

- *Partnerships* of funding and ideas across the medical, educational, research and commercial sectors have already been established, and continue to grow. For example, *Education* City, launched in 2006, provides education opportunities ranging from child care centres to TAFE colleges to a metropolitan campus for the University of Southern Queensland. Education City has a rapidly growing student population with over 6000 students in the area (in 2007) and projected to grow at the rate of 1000 per year. Education City will be vital to the development of Health City's health and medical workforce.

The University of Southern Queensland (USQ) established a campus in Greater Springfield's Education City because of the exciting opportunity to educate a new population of students through innovative models of education. As part of this holistic and integrated learning community we are also able to create multiple pathways and opportunities for students from pre-school to PhD. … Our Springfield Campus theme, Community Centred-Career Focused, reflects our commitment to preparing graduates for rapidly changing work environments.

Professor Bill Lovegrove
Vice Chancellor & President, USQ

- *New medical graduates* emerging from our universities are keen to work in new facilities with innovative, contemporary approaches to health policy and practice, particularly those focused on primary health care. *They will also be drawn to the attractive residential areas and amenities of Greater Springfield:* Brookwater and Springfield Lakes residential communities, 24 hectares of landscaped town parklands in the heart of the central business district and 855 hectares of open space, a variety of recreation and entertainment locations within the central business district and surrounding suburbs.

- *Transport:* A commitment by the Queensland Government of a new rail line to Brisbane and duplication of the Centenary Highway at a cost of over $1 billion highlights strong confidence by the government that Greater Springfield will make a significant impact on the region.

- *ICT:* a dark fibre network throughout the central business district with links to other Australian capital cities which will also support Health City Springfield's e-health initiatives.

In view of the convergence of these elements for success, the robustness of the match between Health City's location, policy principles, and commitment to integrated health services creates the sense of inevitability for its sustainability; the only variable is that of scale. A staged approach is planned to develop the key features of best practice health and allied services into the future.

3. Health City Springfield: leading integrated health care through a strengthened focus on prevention and wellness

To guide the reform and future directions of the Australian health care system, the National Health and Hospitals Reform Commission has been tasked by Federal Cabinet to provide an interim report on a long-term health reform plan to the Australian Government by the end of 2008, and a final plan in mid 2009. The Commission will focus on health financing, establishing a productive relationship between public and private sectors and improving rural health. The Commission seeks to deliver better health outcomes for the community and provide sustainable improvements in the performance of the health system.

The Commission has already signaled an assignment of health accountabilities with states accountable for public hospitals, mental health, maternal and child health and public health and with the Australian Government accountable for primary care and community health care, prevention, aged care and Indigenous health. Its blueprint for tackling future challenges in the Australian health system will particularly address:

- the rapidly increasing burden of chronic disease;
- the ageing of the population;
- rising health costs; and
- inefficiencies exacerbated by cost shifting and the 'blame game'.

The Commission has highlighted twelve health care challenges for Australia. These are delineated as: closing the gap in Indigenous health status; investing in prevention; ensuring a healthy start; redesigning care for those with chronic and complex conditions; recognising the health needs of the whole person; ensuring timely hospital access; caring for and respecting the needs of people at the end of life; promoting improved safety and quality of health care; improving distribution and equitable access to services; ensuring access on the basis of need, not ability to pay; improving and connecting information to support high quality care; ensuring enough well–trained health professionals; and promoting research.

The Commission has also developed a set of fifteen service design and governance principles [see Attachment to this submission] to underpin health reform and system design to shape the design of the Australian health and aged care system – public and private, hospital and community-based – to be incorporated into the next set of Australian Health Care Agreements. The proposed service design principles (what citizens and patients want from the system) are: family centred; equity; shared responsibility; strengthening prevention and wellness; value for money; providing for future generations; recognising broader environmental influences that shape health; and comprehensive. The proposed governance principles (how the system should work) are: taking the long term view; safety and quality; transparency and accountability; public voice; a respectful and ethical system; responsible spending on health; and a culture of reflective improvement and innovation.

The Commission's design and governance principles lead with the clear statement that:

> *The direction of our health system and the provision of health services must be shaped around the health needs of individuals, their families and communities … Care should be provided in the most favourable environment: closer to home if possible and with a preference for less 'institutional' settings and with an emphasis on supporting people to achieve their maximum health potential.*

Health City Springfield's health care vision, service delivery goals, and physical design cascade from this first principle. The future can be seen today in Health City Springfield's master plan, developed in collaboration with Harvard Medical International in 2007.

In 2007, the paucity of health services available in Springfield's primary catchment area reflected historic population settlement and traditional funding models, and comprised an assortment of 12 general practices with about 24 GPs, reflecting a shortage of GPs – the current supply of 1 GP per 1,979 population is below the generally accepted national benchmark of 1 FTE GP per 1300 population; three community health services – two at Ipswich and one at Goodna – requiring residents to travel outside their local area to access these services; and no locally available acute health care services. Residents currently travel to Ipswich, Logan and greater Brisbane on a congested road system to access hospital services which are themselves experiencing capacity

issues. In addition, there were a few permanent private specialists with services generally delivered on a visiting basis and a few private allied health practices. Other services included major clinical support services including medical imaging in several locations; pathology services in two locations; pharmacies in seven locations; and a range of non-government service organisations provide services but no residential aged care service providers.

This means that Springfield residents, particularly those in the primary catchment area, must currently access health services either outside of their local area or on the periphery of the catchment boundaries.

In response to this history of *ad hocery*, Health City Springfield is designed to provide **excellent, comprehensive, and integrated health care services for individuals, families and the community through a strengthened focus on prevention and wellness.** Its strategic framework is driven by three principles, consistent with the National Health and Hospitals Reform Commission's proposed design principles for Australia's future health care system:

1. **Integrated service planning** to meet the health needs of individuals, families and the community across the care continuum.

2. **Partnerships** and service linkages with a comprehensive range of service providers across the health care continuum, and in the research, education and technology sectors. Service partners may include (but are not limited to) Mater Health Services, General Practitioners, Division of General Practice, Queensland Health, aged care providers, education providers (e.g. University of Queensland, University of Southern Queensland, Southbank Institute of Technology, Bremer Institute of TAFE), non-government organisations, child-care centres, Visiting Medical Officers, other private practitioners (e.g. allied health providers, complementary and alternative therapy providers). This is consistent with the NHHRC's fourth proposed design principle:

   > *Strengthening prevention and wellness**:** Recognising the diverse influences on health status, our health system should create broad partnerships and opportunities for action by the government, non-government and private sectors…*

3. **Service coordination** through appropriate support services and infrastructure, including the iterative evolution of e-health information management systems to provide seamless access to clinical information. This is consistent with the NHHRC's sixth proposed design principle:

   > *Value for money: …will require appropriate flexibility in financing, staffing and infrastructure … Pathways to care should be seamless … [with] a smooth transfer of information … making effective use of information technology.*

These three principles shape Health City Springfield's commitment to excellence in innovation – defined by the NHHRC in their fifteenth proposed governance principle as 'a culture of reflective improvement and innovation.'

As an incubator of innovation for health care delivery, Health City Springfield will:

1. **Integrate educational services and workforce development strategies with healthcare and wellbeing services.**
2. **Lead the way in innovative approaches** to health care and treatments as well as innovations in education and research.
3. **Support the health of individuals, families and the community** over their life-cycles, by responding to their health and wellbeing issues as they emerge, and by being responsive to the health needs of a rapidly growing community through a range of measures intended to prevent or minimise current illness, disease, and injury trends.

