



Glamorgan Spring Bay Council

Spring Bay Health Hub Proposal 2024

Version 1.0

Project Description:

Establish a Multipurpose Service (MPS) in Spring Bay (Triabunna/Orford), to deliver integrated health and aged care services to the East Coast's largest, underserved population.

Policy context:

Australian, state and local governments all have a role in health policy and service delivery. In broad terms the Australian government is responsible for Medicare and Aged Care, the Community Home Support Program and a range of other health specific programs, with States responsible for hospitals and community care.

Over the last decade Glamorgan Spring Bay (GSB) local government has also had a primary care role, in terms of collecting a ratepayer Medical Levy that has been used to incentivise health professionals to service the GSB area.

Like many rural municipalities GSB is not able to support stand-alone aged care and health services, given the relative size, and dispersed nature of its population. That said, GSB's main population base (Spring Bay) is of a size, and growing, that now necessitates an integrated model of health and aged care. As per Figure 1. Map of GSB¹, GSB is also linear in nature. Its three major townships are Triabunna/Orford, Swansea and Bicheno – but it operates without a central hub. In terms of accessing higher order health services (acute care/radiology/outpatients), its northern (Bicheno) residents travel north to Launceston, and its southern residents (Spring Bay and Swansea) to Hobart.

The Australian Government's MPS model is an ideal, trusted model for providing integrated, scalable service provision, delivering:

- Improved access to a mix of health and aged care services (or in this case actually establishing some aged care access) that meet community needs
- more innovative, flexible and integrated service delivery
- flexible use of funding and/or resource infrastructure within integrated service planning
- improved quality of care for clients
- improved cost-effectiveness and long-term viability of services.²

The Australian government aged care policy utilises a residential aged care provision ratio formula – between 60-78 beds per 1000 people aged 70 years. This formula delivers GSB a nominal allocation of 69 to 90 aged care residential beds, given its 1153 population over 70 years. The respective ratio-based allocation of those beds across its major townships is shown in Figure 2: GSB major townships respective population based aged care bed allocation.³ There are currently only 50 aged care residential beds within GSB, equating to 19-40 beds shy of the expected nominal provision for its over 70s population. The 50 current beds are not located near GSB's most populated area, being Spring Bay.

The Spring Bay MPS will also provide necessary foundational infrastructure to support governments' disability policy aims, given the lack of disability services on the east coast.

In terms of State acute/sub acute/palliative care policy objectives, the Spring Bay MPS will provide a facility for such service provision, reducing demand on acute care beds.

¹ Figure 1: Map of Glamorgan Spring Bay location

² [About the Multi-Purpose Services \(MPS\) Program | Australian Government Department of Health and Aged Care](#)

³ Figure 2: GSB major townships respective population based aged care bed allocation

Beyond State government health policy, the Tasmanian government has introduced a significantly expanded tourism policy, including doubling of Bass Strait ferry sailings. GSB, home to many of Tasmania's most iconic visitor tourism sites such as Freycinet and Maria Island, will see significantly increased tourism numbers, with significant further demand on health services – noting that the population data cited below, reflects census data, exclusive of tourism visitor numbers that are already in the hundreds of thousands annually.

Rationale:

Triabunna/Orford, otherwise known as Spring Bay, is the GSB's largest population centre, and is home to half of the municipalities 70 years and older residents, as shown in Figure 3, 4 and 5: GSB major townships comparative population graphs.⁴ Effectively the Albury/Wodonga of Tasmania, Triabunna and Orford literally abut each other, with a population of approximately 2000 people and growing.⁵ Beyond Spring Bay's current population growth, a major Spring Bay development, which has already been rezoned, is estimated to produce over 600 residential allotments (SOLIS). Spring Bay is now of at the point of exceeding the size of Tasmanian east coast's other major population centre, being St Helens, of approximately 2300 people, being St Helens – noting that it is located in a northeast of the State, some 170 kms north of Spring Bay.

GSB has the oldest median age of any Tasmanian municipality – of 57 years.⁶ GSB's percentage of people aged 60-85 years is twice the Tasmanian average for this age group. With a median age of this order its resident population has a higher incidence of one/more chronic diseases and associated health and aged care needs. Unlike other rural areas where a high median age, GSB's high median age does not represent evidence of a declining population, but rather its status as an ever-increasingly desirable retiree population.

