COTA TASMANIA
for older Australians

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Draft Final Royal Hobart Hospital Stage 3 St Johns Park Masterplan

1. Overview

COTA welcomes the continued development of St Johns Park as a major health and wellbeing precinct and supports the broad objective of bringing together mental health, subacute, rehabilitation, palliative care, and community-based services in a contemporary and accessible environment.

Our concern is not with the ambition of the project. It is with the apparent gap between infrastructure planning, service planning, and stakeholder engagement; and the level of information currently available to demonstrate how the precinct will meet future health and care needs.

The Draft Final Masterplan contains considerably more detail than the initial 2023 proposal and reflects a number of significant changes, particularly following the Government's acquisition of Rosary Gardens.

However, COTA remains unclear about how the different services within the precinct will work together, how major changes to the original service configuration have been assessed, what capacity is being planned for, and how external stakeholders are expected to contribute meaningfully to decisions which appear to be progressing through separate departmental processes.

The current experience suggests that infrastructure planning, service planning, implementation, and stakeholder engagement are proceeding through separate streams without a sufficiently clear point of coordination for external stakeholders.

For a project of this scale and duration, clarity at this stage is particularly important. Decisions made through the Masterplan will influence not only the physical shape of the precinct, but the way services are delivered, connected, and experienced for many years to come.

2. About COTA Tasmania

COTA is the leading voice for older Tasmanians. We work to ensure that the rights, interests, and perspectives of older people are recognised in public policy, services, and community decision-making.

Our policy and advocacy work is informed by the experiences of older Tasmanians, our members and supporters, community organisations, and service providers. We advocate for systems and services that enable people to age well, remain connected to their communities and receive appropriate support when and where they need it.

COTA has a particular interest in health system planning that affects older people. This includes access to mental health, rehabilitation, palliative care, subacute and community-based services.

We are also committed to ensuring older Tasmanians and their carers have meaningful opportunities to influence the design of those services.

COTA also brings a strong interest in how major health infrastructure decisions translate into practical experiences for older people, their families and carers. This includes not only access to clinical services, but also the quality, continuity, and coordination of care across hospital, subacute, community and residential settings.

3. Why this matters for older Tasmanians

The St Johns Park redevelopment will have particular significance for older Tasmanians. Many of the services proposed for the precinct - including Older Persons Mental Health Services, geriatric evaluation and management, rehabilitation, palliative care, community nursing, and other subacute and community services - will be disproportionately important to older people and their families and carers.

The Masterplan itself recognises the demographic pressures facing southern Tasmania, including growth in the proportion of people aged over sixty-five and increasing pressure associated with delayed discharge, limited residential aged care availability and difficulty finding suitable options for people with complex clinical or behavioural needs.

The decisions now being made about service capacity, location, integration, accessibility, workforce, and future expansion will shape the experience of older patients, carers, and families for many years.

For COTA, the key issue is not simply whether appropriate buildings are provided, but whether the precinct is planned around the needs and journeys of the people who will use it and whether projected future demand has been adequately recognised.

Older Tasmanians and their families and carers should also have a meaningful opportunity to contribute while important service and design decisions remain genuinely open to influence.

4. Recommendations

COTA recommends that the Department of Health:

1. Identify a clear senior point of coordination for external stakeholder engagement across infrastructure planning, service planning, and implementation of the St Johns Park precinct.
2. Provide stakeholders with a clear statement of what has already been decided, what remains under development, what is funded or approved, what can still be influenced, and what budget provision has been made, including how cost escalation and future funding pressures have been factored into staging and deliverability.
3. Set the St Johns Park Masterplan within a transparent statewide service-capacity framework, showing relevant funded or committed developments in the north, northwest and south, their expected timeframes, the demand assumptions allocated to each region, and the significant interplay, referral pathways and service relationships between sites.