Health City Springfield aims to establish innovation in service delivery models to serve the Springfield community, and provide specialist and GP training facilities in response to the shortage of medical training places across Queensland and Australia.

4. Commitment to excellent governance arrangements

Springfield Land Corporation, in consultation with its health partners, is designing a comprehensive governance structure – through the Health City Springfield Board – to support and sustain its vision of an integrated health services precinct to:

- deliver high quality health care services;
- promote wellness;
- maintain a strong focus on education and research; and
- engage with the community.

These aims are reflected in the NHRRC's proposed governance principles. Health City Springfield's governance structure will also ensure that excellent standards are:

- developed for all partners within Health City Springfield for issues such as maintenance of quality, e-health standards, and commitment to innovation and research. This is consistent with the NHRRC's proposed governance principles on safety and quality, responsible spending on health, and a culture of reflective improvement and innovation.
- monitored so that they remain contemporary and relevant. This is consistent with the NHRRC's proposed governance principle on transparency and accountability.
- focused on creating further opportunities for Health City Springfield to strengthen the linkages between health care, wellness promotion, education, and research. These aims are also reflected in the NHRRC's proposed governance principles.

5. Health City Springfield Foundation

'We have to learn the lessons of the past to produce a health care system for the future, especially given the ageing population and the rising cost of health care. If we don't, there are several critical front-line effects with the main ones being higher healthcare costs, reduced patient care satisfaction and reduced confidence in our health care system and a system that will struggle to deliver quality care. We can do better and we must do better and we believe that the Health City Springfield model offers many of the solutions for governments around Australia.'

- Jim Varghese. Executive Director (Health and Education), Springfield

Health City Springfield's success will flow from its pragmatic commitment to *all* its health-care design principles and service delivery goals. Its leaders and partners understand that – as addressed in the NHHRC's second proposed principle on addressing equity – an integrated approach to establishing a viable, sustainable health strategy is essential to secure the best health outcome for all of Springfield's residents, individuals, families and community, irrespective of their socio-economic status, language, culture or Indigenous status.

The Aurora Projects Report defines how Health City Springfield's services will be developed and delivered in three stages, in step with the growth and ageing of the population:

1. Stage I will focus on prevention and primary care with aged care services
2. Stage 2 will expand ambulatory services with transition care services
3. Stage 3 will provide more advanced services and acute inpatient services.

That report provides particular detail about 'the services to be provided in the first stage and the estimated facility requirements' (Aurora Report, 7 and 11 *ff).* Since the Aurora Report was completed, Mater Health Services has joined as the major partner in the Health City Springfield consortium.

1. Educational Services and Workforce Development Strategies Integrated with Healthcare and Wellbeing Services

The Policy Commitment: *Health City Springfield aims to meet the challenge of recruiting and retaining a sustainable, skilled health workforce in a tightening health workforce labour market. It will do this by establishing strategic partnerships with a range of education providers who will be pivotal in innovating new approaches to health care services and facilitating education and training opportunities across the core health disciplines.*

Despite significant planned growth in health services infrastructure across Queensland over the medium term, Queensland has one of the lowest health workforce-to-population ratios in Australia across the core health disciplines, including medical practitioners, general practitioners, registered nurses, and many allied health professions. Health City Springfield's vision, strategies for innovation, partnerships with a broad range of service providers, and location in a high quality and desirable residential, CBD, wellness, education and community development:

- makes it **an attractive place to work, with services such as child care and retail conveniently located**, consistent with the NHHRC's governance principle about respecting and valuing the health workforce.
- positions it at the forefront of **providing for future generations,** consistent with the NHHRC's proposed design principle recognising the 'new avenues and opportunities for how we organise and provide necessary health care to individuals.'
- **recognises that broader environmental influences shape our health.** Because of its co-location and close partnering with other sectors such as education, it will also be highly sustainable and self-supporting. This is consistent with the NHHRC's eighth proposed design principle promoting effective partnerships and involving 'players from outside the health system . . .'

Compatibility with Australian Government Initiatives

To tackle the acute nursing shortages in many parts of the hospital system, both private and public, as well as in aged care residential homes, the Australian Government will spend $138.9 million over five years across the Health Workforce through the Health and Ageing and Education Portfolios. By providing cash bonuses of up to $6,000 to eligible nurses and midwives who return to work in either a public or private hospital or aged care home which participate in the program, the Australian Government aims to encourage up to 8,750 qualified nurses to return to the workforce and to create 90 new Australian Government supported places in nursing in the second semester of 2008, with a further 1,170 places in 2009. In addition, $1,000 per re-entering nurse or midwife will be provided to the employing hospital and/or aged care home to assist with the cost of re-training and re-skilling the nurse or midwife.

The Australian Government is also committing $15 million to train 24,000 **mental health professionals in multidisciplinary care**, to help them deliver better team-based mental health care. It will also improve the Mental Health Nurse Incentive Program to encourage more nurses to work across both public and private sectors, and allow sharing of mental health nursing resources between state and territory health organisations and participating practices.

A $100 million health cash injection has also been provided by the Australian Government **to train doctors** in Queensland, with $60 million to support the cost of training 235 medical students at Griffith University. **50,000 additional health vocational training places** have been approved nationally to tackle the health workforce crisis. The training places will target areas of chronic medical skills shortage.

2. Innovation Prototypes

The Policy Commitment*: Health City Springfield will be a site of best practice for wellness, developing and promoting innovations in primary care service integration, transition care and step-down care, integrated oral healthcare and education, new healthcare worker roles, sustainable wellness (health) of school-age children, and e-health initiatives to advance health technology.*

Primary care service integration

Integration of care is one of the most challenging issues in health service delivery because of the multiple organisations, roles and constituencies to align, engage, and navigate so that the right care occurs at the right time, place and at a reasonable cost. Current challenges include:

- Lack of integration within the health system and multiple funding models.
- Inappropriate use of tertiary services with hospitals being used for primary health care.
- Need to manage an ageing population with increased prevalence of chronic disease.
- Increased need for health promotion, disease prevention, and early intervention.
- Historical inability of general practice to address comprehensive community need.
- Funding pressures on governments to do more with less.
- Heightened public awareness of medical care and treatment options.

However, by far the biggest challenge for contemporary health care service delivery is the absence of a patient-focussed model of wellness, facilitated by effective coordination and case management of individual care**.** Mater Health Services and the GP's and Wellness groups at Health City Springfield will respond to this gap by developing an integrated primary healthcare model that will manage the wellness of Springfield's population; deliver community based diagnosis and therapy services for acute conditions; involve the chain of services for patients with chronic medical conditions; and act as a patient advocate in linking with other components of the healthcare system. They will also be the focus of service coordination.

Examples of primary care integration models are provided by the Cessnock Uni-Clinic (University of Newcastle), Inala Primary Care (University of Queensland, Queensland Health and the Brisbane Inner South Division of General Practice), and the North Lakes Health Precinct and the Primary Health Care Centres (or 'GP Super Clinics') which aim to improve infrastructure and coordination of service delivery.

Health City's chronic disease prevention and management partnership proposal

Health City supports Queensland Health's proposed reforms in chronic disease prevention and management. In particular, it supports Queensland Health's recommendation that the Australian and State Governments realign funding for chronic disease prevention and management in primary health so that they are integrated into a single Australian Government-funded *Medicare Chronic Disease Program (CDP*). (Existing Medicare arrangements would be maintained for people who do not need coordinated chronic disease management.)