Despite its size Spring Bay lacks any rural integrated health arrangements, with no 24 hour sub acute, primary, palliative, respite or aged care services, like that provided in a range of Tasmanian rural towns, as shown in Figure 6: Map of 24 hr integrated service across Tasmania.⁷ Many of the Tasmanian towns that do have integrated care arrangements have significantly smaller populations (up to a factor of by 3 times smaller) than Spring Bay, as demonstrated in Figure 2: Comparative population size of Tasmanian 'Red Star' rural towns (e.g. Nubeena, Campbelltown, Beaconsfield, St Mary's, Dover and Oatlands).⁸ So too, as per Figure 8⁹, Spring Bay's population sits well within the span of the near 200 MPSs across Australia.

The current locations of integrated rural health services reflects, in large part, the establishment of district hospital arrangements, now many generations ago, in the key rural population centres of those times. It does not reflect the demonstrable, data driven, population-based health needs of today, and into the future.

Spring Bay has been lucky enough to attract 3 general practitioners, providing a stable GP workforce. This has been achieved by a GSB ratepayer levy that has been used to incentivise GP to the area – and ensured that general practice has been provided across GSB while other centres have struggled with

⁴ Figure 3: GSB 3 major townships – comparative total population

⁴ Figure 4: GSB 3 major townships – 50 years and over (by 5-year age brackets)

⁴ Figure 5: GSB 3 major townships – distribution (by percentage) of towns 70 yrs. and over group by town

⁵ Source - 2021 census data and GSBC subsequent 2021-2024 development information

⁶ Source - 2021 census data:

⁷ Figure 6: Map of 24 hr. integrated service across Tasmania.

⁸ Figure 7 Tas rural towns with integrated care – comparative size

⁹ Figure 8: The near 200 Australian MPSs by size – ranging from 54 to 4879

this workforce. The MPS will also provide the basis to potentially introduce a health workforce hub in collaboration with the University of Tasmania (for placements and professional practice) on Tasmania's east coast, further supporting immediate and longer-term workforce development and local employment.

As noted above, GSB's current 50 bed residential aged care provision, is significantly less (in the order of 19-40 beds shy), than the government ratio's own estimate of 69-90 beds for its 70 years and over population – in the order of 19-40 beds (depending on the use of 60 or 78/1000). Moreover GSB's 50 existing beds are located in the area of municipality furthest from acute care, emergency departments, radiology, outpatients' clinics etc. Spring Bay residents who need to enter residential aged care are unable to age in place/location. Not able to access care in their area they will typically move south to Hobart for its above range of service, not move not to the considerably more remote location of Swansea, placing them considerably further again, from the set of health services they are likely to require in their older years.

In terms of establishing the Spring Bay MPS – there is no current health/aged care facility site (State or local government) that is of sufficient size to expand to MPS facility size, let alone allow for possible future MPS expansion. In that context the Spring Bay MPS will need to be a new green site project. It is assumed that local and state government may contribute the proceeds of sale of existing health and aged care facilities towards the capital costs with the Australian government contributing the remaining capital contribution.

Net cost of investment:

The capital costs for establishing an integrated health and aged care facility are expected to be in the order of \$15 million, based on industry aged care/health centre builds information.

It is expected that the Spring Bay MPS will include 20 residential aged care beds with a 1-2 bed allocation for respite and palliative care. It is assumed that the MPS will also include 4 acute/sub-acute/urgent care beds. Primary and community care services would also operate out of the MPS with related accommodation requirements.

There are currently no challenging behaviours/dementia related beds anywhere in GSBC. Noting that the following service would be expected to cost an additional \$4 million, ideally the Spring Bay MPS encompass an additional 10 bed area for this purpose. Even with a dementia related service, the quantum of all proposed bed numbers (some 35 beds), plus the 50 existing beds, is within the government's ratio nominal allocation of 69-90 beds.

Spring Bay currently has a stable medical workforce (3 general practitioners) to support a Spring Bay MPS.

Ongoing operational costs would be expected to be derived from various program streams – Medicare/MBS, Community Home Support Program/CHSP, community care, sub acute, aged care program funds, managed as per MPS Agreement arrangements. It is expected, subject to all parties agreement, that the Spring Bay MPS will align with the three other MPS agreements that exist within the Tasmanian environment (Beaconsfield, Campbelltown and Tasman).