4. Publish the key demand, activity and capacity assumptions underpinning the Masterplan, including projected patient numbers, bed and service capacity, workforce requirements, anticipated resident and visitor numbers and expected growth over the 20-year planning horizon.
5. Explain the service-planning and clinical basis for the significant changes between the 2023 proposal and the Draft Final Masterplan, particularly those resulting from the acquisition and repurposing of Rosary Gardens.
6. Provide further information about the proposed Older Persons Mental Health Service, including how consumers, carers and older-person organisations will participate in the current concept-design process, and how work and resources already invested in the earlier purpose-built Roy Fagan replacement design will be used to inform the retrofit of Rosary Gardens.
7. Publish a functional adjacency and shared-services plan identifying which facilities, staff amenities and support functions will be shared, which need to remain separate, and how clinical safety, security, privacy, and potentially conflicting service needs will be managed.
8. Identify how therapeutic, enrichment and social supports will be retained or expanded, including the future of the Kickstart Arts Centre and the adjacent Central Men's Shed, along with opportunities to incorporate sensory gardens and dementia-friendly communal spaces such as a cafe.
9. Publish the workforce assumptions and transition arrangements for the precinct, including how staff may be shared across services, how specialist capability will be maintained, opportunities for lived-experience or carer peer roles, and provisions for staff wellbeing and engagement during transition.
10. Confirm the future location, capacity, and operating model for all existing Roy Fagan functions, including the day service/day centre, and identify any changes from current provision.
11. Publish, and share with key stakeholders, a transition and contingency plan for the April 2029 expiry of the Roy Fagan Centre lease, including how continuity of care will be protected if permanent facilities are not ready and how any temporary or two-stage relocation will be avoided wherever possible.
12. Clarify the proposed palliative-care model, capacity, funding, and timing, including whether the Rosary Gardens arrangement is intended as the permanent model and how inpatient and community palliative-care services will be integrated.
13. Explain how community organisations and non-government services will be able to interact with, and provide in-reach and coordinated support to, services within the precinct.
14. Establish a continuing structured stakeholder process during the next stages of service design and implementation, with a clear map of which groups are consulted on which decisions and how those streams feed into final decisions, and ensure COTA Tasmania and other relevant peak, consumer and carer organisations are included in appropriate working and reference groups.

15. Ensure future consultation documentation is readily accessible through a single, clearly signposted public information point, with plain-English explanations of key proposals, decisions, and opportunities for input.
16. Report back to stakeholders on how consultation feedback has influenced the Final Masterplan and subsequent project and service-design decisions, including how questions raised in submissions have been considered and addressed before the Final Masterplan is released.

5. Detailed comments

5.1 From a masterplan to an integrated health precinct

The Draft Final Masterplan describes St Johns Park as a second campus of the Royal Hobart Hospital. It envisages the co-location and centralisation of a wide range of services, including mental health services for adolescents, adults and older people, alcohol and drug programs, rehabilitation, palliative care, older persons services, renal services, orthotics and prosthetics and pharmacy.

COTA supports the potential benefits of that model.

However, a genuinely integrated health and wellbeing precinct is more than a collection of services located on the same site. Its success will depend on the relationships between those services: referral pathways, shared clinical and support functions, transitions between inpatient and community care, the involvement of families and carers, access by community organisations, and the way consumers move through the precinct.

We have been advised that questions concerning the operationalisation of the Older Persons Mental Health Service at Rosary Gardens fall outside the scope of the current Masterplan consultation, which is focused specifically on the broader vision for the precinct.

COTA understands that detailed operational planning and infrastructure masterplanning are different processes. However, they cannot sensibly be treated as wholly separate. Decisions about the location, configuration, capacity, and relationships between buildings will necessarily influence how services can operate for decades.

The Masterplan itself recognises the importance of connectivity, operational relationships, and seamless patient journeys. Those objectives cannot be adequately assessed solely through consideration of buildings, roads, landscaping, and parking.

5.2 Statewide context and future capacity

St Johns Park should not be considered in isolation from the broader Tasmanian health system.

The Long-Term Plan for Healthcare in Tasmania 2040 and regional masterplanning identify future developments in the north and northwest, including mental health and subacute capacity. It is also not clear from the information currently available which projects are funded or committed, when they are expected to come online, or how forecast demand is apportioned between regions.

If additional capacity elsewhere in Tasmania is expected to reduce pressure on services at St Johns Park, those assumptions should be explicit. Equally, if St Johns Park is expected to carry a substantial statewide or supra-regional role, that should also be reflected transparently in capacity, workforce, and staging assumptions.

COTA therefore considers that the Draft Final Masterplan should be read alongside a statewide service-capacity framework showing the relationship between planned developments in the south, north and northwest, and the extent to which those developments are funded, committed and deliverable within comparable timeframes.

This should also make clear the intended interplay between sites, including which services are local, regional, or statewide and how referrals, transfers and specialist support will operate across regions.

5.3 Is there enough information to assess the proposal?

COTA is also concerned that the Draft Final Masterplan remains highly conceptual in several important respects.