A single *Medicare Chronic Disease Program (CDP)* would bring under the one umbrella current Medicare funded chronic disease management and mental health programs, home and community care services, community aged care packages and enhanced aged care at home, and state-based chronic disease and hospital demand management services (AIPC Report, 45). This would be more than a streamlined funding mechanism: it would provide integrated assessment, care planning and coordination for medical, nursing, allied health, psychological, personal and social support services for people living in the community with chronic disease.

Health City will work with the Australian and State governments to trial models that facilitate a single point of entry into programs for chronic disease prevention and management. The elements of this proposal include:

- *Designing an assessment process tied to care planning and service delivery.* Assessment, care planning and coordination could be provided through GP practices, superclinics or hospital demand-management programs. Integrated funding would be tied to patients who are assessed for participation in the chronic disease program according to their level of risks and need. For example, patients with two or more risk factors might be assessed as being at

chronic disease risk-level 1, requiring medical management only; those at level 2 would receive medical management plus multidisciplinary care; and those at level 3 would receive medical management, multidisciplinary care, case management and social service; mental health care and community support services (AIPC Report, 46). In addition to assessment and service activity, funding would be provided for performance. Performance payments could be developed on the dual-basis of patient outcomes and adherence to good practice processes (AIPC Report, 6).

- *Supporting performance-based approaches* with GP practices, Super Clinics and community health services for chronic disease prevention and management. Hospital demand-management programs could assess and refer eligible patients, and also manage performance agreements. The relationship with General Practice would be essential in achieving the necessary systems improvements (e.g. IT/IM, guidelines, and service coordination tools) to reform primary and community health care. Separate capacity-building funding for this purpose may be necessary.

- *Developing Super Clinics to have a primary focus on chronic disease prevention and management* and with a service planning model based on best practice. The development of the superclinic model—occurring at both state and Commonwealth levels—should be closely tied to these Medicare reforms (AIPC Report, 7).

It would be highly advantageous for all public investors and for other service partners to ensure that a designated Super Clinic is located at the Health City precinct at Springfield.

Compatibility with Australian Government Initiatives

The Australian Government will:

- establish thirty-one new **GP Super Clinics** in rural, regional, and outer metropolitan areas of Australia including Ipswich, Queensland. GP Super Clinics will provide families with one convenient location where they can access a range of health services. They will bring together general practitioners, nurses, allied health professionals, some specialists and

other health care providers to deliver a range of health services that are tailored to meet local health needs and priorities. They will complement and enhance existing health services in their local areas. Funding for each GP Super Clinic includes capital funding for the construction of a new building or refurbishment of an existing facility, some limited recurrent funding, and relocation incentives for eligible health practitioners.

- review the **Medicare Benefits Schedule's** primary care items, alongside the development of the Primary Health Care Strategy, with a focus on reducing red tape for doctors, simplifying the Medicare schedule, and giving more support to prevention and wellness.

Transition care and step-down care

'Step-down care' means the provision of individually-tailored services for patients following a major hospital stay. Such services may include low intensity therapy services, nursing support and/or personal care services. Low intensity therapy services may include physiotherapy, occupational therapy, dietetics, podiatry, speech therapy, counselling, and social work. Personal care services may include assistance with: showering, dressing; eating and eating aids; managing incontinence; transport to appointments; and moving, walking, and communication.

In Australia, the term 'transition care' is used to describe the provision of rehabilitation and support for elderly patients at risk of nursing home admission after a hospital stay. A transition-care facility at Health City Springfield would significantly ameliorate the pressure on Brisbane's public hospitals. Several advantages accrue from integrating transitional and step-down health care through co-location with a variety of ambulatory service providers, primary care access, medical and allied health services, diagnostic facilities, residential aged care, and day hospital. The length of acute hospital stay is reduced for patients awaiting aged and residential care services; the costs of appropriate transition care and services are one-third to one-half the costs of acute hospital care; and the patients and families themselves benefit from improved transitional care services.

Major challenges arise in implementing a robust transition care model in Australia because of the complexities of mixed financial and administrative oversight arrangements split between

Australian and State governments. Problems frequently arise at the interface between hospital and residential aged care. In the current allocation of responsibilities between the different levels of government, the acute hospital system is managed by the States and Territories while residential care is funded solely by the Australian Government (Harvard Medical International, 40).

Health City Springfield's proposal for transition care seeks early engagement in negotiations with both Commonwealth and State governments to 'deliver value for money' which requires 'appropriate local flexibility in financing, staffing, and infrastructure' (thus conforming with NHHRC Proposed Design Principle 6).

Compatibility with Australian Government Initiatives

In its 2008-09 Budget, the Australian Government committed $293.2 million over four years to the Transition Care Program for older Australians to recover and regain their independence following a major hospital stay. This will result in 2,000 new fully Australian Government-funded transition care places, on top of the existing 2,000 places jointly funded by the Australian Government with States and Territories, by the end of the 2011-12 financial year.

The focus of transition care will be increasingly directed to high population growth areas such as the coastal regions of New South Wales and Queensland; the first stage includes 228 fully-funded transition care places with 38 in Queensland to be operational progressively over 2008. Each funded place will be used by up to eight different older Australians a year. When *all* the funded places are fully operational, up to 30,000 older people will benefit from transition care annually. By mid-2012, up to 92,500 older Australians will have benefited from the Transition Care Program.

Integrated oral healthcare and education

This will be delivered through a partnership between the University of Queensland's School of Dentistry, TAFE, Queensland Health and other private practitioners. It will establish a collaboration for the education of professionals and staff in dental and oral health care; and a training dental practice will be located adjacent to the facilities of the primary care/community healthcare facility.

The state of oral health in the region surrounding Springfield is reportedly the worst in Australia (Harvard Medical International, 42). With a large and growing population of child-age patients in the Springfield region, the proposed service will respond to the paucity of fixed and mobile public dental clinics in the area. This is consistent with the NHHRC's fifth proposed design principle:

> *Comprehensive: People have a multiplicity of different health needs which change over their life course. Meeting those needs requires a system built on a foundation of strong primary health care services . . .*

Compatibility with Australian Government Initiatives

The Australian Government will invest:

- $780.7 million in a new **Commonwealth Dental Health Program**, aimed to slash the 650,000-long waiting list for public dental services. The Government will provide $290 million over three years to State and Territory governments to fund up to one million additional consultations and treatments for Australians needing dental treatment. Funding agreements to support the program will be developed between the Australian Government and the States and Territories. States and Territories will be required to maintain their own level of funding for dental services. They will use the funding to supplement their existing public dental services and/or purchase services from the private sector in areas where public dental services are not able to be accessed.
- up to $490.7 million over five years in the **Teen Dental Plan** for one million teenagers. The Government will provide $150 (through the newly established Dental Benefits Schedule) per eligible teenager towards an annual preventative dental check, including an oral examination, scale and clean and x-rays where required. Around 1.1 million teenagers aged 12-17 in families receiving Family Tax Benefit Part A, and teenagers in the same age group receiving Youth Allowance or Abstudy, will be eligible for the program each year.