Figure 1: Map of Glamorgan Spring Bay location/towns

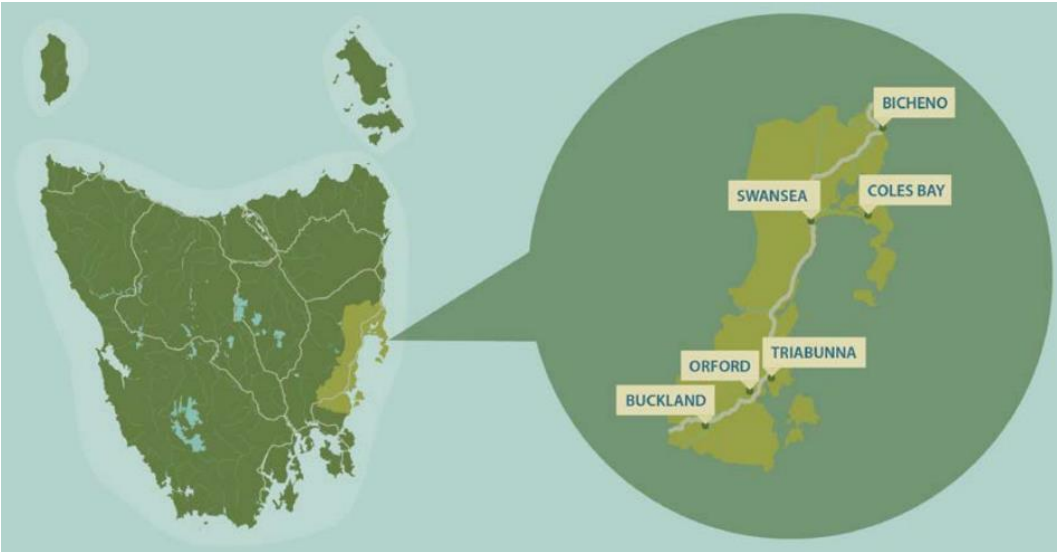
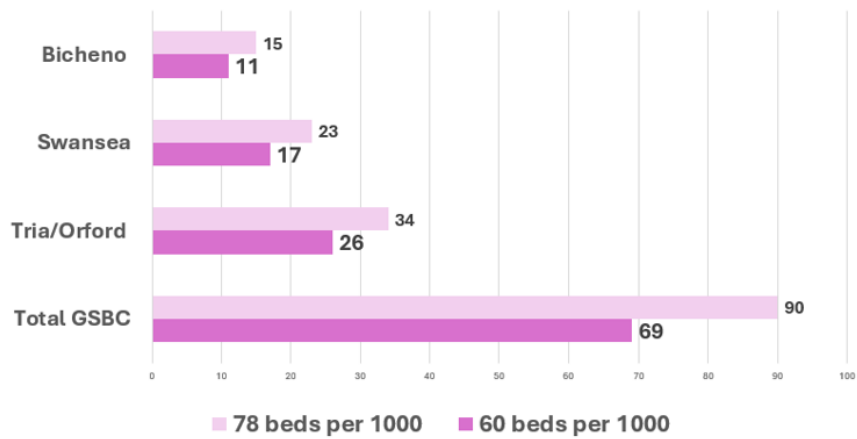


Figure 2: GSB townships – formula based respective aged care bed ‘nominal’ allocation¹



Commonwealth formula:
78 beds for every 1000 people over the age of 70 in the area (until this year)
60 beds for every 1000 people over 70yrs (for next 3 years)
2021 Census data