The City of Hobart has separately raised concerns about the absence of basic growth and development metrics, including proposed floorspace, projected staffing and anticipated resident and visitor numbers, and about the lack of information needed to understand the ultimate scale and intensity of development.

These may appear to be planning matters, but they are also directly relevant to the health services the precinct is intended to support.

A 20-year health precinct cannot be meaningfully assessed without understanding the assumptions that underpin it: how many people are expected to use the services, how demand will change, what workforce will be required, what bed and service capacity is envisaged and what provision has been made for future growth.

The Draft Final Masterplan itself notes that Southern Tasmania's population is expected to grow by more than 22 per cent between 2022 and 2042, while the proportion aged over sixty-five is projected to increase from 20 per cent to 23 per cent. It also acknowledges existing problems with delayed discharge of older patients caused by limited residential aged care and community support options and difficulty placing people with complex clinical or behavioural needs.

Those pressures make the underlying capacity assumptions particularly important.

COTA would therefore welcome publication of the key demand, activity and capacity assumptions underpinning the Masterplan, including projected patient numbers, workforce requirements, inpatient, and ambulatory capacity and expected growth over the 20-year planning horizon. Given the current fiscal environment and the long implementation horizon, the Department should also explain how budget escalation, staging risk and future funding constraints have been allowed for so that the Masterplan is genuinely deliverable rather than aspirational.

5.4 Significant changes since the 2023 plan

COTA recognises that masterplans must evolve as circumstances change. In particular, the Government's acquisition of Rosary Gardens has substantially increased the land and existing infrastructure available within the precinct.

However, the resulting changes are significant and warrant clear explanation.

The May 2023 plan envisaged palliative care, rehabilitation, geriatric evaluation and management and mental health services being delivered through a combination of new purpose-built and refurbished facilities.

It identified a dedicated, purpose-built Older Persons Mental Health facility to replace the Roy Fagan Centre, with later stages identifying distinct provision for older-person rehabilitation and allied health, adult and older-person mental health services, and a palliative-care inpatient facility.

The Draft Final Masterplan now incorporates the acquired Rosary Gardens complex. Two of its five wings are proposed for a 40-bed Older Persons Mental Health Service, while the remaining three wings are allocated to subacute services including interim care, Geriatric Evaluation and Management and subsequently palliative care.

This represents considerably more than a minor refinement of the original plan.

COTA does not suggest that repurposing existing infrastructure is necessarily inappropriate.

We recognise that this may provide benefits in cost, timing, and efficient use of public assets. However, stakeholders need to understand the clinical, functional, and service-planning basis for the change and how the revised model compares with what was previously proposed. That should include a transparent account of what has been gained, what has changed and whether any previously anticipated capacity, flexibility or amenity has been reduced or deferred.

5.5 Older Persons Mental Health Services

COTA has a particular interest in the replacement of the Roy Fagan Centre.

The Draft Final Masterplan proposes a 40-bed Older Persons Mental Health Service within two wings of Rosary Gardens.

This allocation includes the 10-bed Jasmine Unit, which provides specialist geriatric care for older people experiencing behavioural and psychological symptoms of dementia.

The Masterplan states that concept designs are currently being progressed, and that the replacement service is intended to be operational before the Roy Fagan Centre lease expires in April 2029.

This appears to mean that important and detailed design decisions are yet to be made. COTA would therefore welcome clarification about how older consumers, carers and organisations representing older Tasmanians will be involved before those concept designs become settled designs.

We would also welcome information about the assessment undertaken to establish that the repurposed Rosary Gardens accommodation can provide an environment at least equivalent to - and preferably better than - the purpose-built facility previously envisaged.

This should include an explanation of how the design principles, clinical requirements and other work already undertaken for the earlier purpose-built replacement will be incorporated into the Rosary Gardens retrofit, so that previous planning and investment are not lost.

That assessment should address not only bed numbers, but the physical and therapeutic environment, privacy and dignity, access to outdoor space, dementia-friendly design, visitor and carer facilities, accessibility, and the future flexibility of the service.

5.6 Transition from Roy Fagan Centre

The transition from the Roy Fagan Centre requires particular attention because the existing lease has a hard expiry date in April 2029. The Draft Final Masterplan states that the replacement Older Persons Mental Health Service is intended to be operational before that date.

However, recognising that current planning remains at concept-design stage and significant elements of the broader precinct are still being developed, this assumption is potentially problematic.

COTA is concerned about the consequences if permanent facilities are not ready in time.