New healthcare worker roles

Educating and providing a sustainable workforce in the health professions is one of the most pressing problems in Australia's health system. Health City Springfield will support new models of care including developing new healthcare worker roles including physician assistants and nurse practitioners in Community General Practices and care coordinators operating out of an integrated General Practice/Community Health facility. This is responsive to the NHHRC's seventh proposed design principle*:*

> *Health needs are changing with improved life expectancy, community expectations rising, advances in health technologies, an exploding information revolution and developments in clinical practice.*

Sustainable wellness of school-age children

The health of the Springfield community broader throughout its natural life cycle will be strengthened by early and targeted attention to developing fit, health and active school and preparatory children. Early and sustained involvement in assuming responsibility for one's own health and learning how to achieve good health through self-education represents a significant shift in health promotion (Harvard Medical International, 49). At Springfield, a school-based wellness program will link educational change in local schools with the exploring of adolescent health issues. This is consistent with the NHHRC's third proposed design principle:

> *All Australians share responsibility for our health . . . The health system has a particularly important role in helping people of all ages become more self reliant and better able to manage their own health care needs.*

Compatibility with Australian Government Initiatives

The Australian Government will invest:

- $25.6 million over four years in a **Child Health-Check** to ensure all four year old children get a health check. Starting in July 2008 and conducted by GPs, practice nurses and other immunisation providers, the health check will be a basic check-up of a child's height, fitness, eyesight and hearing. It will promote early detection of chronic disease

risk factors, delayed development and illness. Up to 250,000 health checks for four year old children could be provided each year.

- $4.5 million over five years beginning in 2007-08 to develop **Healthy Guidelines for Early Childhood Obesity Reduction** to help child care services and preschools provide the high quality care our children deserve.
- $12.8 million over four years to fund the establishment of a **Kitchen Gardens Program** in 190 schools nationally with the aim to teach children about growing, harvesting, preparing and sharing healthy food – to help them develop healthy life-long habits, and stay healthy well into the future.

E-health initiatives to advance health technology

A consistent theme through the National Health and Hospitals Reform Commission's proposed design and governance principles is the place of technology and e-health strategies in contemporary health care systems. Similarly, in Health City Springfield, a range of e-health initiatives will foster the iterative development of the substantial communications and technology infrastructure within the Springfield development. Their focus will be to better connect the patient, community, providers and other stakeholders. Two key components of the e-health strategy will be the co-location and integration of services in the one precinct, and the implementation of a unique governance structure to facilitate the uniform adoption of standards and coordinated implementation of new advances.

Springfield Land Corporation will make sure that e-health infrastructure is built into the Greater Springfield master plan and delivered in line with the development program. All buildings will be linked with dark fibre, quality Ethernet cabling and wireless infrastructure, and have correctly scoped and designed communications rooms and cabling paths. Health City Springfield will be diversely linked into the various data centres in Springfield, with interconnectivity to Brisbane, interstate, overseas and multiple options for carriers. Health City Springfield will seek to develop a common patient electronic records system, through a Health City Springfield portal linking into the wider health community (including Queensland Health for electronic information and record

sharing) and shared investment in systems and applications that can be used across Health City Springfield (Harvard Medical International, 32 *ff* ; Aurora Report, 59).

3. Supporting the Health of Individuals, Families and the Community

The Policy Commitment: Health City Springfield will support the health of individuals, families and the community over their life-cycles.

Springfield has the opportunity to be the first Australian community to implement a planned approach to wellness activities and services to complement the health system. 'Wellness is . . . the existence of positive health in an individual as exemplified by quality of life and a sense of well being' (Corbin & Pangrazi). That is, wellness is a positive and active process rather than simply the passive act of being without illness. Often, wellness is associated with physical fitness and alternative or complementary medicines and therapies. These can assist with wellness but do not necessarily lead to it.

The population in Springfield's primary catchment area is projected to increase from 47,502 to 115,104 between 2006 and 2021. Over the same period, the population in the secondary catchment is projected to increase from 132,892 to 236,355. At present, both catchment populations are young, with a high proportion of children, compared with the Queensland population in general. However, the projected population growth will not only be rapid, but it will also be accompanied by significant population ageing: the projected volume growth is highest for persons aged 45-69 years, while the projected percentage growth is highest for persons aged 70 years and above (Aurora Report, 7).

Both the primary and secondary catchments have variable levels of socio-economic status. While the Ipswich City East SLA is more socio-economically disadvantaged than about 85% of SLAs in Queensland, it also includes pockets of socio-economic advantage, particularly in the newer residential areas of Greater Springfield. This is reflected in the higher reported private health

insurance rates within the immediate Greater Springfield area than across Queensland (Aurora Report, 7).

These population characteristics – age, family composition, level of income, social mobility and access to transport – will influence the types and volumes of health services needed, the mix of public and private services provided, and the scale and timing of health services development at Health City Springfield. For example, the health concerns of women, children, and families will require a strong and responsive primary and community health strategy, together with the management and treatment of chronic disease and its risk factors. More specifically, the increase in the number of people:

- *aged 0-14 and 15-44 years* will drive demand for primary and community services, and acute services for pediatrics and maternity.
- *45-69 years* will drive demand for ambulatory and acute services, e.g. day surgical, procedural and medical services, services targeting chronic disease management, healthy ageing strategies, and acute inpatient services for the episodic treatment of chronic disease.
- *70 years and above* will drive demand for specific ambulatory procedures, acute inpatient services and residential and community aged care services, e.g. ambulatory services such as chemotherapy, acute inpatient services related to treatment of chronic disease and rehabilitation, transition care and step down and the range of residential and community aged care services (Aurora Report, 8).

One of the challenges for advancing wellness in Australia is that many of the services and activities that contribute to wellness are privately provided and so must be privately funded. Consequently, the National Preventative Health Strategy must be encouraged to look at the role of the Australian Government in promoting and funding wellness strategies. In its submission to the National Health and Hospitals Reform Commission, the Queensland Government suggested that the Commission consider:

- clarifying the role of the Australian Government's responsibility for funding and purchasing all personal preventative services administered predominantly in the primary health sector, with responsibility for other services to be clarified;

- assessing the return on investment in increased funding across primary, secondary and tertiary prevention, with any increase to be benchmarked against evidence-based need;
- establishing national healthy population goals through an inclusive process to be reviewed every ten years, with the Australian Government funding a comprehensive bio-psychosocial survey every five years, commencing in 2010, to measure progress towards the national population health goals.

Queensland Health has several health promotion and prevention activities including:

- Healthy Lifestyle Coordinators to support broad access to group-based healthy lifestyle programs.
- *SmartChoices—Healthy Food and Drink Supply Strategy* for Queensland State Schools, mandatory since January 2007. A recent evaluation of the *SmartChoices* strategy indicated the strategy has improved the nutritional value of foods and drinks in schools.
- The *Go for 2&5*® fruit and vegetable promotion campaign in Queensland is proving very successful.
- Physical activity campaign to promote the adult physical activity guidelines and assist to effect population-level behavioural change.

Some local governments along with private property developers (e.g. Springfield Land Corporation) have already moved to increase the provision of public space and facilities providing walking and cycling paths, lakes, playgrounds and sporting ovals to actively promote physical activities and the physical fitness part of wellness.

Health City Springfield will be responsive to the:

- health and wellbeing issues of individuals, families and the community as they emerge. This is consistent with the NHRRC's fourth proposed design principle:

  > *Strengthening prevention and wellness**:** …our health system also needs greater emphasis on **helping people stay healthy through stronger investment in wellness, prevention and early detection** and appropriate intervention to maintain people in as optimal health as possible.*

- health needs and 'burden of disease' priorities of a rapidly growing community through a range of measures intended to prevent or minimise current illness, disease, and injury trends. This is consistent with the NHRRC's ninth proposed governance principle:

  > *'Taking the long term view: ...A responsible forward-looking approach demands that we actively monitor and plan the health system of the future to respond to changing demographics and health needs, clinical practices and societal influences'.*

Compatibility with Australian Government Initiatives

The Australian Government will develop a **National Primary Health Care Strategy** to 'tackle the health challenges of the 21st century, and make sure that families can get the health care they need'. The strategy will look at how to deliver better frontline care to families, with priorities including better rewarding prevention; promoting evidence-based management of chronic disease; supporting patients with chronic disease to manage their condition; supporting the role GPs play in the health care team; addressing the growing need for access to other health professionals, including practice nurses and allied health professionals like physiotherapists and dieticians; and encouraging a greater focus on multidisciplinary team-based care.