Figure 3: GSB 3 main towns – size of each town’s population

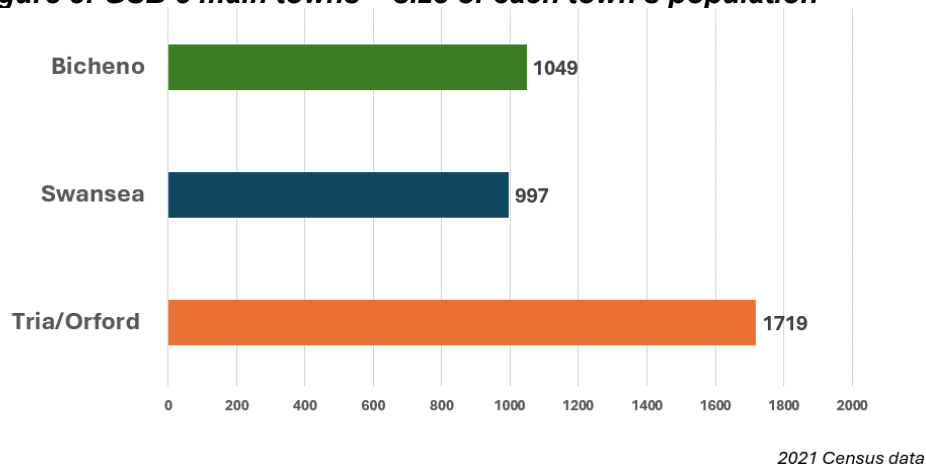
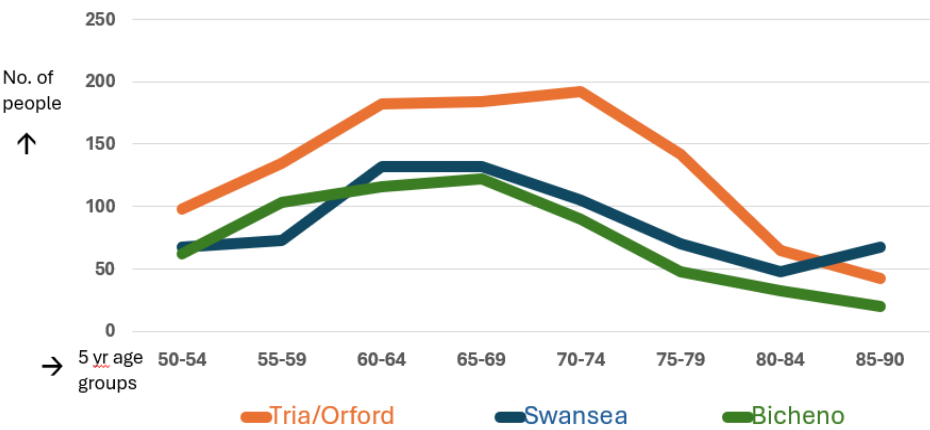


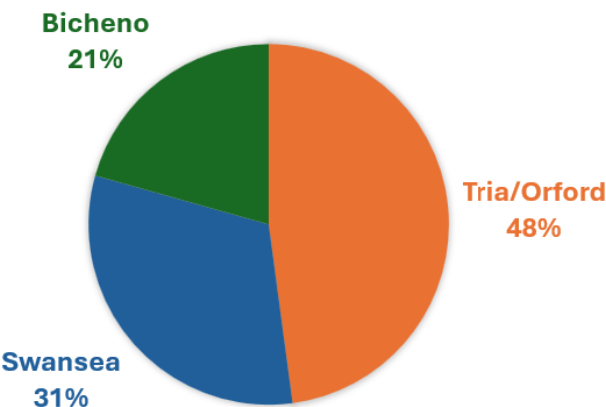
Figure 4: GSB – population for those aged 50 years and above (by 5-year brackets) by each main town



Note: GSBC has higher % of 50-70yrs in its population (by factor of 2-3 times) than Tasmanian and national % for these ages

2021 Census data

Figure 5: GSB – distribution (by percentage) of GSBC 70 years and over population, across 3 towns



2021 Census data

Figure 6: Map of Tasmanian towns with integrated health service (noted by red stars)