A temporary or two-stage relocation would be especially disruptive for older people already experiencing mental illness, cognitive impairment, or dementia, and for their families and carers. Continuity, familiarity, and careful preparation are important components of safe care for these cohorts.

The Department should therefore provide, and share with key stakeholders, a clear transition and contingency plan well before 2029, including milestone dates, triggers for contingency arrangements and how any interim relocation would be avoided wherever possible.

There is also a need to confirm the future of all existing Roy Fagan functions, not only inpatient beds.

The Draft Final Masterplan refers to a SAACS day service being accommodated in the repurposed Infant Orphan School buildings. COTA would welcome confirmation that this represents continuation of the current Roy Fagan day service/day centre, together with information about its future capacity and model of care.

5.7 Palliative care

The treatment of palliative care within the revised Masterplan also requires clarification.

The 2023 plan specifically identified a palliative care inpatient facility as a Stage 3 development.

Under the Draft Final Masterplan, palliative care instead appears to be accommodated within the southern Rosary Gardens wings. Recent stakeholder discussions indicate that this remains an early-stage proposal: the location is broadly identified, but bed numbers and layout are not settled, and the Stage 2 move is not yet approved or funded.

Part of the accommodation is also proposed initially for interim care before being allocated to palliative care.

Community Palliative Care is identified within the proposed ambulatory-care arrangements alongside community nursing, geriatric, and allied-health functions.

However, recent stakeholder discussions also indicate that this model is not settled and that alternative arrangements, including a more distributed or satellite model, remain under consideration.

COTA would welcome clarification about:

- the proposed inpatient palliative-care bed capacity and how this compares with current and projected demand;
- whether the Rosary Gardens arrangement represents the intended long-term model or an interim stage, and when funding and approval decisions are expected;
- the anticipated timing of the transition from interim care to palliative care;
- how the facility will accommodate the particular needs of people receiving end-of-life care, their families and carers; and
- how inpatient and community palliative-care services will be integrated across the precinct.

5.8 Shared services, safety, and operational interfaces

The Masterplan places a wide range of services and patient cohorts within a single precinct but provides limited detail about which support functions and amenities will be shared and which will need to remain separate.

Shared staff amenities, kitchens, meeting spaces, therapy areas, and other support functions may create efficiencies and opportunities for collaboration. However, co-location also creates operational questions about privacy, infection control, circulation, and security, particularly where services support people with dementia or cognitive impairment alongside younger mental health consumers or other potentially vulnerable cohorts.

COTA would welcome a functional adjacency and shared-services plan that identifies the intended interfaces between services, the facilities to be shared, and the safeguards required where clinical, behavioural or security needs may conflict.

5.9 Therapeutic, enrichment, and dementia-friendly environments

The Masterplan gives welcome attention to green space, heritage, public amenity, and the creation of a village-like precinct. For older people, however, the therapeutic environment should extend beyond landscaping and circulation.

COTA would like greater clarity about how existing and future enrichment activities will be supported.

COTA seeks clarity about the future of the Kickstart Arts Centre, including whether it will continue to operate independently and how its valued activities will be retained or integrated as the precinct develops. The opportunity to incorporate the adjacent Central Men's Shed into the precinct should also be explored.

The provision of sensory gardens and other dementia-friendly spaces would be essential in delivering a supportive environment for those in care.

There is also an opportunity to consider dementia-friendly communal facilities, including a cafe designed to be accessible and welcoming for people with cognitive impairment and their carers. These features should be treated as part of good therapeutic and social design rather than optional amenity.

There could even be opportunities to broaden community engagement by operating the café or other facilities as social enterprises eg by including work experience components in TAFE hospitality courses.

5.10 Workforce and transition

The success of the precinct will depend as much on its workforce model as on its buildings. The current Masterplan contains little information about how services will be staffed, whether staff will be shared across functions, or how specialist capability will be maintained as services move and evolve.

COTA would welcome information about workforce assumptions for each stage, opportunities for multidisciplinary and shared staffing where appropriate, and the potential role of lived-experience and carer peer workers.

Any shared workforce model should preserve the specialist skills required by older people, including expertise in dementia, geriatric mental health, rehabilitation, and palliative care.

The transition period itself also warrants attention.

Staff will be working through service redesign, relocation and potentially prolonged uncertainty while continuing to provide care. The Department should explain how staff wellbeing, engagement, retention, and continuity will be supported throughout this process.