A **National Preventative Health Taskforce** has been established. The taskforce will develop strategies to tackle the health challenges caused by tobacco, alcohol and obesity, and develop a National Preventative Health Strategy by June 2009. The Australian Government has announced that preventative health measures will become a key part of health funding agreements between the Commonwealth and State and Territory governments. The effects of alcohol, tobacco and drugs will be addressed, including $53.5 million to implement the **National Binge Drinking Strategy** to reduce binge drinking and associated harms.

An $85 million **Perinatal Depression Plan,** comprising $55 million from the Australian Government and $30 million to be sought from the States and Territories, is designed to encourage routine screening for women during pregnancy and in the first year after birth. This will be supported by appropriate training for healthcare professionals and appropriate care to

ensure that women get the help and support they need. The Australian Government is also providing $2.5 million over five years to expand the Australian Breastfeeding Association's helpline to a national toll-free 24 hour service.

The **fight against obesity** consists of a range of measures to help Australians avoid preventable chronic illnesses, including grants for community sport and recreation facilities; community initiatives to tackle obesity; guidelines on nutrition and physical activity for early childhood settings; and the Kitchen Garden Program, based on the Stephanie Alexander Kitchen Garden Program, in 190 schools nationally.

The Australian Government is establishing the National Advisory Council on **Mental Health**, to provide the Government with independent, expert and balanced advice to help drive national mental health reform. Funding priorities include the National Suicide Prevention Strategy, supporting community-based mental health organisations, developing a mobile tracker system to help people manage their mental health through mobile phones and the internet, *The KidsMatter* suite of activities to encourage mental health promotion, prevention and early intervention activities in primary schools and early childhood settings, and the Fourth National Mental Health Plan.

Innovative approaches to acute public health care services

The Policy Commitment: To support Health City Springfield's aims for a health services precinct integrated with health education, research and workforce strategies, innovative approaches to acute public health care services will be established to serve the Springfield community, and provide specialist and GP training facilities in response to the shortage of medical training places.

Between 2002-03 and 2005-06, the number of hospitalisations by residents in the primary catchment area of Ipswich East SLA increased by 27%, from 12,542 to 15,912. Ipswich Hospital recorded the majority of hospitalisations (45%) with a significant volume of hospitalisations recorded by private hospitals (29%), the Princess Alexandra Hospital (12%) and the remaining

14% at other Queensland and interstate public hospitals. The projected rapid population growth and population ageing will drive demand for acute inpatient and ambulatory services across both catchment areas.

Demand on hospital services are projected to increase as follows:

- *Total hospitalisations* from 104,566 in 2006-07 to 179,618 in 2016-17. This increase of 75,052 hospitalisations is a 72% increase over the period. Almost 40% of this growth, i.e. 20,953 hospitalisations, will be in Statistical Local Areas immediately surrounding Springfield Health City.
- *Public hospitalisations* from 60,451 in 2006-07 to 105,930 in 2016-17 with approximately 80% of this growth in medical hospitalisations.
- *Private hospitalisations* from 44,115 in 2006-07 to 73,687 in 2016-17 with approximately 52% of this growth in surgical and procedural hospitalisations.
- *Total day-only hospitalisations* from 58,450 in 2006-07 to 109,079 in 2016-17. This is an increase of 50,629 hospitalisations or 87% over the period.
- *High volume demand for specific service groups* in 2016-17 including renal dialysis (25,808 hospitalisations or 24% of total), diagnostic GI endoscopy (12,451 hospitalisations or 16% of total), chemotherapy (7,320 hospitalisations or 7% of total), gynaecology (7,053 hospitalisations or 6% of total), ophthalmology (6,486 hospitalisations or 6% of total), non sub-specialty medicine (5,450 hospitalisations or 5%of total), and orthopaedics (5,286 hospitalisations or 5% of total). Combined these service groups comprise almost two thirds of projected day-only hospitalisations in 2016-17 (Aurora Report, 9).

There is an identified need for hospital based healthcare services in Springfield to serve the greater community. In order to progress the availability of a facility to deliver services locally, Mater Health Services has developed a proposal to Queensland Health to provide an acute facility within which a range of acute (elective surgery, renal and oncology) and sub-acute (transition, rehabilitation) public services can be provided. This proposal is shaped to enable Queensland Health to take a flexible approach to using the facility and has been presented to the Queensland Minister for Health for his consideration.

The proposal provides the opportunity for Queensland Health to access up to an equivalent of 90 day and inpatient beds on the basis of an annual operational contribution that incorporates compensation for the capital costs associated with constructing the facility. Queensland Health planning has identified the need for an additional bed capacity of 160 in the region by 2016.

In the current proposal, Mater Health Services takes the capital risk but is compensated by Queensland Health for the right to use the facility regardless of activity. Whilst the concept of public/private partnerships is well accepted at both State and Commonwealth level, there is an opportunity to consider capital contribution from the $10 billion Health and Hospitals Fund to support the development of this new acute-care hospital at Springfield. Any such contribution would reduce the ongoing costs to Queensland Health of providing services at Springfield.

The proposed facility will be co-located with a large primary health care centre similar in approach to that proposed in the department's Health Precinct model, which will provide the department further opportunities for community based health prevention and promotion activities, incorporating Queensland Health community services related to health promotion, hospital avoidance, chronic disease management and domiciliary services post hospitalisation. Additionally, there is an intention by a third party provider to develop aged care capacity adjacent to the primary care centre, providing an option for nursing home type patients in Ipswich Hospital and an alternative offering (other than Ipswich hospital emergency department) for sick / unstable elderly residents.

Additional benefits of this partnership arrangement between Mater Health Services and Health City Springfield arise from the co-location of a significant General Practice in Health City, providing for:

- Education and clinical support to the aged care facility's staff by the acute care facility staff to keep their residents at the aged care facility rather than admit them to hospital (as might be offered in a hospital in the nursing home model);
- Clinical observation and monitoring for those patients who require it; and
- The existence of a hotel adjacent to Health City Springfield provides the opportunity for longer stay for those patients where it would be safe to transition to a lower level of care

after a short stay. Queensland Health's service capability framework would be applied to this model to ensure that clinical risk is managed.

While this facility will service the immediate Springfield community, this centre of excellence will also serve the Queensland and national communities by providing opportunities to test new teaching and training models, and new and emerging technology. By its 'engagement with other policy sectors such as the education system and employment' (NHHRC Proposed Design Principle 2), Health City Springfield and Mater Health Services recognise that the success of this facility is contingent upon its capacity to function in tandem with co-located education and research facilities, and with supporting, accessible primary health care services.

Established on a greenfield site, this will be a foundation facility with the capacity to grow in response to Springfield region's future population growth. Health City Springfield is also an ideal site for a longitudinal study of the successful implementation of new models. As the foundation facility serving a growing new population, it can potentially make a major contribution to our understanding of the health needs and experiences of this population.

Mater Health Services will be a partner in innovative funding models for chronic disease management, post-acute and rehabilitation services, domiciliary services, respite care and appropriate ward models for surgical and medical services at Health City Springfield. The implementation of a significant General Practice in Health City, with a short-term stay facility, provides an opportunity to implement hospital avoidance programs, particularly in the aged care facility being developed at Health City Springfield.