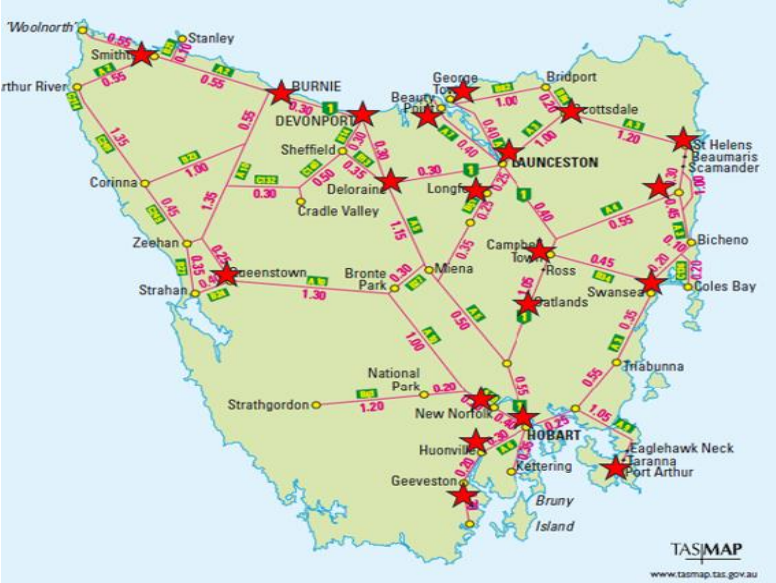


Figure 7: Comparative population size of ‘Red Star’ rural towns with integrated service (alongside Spring Bay which has no integrated service)

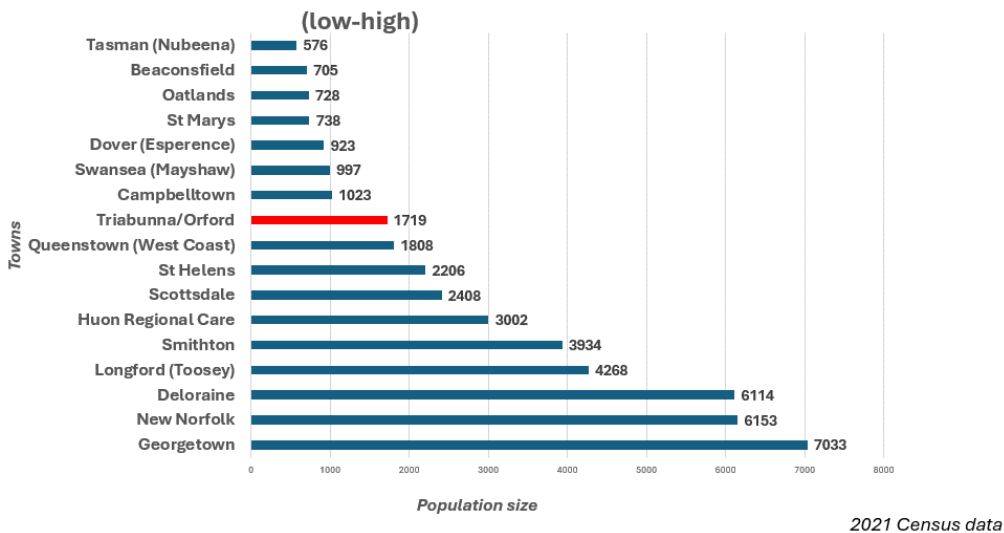
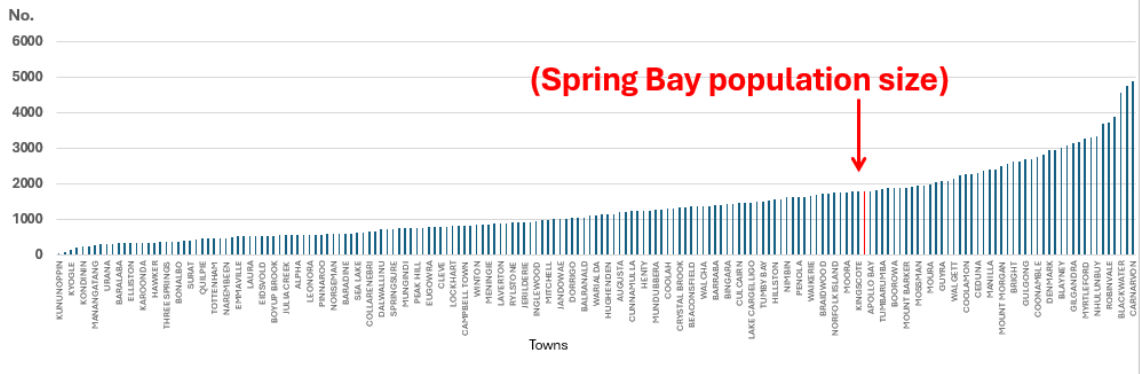


Figure 8: The near 200 Australian MPs by size, ranging from 54 - 4879 people



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