5.11 Community services and integration

The Masterplan refers repeatedly to co-location, integration, and community-based services. However, there is limited information about how community and non-government services will connect with the clinical services located at St Johns Park.

This is important because co-location alone does not create integration.

COTA would welcome more detail on how the precinct will support community organisations to provide in-reach, participate in coordinated care and referral pathways, and maintain links between hospital, subacute and community services.

Consideration should also be given to shared spaces that support multidisciplinary learning, professional development, networking, and informal service relationships.

These functions can be particularly valuable in a large precinct where services might otherwise remain physically close but operationally disconnected.

5.12 Stakeholder engagement

COTA is concerned about the way stakeholder engagement has been coordinated.

The original 2023 document stated that the next stage of the Masterplan would involve detailed planning and stakeholder consultation, including consideration of spatial requirements, building layout and orientation, traffic and pedestrian flow and options analysis. It advised that there would be a range of opportunities for stakeholders to participate in development of the Masterplan.

The Draft Final Masterplan records departmental clinical working groups and consultation with tenants, neighbours, councils, community groups, and consumers. It also commits to further engagement during planning, design, and delivery of individual projects.

However, recent stakeholder correspondence indicates that the Consumer Representative Group did not meet between 2023 and October 2026, despite the scale of change that occurred during that period.

Nevertheless, COTA has repeatedly sought clarification over an extended period about the emerging service model, particularly for services affecting older Tasmanians, but is yet to obtain a sufficiently coherent picture of how the different planning processes connect.

Recent correspondence reinforces the difficulty. Questions about operationalising Older Persons Mental Health Services have been directed to separate senior officers, while the current consultation remains confined to the physical Masterplan and broader precinct vision.

This creates an understandable difficulty for external stakeholders: Where does meaningful consultation on the whole model actually occur?

Effective consultation requires more than multiple opportunities to comment. It requires clear coordination between policy development, service planning, infrastructure planning, and implementation so that external stakeholders can understand what has been decided, what remains open to influence and how their input will be used.

This is particularly important where infrastructure proposals have consequences for service models being developed through separate processes.

COTA would welcome a simple, public map of the engagement architecture - which groups are being consulted on which decisions, at what stage, and how those streams feed into final decisions.

We would also welcome the opportunity for COTA Tasmania to be recognised as a key stakeholder and included in relevant working groups and reference processes as planning and coordination continue.

5.13 Accessibility of consultation information

COTA also notes that the detailed Draft Final Masterplan was not easily accessible through the public-facing project information.

This is particularly relevant in a consultation affecting services heavily used by older Tasmanians. Consultation material should be readily identifiable from the main project and consultation pages and should not require users to navigate through multiple layers of a website to find the principal planning document.

A stakeholder already familiar with the project may eventually locate the relevant information. A member of the public unfamiliar with government structures, terminology or websites may not.

Future consultation material should therefore be brought together through a clear and accessible landing page containing the relevant plans, plain-English information, consultation opportunities, key dates, contact points, and explanations of what remains open for comment.

For a project of this scale and duration, COTA also considers that two in-person consultation opportunities are limited.

The current timetable raises a further question: with consultation closing on 23 October and the Final Masterplan expected before the end of 2026, what feedback loop will be provided to people and organisations making submissions, how will substantive questions be addressed, and how will that occur within the short period before finalisation?

6. Conclusion

COTA supports the intention to create a contemporary and integrated health and wellbeing precinct at St Johns Park.

The Draft Final Masterplan represents a significant evolution from the 2023 proposal and contains many positive elements.

However, the acquisition of Rosary Gardens and the resulting changes to older persons mental health, subacute and palliative-care arrangements make it increasingly important that infrastructure planning and service planning are considered together.

Concerns raised by other stakeholders about the level of detail in the Draft Final Masterplan reinforce the need for greater clarity around future scale, capacity, and demand.

A masterplan cannot be considered complete if the buildings are mapped but the service capacity, workforce model, shared functions, therapeutic supports, and transition pathway remain unresolved.

The Final Masterplan should therefore provide not only a clearer picture of the physical precinct, but greater confidence that its infrastructure, capacity, and service-planning assumptions are aligned.

COTA is ready to work constructively with the Department and other stakeholders to ensure the precinct delivers services that are accessible, integrated, and responsive to the needs of older Tasmanians.

To do that effectively, stakeholders need a clear pathway into the planning process, access to the information required to understand significant changes, and confidence that consultation is occurring at a point where it can genuinely inform the outcome.