Compatibility with Australian Government Initiatives

The Commonwealth has established a **$10 billion Health and Hospitals Fund** to support strategic investments in health as part of its reform agenda to equip Australia's health and hospital system for the future. Expenditure from the Health and Hospitals Fund will be subject to consideration through the Budget process each year. The Health and Hospitals Fund will support future health infrastructure priorities, including investments in:

- health and hospital facilities and equipment as part of the Government's health reform agenda;
- medical technology and equipment;
- major medical research facilities and equipment, including projects and facilities which will support better links between hospital-based clinical research and high quality clinical practice.

The 2008-09 **Australian Health Care Agreements** (AHCAs) have been extended for 12 months with an extra $1 billion provided to public hospitals. This additional $1 billion is designed to reverse the trend of decline in the Australian Government's share of public hospital funding. In recognition of the fact that primary care and acute care are intertwined, the new AHCAs will expand their focus beyond public hospitals to include primary and preventative care, as well as aged care.

The Council of Australian Governments (COAG) initiatives also include an **Elective Surgery Waiting List Reduction Plan**, providing up to $600 million over four years to the States and Territories, starting in 2007-08 to reduce elective surgery waiting lists. The plan comes in three stages: delivering an immediate attack on elective surgery waiting lists; structural reforms to improve elective surgery performance; and dividend payments that are conditional upon States and Territories meeting elective surgery waiting list reduction targets.

6. Health City Springfield: Future Directions

Queensland Government policies

Following the 2007 change of Federal Government and the subsequent formation of the National Health and Hospitals Reform Commission (NHHRC), the Queensland Government has reviewed its own health policy and service delivery frameworks in a submission to the NHHRC and proposes that the:

- Australian Government must take full responsibility for primary health care, aged care and personal prevention services such as immunisation, screening, *et al.*
- Medicare Benefits Scheme requires substantial reform including extending it to allied health services provided to aged-care service clients and Pharmaceuticals Benefits Scheme for aged-care nurse practitioners.
- Funding for chronic disease prevention and management in primary health care and community must be integrated into a single Commonwealth funded program. The Queensland Government proposes that the features of a chronic disease management model may include:
    - Assessment and enrolment of individuals with chronic conditions, subject to eligibility criteria.
    - The availability of additional services for eligible individuals, for example, allied health services.
    - Enrolment with providers, for example, General Practice or Nurse Practitioner (particularly in rural and remote areas).
    - Longitudinal payments to providers (i.e. service standards and benchmarks to be achieved by the provider in return for an annual payment).
    - Preferential access to eligible individuals for services, such as referral by the provider (rather than an assessment process) for example for HACC services.
    - Eligible individuals to receive bulk billed services (no out-of-pocket expenses).
    - Service coordinators working with providers to facilitate case coordination, access and integration in the primary health care system.

This is consistent with the Australian Government's proposed GP Super Clinic initiative, which includes the potential for a clinic to conduct chronic disease management programs and community education for conditions such as diabetes, obesity, asthma and smoking cessation. Queensland Health is advocating that chronic disease management ought to be an integral component of any GP Super Clinic proposal (just as maternal and child health services are integral).

The Queensland Government's submission demonstrates a high degree of congruence with the Australian Government's health policy directions. They both acknowledge the need for 'concerted action by Australian and State governments, involving the public and private sectors, hospital and community services, and crossing traditional funding boundaries (such as the Medical Benefits Scheme and the Pharmaceutical Benefits Scheme)' (NHHRC 2008).

Australian/ State/Private Sector Funding Partnerships

Government interest in encouraging partnerships to achieve co-investment and to promote innovation is strongly grounded in the Health City Springfield plan. Government strategic directions are highly congruent with the opportunities for partnerships in Springfield identified in the Aurora report. Thus, to achieve its progressive health care system goals, Health City Springfield is well positioned to **broker new, flexible funding and service delivery** options including:

- Private providers
- Public providers
- Private and public partnerships
- Private and public hybrid models, for example, shared funding of roles and services
- Partial or wholly public funding roles or positions at Health City Springfield, for example, clinical and support services such as care coordinators or allied health workers
- Public or private providers becoming head lessors or purchasers of a whole space or selected space, and sub-leasing areas to other providers.

In addition, Health City Springfield will respond to state and federal funding opportunities arising from:

- existing Medicare services and future reformed Medicare services, for example, integrating certain programs such as chronic disease management, and expanding other options such as access to expanded Medicare services by GPs and by other health workers (this may initially be targeted at National Health Priority Areas such as diabetes and obesity management)
- policy shifts which provide greater flexibility to manage funds across program boundaries, for example, funding of outpatient activity, transition care, MBS
- capital or recurrent funding for priority research programs
- specific government initiatives and health pilots for which Health City Springfield is an attractive site due to its geography, population, and broad range of service partners (Aurora Report, 11 & 62).

Services Development

In particular, Health City Springfield seeks partnerships with the Australian and State Governments to develop the following health services initiatives:

Innovative approaches to acute public health care services

Health City Springfield proposes a tripartite funding partnership as follows:

- Health City Springfield to offer funding of private beds to match Commonwealth/State funding;
- Australian Government to provide capital funding at benchmark levels from its $10 billion Health and Hospitals Fund to support the development of this new acute-care hospital at Springfield. This fund has been established to support strategic investments in health, including equipping Australia's hospital system for the future. The construction of this acute hospital will respond to the increase projected for acute inpatient and ambulatory services across the Springfield catchment. Health City Springfield further proposes that this new hospital facility be built as a state-of-the-art 'green' hospital.
- Queensland Government to contract Health City Springfield for a public patient caseload for a specified period.

GP Super Clinic

The GP Super Clinic initiative is a major innovation in the Australian Government's Strategy to provide for integrated primary and chronic disease care. It mirrors Health City Springfield's aims to find new ways of integrating General Practice with community health care.

Consequently, Health City Springfield should be seriously considered for the proposed Ipswich region GP Super Clinic. Springfield's primary healthcare model has the Group General Practice as the coordination point for integrating medical care with education and training in partnership with community health services, other providers and with academic partners.

Aged Care

Planning for Health City Springfield has assumed that its catchment area will be allocated the appropriate number of residential aged care places by the Australian Government, given the physical and social circumstances of the growing ageing population in South East Queensland. Springfield is an ideal site for places under the Commonwealth's new transition care funding and for responding to the increased demand for community based aged care. A new generation of Australians – who will increasingly resist entering congregated aged care institutions – together with the growing numbers of functionally and cognitively impaired adults, will insist on community-based aged care day services so they can continue to enjoy living in their own homes.

Currently, two separate streams of funding are available for community aged care services – the Commonwealth/State jointly funded Home and Community Care program (HACC), and the Commonwealth funded Community Aged Care Packages and Extended Aged Care at Home packages. Health City Springfield aims to be a demonstration site where these two funding streams are integrated into a single community aged care program that:
(a) funds individuals, and
(b) increases the funding as the level of dependency increases and so allowing for 'ageing in place'. Funding would be provided for tailored packages which would provide for a far greater range of service types than is currently permitted, with greater emphasis on promoting independence and using new assistive technologies to improve the quality of care and to help

overcome workforce shortages. This in turn would generate innovation, and affordable services with greater consumer choice.

Compared with nursing home and in-home care costs, the cost structure of aged-care day services means that this service model will experience growing demand from all socio-economic sectors of the Australian community. Health City Springfield seeks Australian Government support to establish a dollar-for-dollar funding program to test-bed innovative private and not-for-profit aged care day services.

Wellness Services - Primary Heath Care

Springfield is developing a suite of co-located primary healthcare and other wellness services in a purpose built centre. It will also co-locate private and public providers in a one-stop shop with outreach services to work with community groups as an integral part of its model of care. The Centre will have the following services:

- GP Super Clinic or equivalent
- pharmacy services
- diagnostic services
- pathology collection services
- private allied health services
- medi hotel
- dental
- acute
- complementary medicine and therapy providers
- health promotion activities
- wellness groups such as ‘mothers and babies’ groups, playgroups, men’s and women’s groups
- older people’s wellness programs closely linked in with retirement villages and aged care facilities in the area.

Springfield seeks an equitable share of new investment for wellness-related activities by both the Queensland and Australian Governments. This funding would be determined by both the *number*

of people and the *composition* of the population in age, gender, ethnicity and social-economic status as these are predictors of health services need. This model would cover all group and community activities.

In addition, Springfield will need to receive an equitable share of existing Queensland Health community health and health promotion resources to support the resident population. Springfield could also be a testing ground for some new individualised funding that pays for wellness rather than the current illness/disease specific funding. One potential area for new funding is in screening the 'well' population, a diagnostic and preventative measure that is currently excluded from the MBS for the non-Indigenous population. By making Springfield a pilot site, it should be possible to evaluate the take-up rate of new items and fine tune the scheme to avoid cost blow-outs. In an enrolled population model, it should also be possible to estimate the net impact on the MBS by comparing the number of wellness items against number of illness items.

Indigenous Delivery – Close the Gap

There is a significant Indigenous population in the Ipswich Local Government area. This is illustrated in the Australian Bureau of Statistics (ABS) detail below.

The Ipswich Local Government area 2006 ABS Census of Population and Housing lists the following:

	Population	**Number Indigenous**	**Percentage Indigenous**
Ipswich LGA	140,182	4,731	3.4%
SLA Breakdown:			
Ipswich East (Springfield)	50,388	1,763	3.5%

Health City Springfield will partner with the Centre for Clinical Research Excellence in Circulatory and Associated Conditions in Urban Indigenous Peoples – a collaborative research partnership with the Queensland Aboriginal and Islander Health Council, Kambu Aboriginal Medical Service Ipswich and the University of Queensland, as well as a range of other partners – to develop ground breaking programs in Indigenous service delivery. This will include development of an Indigenous Mentoring Workforce Strategy.

The aim is to develop a comprehensive understanding of effective interventions in conjunction with the community controlled health sector. The partnership will be complemented by active participation in program design and workforce development by Aboriginal and Islander peoples. Health City Springfield seeks the Australian Government as a partner to this arrangement including a commitment to supporting the education and training of Indigenous participants in Springfield's Education /Health City proposed Indigenous Mentoring Workforce Strategy. Health City Springfield will also work closely with the proposed Indigenous School particularly in relation to the adoption of a wellness curriculum.

Mental Health

Health City Springfield will develop a strong focus on mental health promotion linked to its wellness agenda. It will take up the opportunities being presented by the reforms of mental health service delivery and its proximity to The Park Centre.

The GP Super Clinic will take the initiative on mental health management, as well as a specialist interest in youth mental health issues. Springfield again seeks to be a test site for new mental health initiatives stemming from the proposed fourth National Mental Health Plan.

Financial Innovation

Health City Springfield as a centre for innovation and a test-bed for policy reform could be provided through one, or a combination, of the following three financial options:

1. Status quo

This would see a private sector /public sector blend for health financing and service delivery, including fee-for-service for health professional services. Some of the publicly-provided services are free to users, while those provided by private providers would be subsidised through the Medical Benefits Scheme, Pharmaceutical Benefits Scheme or through the Home and Community Care program. The innovation lies in the blending of services accompanied with an agreement, structured as an investment plan, to allow funding to follow services. This is similar to the model used for North Lakes and Browns Plains in Southeast Queensland.

2. Capitation

This model would require an enrolled or at least an identified population. A predetermined amount of funding from the government – based on the numbers and demographic characteristics of the population in the Springfield catchments (age, sex, Indigeneity, ethnicity, deprivation using the multiple socio-economic deprivation index) – would be allocated to subsidise a range of wellness and health services, including:

- providing care and treatment when people are ill;
- helping people stay healthy;
- reaching out to those groups in their community who have poor health or who are missing out on primary health care.

The funding, which would be held by a single budget holder, would not include a budget line for fee-for-service. Instead, the service providers would be paid according to an already agreed formula that takes into account the complexity of case as well as volumes and/or episodes of service.

A particular strength of this model is that it provides funding for wellness activities and services to complement the health system. The NHHRC has signalled that *'Similarly, growth of primary care services, complex care and aged care based in the community will require an increasing investment to ensure a balance of care across settings, to avoid unnecessary hospitalisations and strengthen 'person-centred' care at home or in the local community. An*

allocation of resources to prevention and wellness activities is also likely to be required' (NHHRC 2008, 24). This concept is also echoed in the attachment (AIPC report) to the Queensland Government's submission to the NHHRC.

3. Vouchers

Some debate has occurred about the NHHRC's consideration of a voucher system for allied health services. This is better understood in the context of the current Australian Government review of the Medical Benefits Scheme, which is examining options to improve (and extend) access to allied health services for people with chronic diseases. Current arrangements have been criticised; a voucher system could give people a greater choice of provider and funding to support their treatment. This could be extended to give the catchment population vouchers for all primary health care services.

CONCLUSION

Springfield Land Corporation is seeking to work in partnership with the Australian and Queensland Governments to establish Health City Springfield, and in close collaboration with Mater Health Services and other service partners, to develop a sustainable, fully integrated healthcare model. This paper has established the policy case for Health City Springfield noting, in particular, its consistency with the proposed design and governance principles of the National Health and Hospitals Reform Commission. It also identifies partnership opportunities with Australian and Queensland Governments across the healthcare, urban planning, education, and research sectors. Above all, it is an opportunity for staged development of best practice integrated health care, at a greenfield site in a fast-developing region, where dedicated partners in service provision and co-investment are already in place.

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Springfield website: http://www.greaterspringfield.com.au

8. ATTACHMENT:

NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION PRINCIPLES TO SHAPE AUSTRALIA'S HEALTH SYSTEM

- People and family centred
- Equity
- Shared responsibility
- Strengthening prevention and wellness
- Comprehensive
- Value for money
- Providing for future generations
- Recognise broader environmental influences which shape our health
- Taking the long term view
- Safety and quality
- Transparency and accountability
- Public voice
- A respectful and ethical system
- Responsible spending on health, and
- A culture of reflective improvement and innovation

The NH&HRC has developed a set of principles which to a large extent should shape the whole health and aged care system - public and private, hospital and community based services.

Proposed design principles
(generally what we as citizens and potential patients want from the system)

1. **People and family centred:** The direction of our health system and the provision of health services must be shaped around the health needs of individuals, their families and communities. The health system should be responsive to individual differences, cultural diversity and preferences through choice in health care. Pathways of care, currently often complex and confusing, should be easy to navigate and, where necessary, people should be given help to navigate the system including through reliable and evidence based information and advice to make appropriate choices. Care should be provided in the most favourable environment: closer to home if possible and with a preference for less 'institutional' settings and with an emphasis on supporting people to achieve their maximum health potential.

2. **Equity:** Health care in Australia should be accessible to all based on health needs not ability to pay. The multiple dimensions of inequality should be addressed, whether related to geographic location, socio-economic status, language, culture or indigenous status. A key underpinning for equity is the principle of universality as expressed in the design of Medicare, the Pharmaceutical Benefits Scheme and public hospital care. Addressing inequality in health access and outcomes requires action beyond these three programs, including through engagement with other policy sectors (such as the education system, and employment). The health system must recognise and respond to those with special needs (the marginalised or underprovided for groups in society). Special attention needs to be given to working with Aboriginal and Torres Strait Islander people to close the gap between indigenous health status and that of other Australians.

3. **Shared responsibility:** All Australians share responsibility for our health and the success of the health system. We each make choices about our life-style and personal risk behaviours, shaped by our physical and social circumstances, life opportunities and environment, which

impact on our health risks and outcomes. As a community we fund the health system. As consumers or patients we make decisions about how we will use the health system and work with the professionals who care for us. Health professionals have a responsibility to communicate clearly, to help us understand the choices available to us, and to empower us to take an active role in our treatment in a relationship of mutual respect.

The health system can only work effectively if everyone participates according to these shared responsibilities, recognising and valuing the important roles of both consumers/patients and health staff. The health system has a particularly important role in helping people of all ages become more self reliant and better able to manage their own health care needs. This includes helping people to make informed decisions through access to health information and by providing support and opportunities to make healthy choices; and by providing assistance for managing complex health needs.

4. **Strengthening prevention and wellness:** We need a comprehensive and holistic approach to how we organise and fund our health services and work towards improving the health status of all Australians. The balance of our health system needs to be reoriented. Our health system must continue to provide access to appropriate acute and emergency services to meet the needs of people when they are sick. Balancing this fundamental purpose, our health system also needs greater emphasis on helping people stay healthy through stronger investment in wellness, prevention and early detection and appropriate intervention to maintain people in as optimal health as possible.

   Recognising the diverse influences on health status, our health system should create broad partnerships and opportunities for action by the government, non-government and private sectors; balance the vital role of diagnosis and treatment with action and incentives to maintain wellness; create supportive environments and policies, protect our health and prevent disease and injury in order to maximise each individual's health potential.

5. **Comprehensive:** People have a multiplicity of different health needs which change over their life course. Meeting those needs requires a system built on a foundation of strong primary health care services, with timely access to acute and emergency services.

6. **Value for money:** The resources available to support our health care system are finite, and the system must be run as efficiently as possible and be positioned to respond to future challenges. Delivering value for money will require appropriate local flexibility in financing, staffing and infrastructure. The health system should deliver appropriate, timely and effective care in line with the best available evidence, aiming at the highest possible quality. Information relating to the best available health evidence should be easily available to professionals and patients. Introduction of new technology should be driven by evidence and cost-effectiveness. Pathways to care should be seamless with continuity of care maximised, with systems in place to ensure a smooth transfer of information at each step of the care pathway, making effective use of information technology.

7. **Providing for future generations**: We live in a dynamic environment and changing populations. Health needs are changing with improved life expectancy, community expectations rising, advances in health technologies, an exploding information revolution and developments in clinical practice. There are new avenues and opportunities for how we organize and provide necessary health care to individuals, using the health workforce and technologies in innovative and flexible ways. Health professionals need to be able to adapt to future health needs. The education and training of health professionals across the education continuum are a responsibility of the whole health community in partnership with the education sector. Continuing education ensures that health professionals are prepared to meet these changing needs. The important responsibility of the health care system in teaching, training future generations of health professionals for a changing health care sector and roles, participating in research and in creating new knowledge for use in Australia and throughout the world should be actively acknowledged and resourced appropriately as an integral activity. The health sector's commitment to education and research, and its relationship with the education and training sector, should be planned and implemented in a logical and seamless way involving all relevant sectors: public and private, institutional and community.

8. **Recognise broader environmental influences shape our health:** Our environment plays an important role in affecting our health and in helping us to make sensible decisions about our health. The environment here is taken to mean the global climate, the physical and built environment (air quality, the workplace, planning decisions which affect our health) and the socio-economic environment (people in the workforce generally have better health than the unemployed, better educated people have better health and have responded better to health campaigns and tend to smoke less). Peers and family shape both our health (and development of our children) and our adoption of healthy lifestyles. The health system of the future needs to work at these multiple levels to promote health with many and varying agencies and partnerships. These partnerships must be effective and with players outside the health system, whether they be transport departments, local councils, employers, business and worker organisations, and schools and universities.

Governance principles

(generally how the health system should work)

9. **Taking the long term view:** A critical function for effective governance of the health system is that it acts strategically: that short-termism and the pressure of the acute does not crowd out attention and planning for the long term. A responsible forward-looking approach demands that we actively monitor and plan the health system of the future to respond to changing demographics and health needs, clinical practices and societal influences. This requires capacity to seek input from the community and those within the health sector (providers and managers), to assess evidence and develop and implement plans to improve health and health care.

10. **Safety and quality:** There should be effective systems of clinical governance at all levels of the health system, to ensure we learn from mistakes and to improve the safety and quality of services. The first step in ensuring effective clinical governance is that there is a culture that embraces improvement in patient safety and quality. This includes an emphasis on open,

transparent reporting. There must be a just and positive culture in dealing with adverse events, mistakes and near misses. All of this requires the development of effective organisational systems that promote safety and quality, including appropriate systems of open disclosure and public accountability for the whole system.

11. **Transparency and accountability:** The decisions governments, other funders and providers make in managing our health care system should become clearer and more transparent. Funding should be transparent. The responsibilities of the Commonwealth and state governments and the private and non-government sectors should all be clearly delineated so when expectations are not met, it is clear where accountability falls. Accountability extends to individual health services and health professionals. Australians are entitled to regular reports on the status, quality and performance of our whole health care system, both public and private, ranging across the spectrum from primary to tertiary care and at local, state and national levels.

12. **Public voice:** Public participation is important to ensuring a viable, responsive and effective health care system. Participation can and should occur at multiple levels, reflecting the different roles that individuals play at different times in their lives. This includes participation as a 'patient' or family member in using health care services, participation as a citizen and community member in shaping decisions about the organisation of health services, and participation as a taxpayer, voter, and in some cases shareholder, in holding governments and corporations accountable for improving the health system.

13. **A respectful, ethical system:** Our health care system must apply the highest ethical standards, and must recognise the worth and dignity of the whole person including their biological, emotional, physical, psychological, cultural, social and spiritual needs. A significant focus must include respect and valuing of the health workforce. Those working within the health sector must be aware of ethical considerations throughout their training and in their daily clinical practice.

14. **Responsible spending on health:** Good management should ensure that resources flow effectively to the front line of care, with accountability requirements efficiently implemented and red tape and wastage minimised. Funding mechanisms should reward best practice models of care, rather than models of care being inappropriately driven by funding mechanisms. Funding systems should be designed to promote continuity of care with common eligibility and access requirements to avoid program silos or 'cracks' in the health system. There should be a balanced and effective use of both public and private resources. New technologies should be evaluated in a timely manner, and where shown to be cost effective, should be implemented promptly and equitably. Information and communication technologies, in particular, should be harnessed to improve access in rural and remote areas on a cost effective basis, to support and extend the capacity of all health professionals to provide high quality care.

15. **A culture of reflective improvement and innovation:** Reform, improvement and innovation are continuous processes and not fixed term activities. The Australian health system should foster innovation, research and sharing of practices shown to be effective and to improve not only the specific services it provides, but also the health of all Australians. Audit, quality feedback loops and 'Plan, Do, Study, Act' cycles, supported by information and communication technologies, can enable and drive this. The continuum of basic science, to clinical and health services research will underpin this and needs to be embedded.