National Seniors AUSTRALIA

Future Ageing, Innovation and Rehabilitation (*FAIR*) Hub

National Seniors AUSTRALIA

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About National Seniors Australia

National Seniors Australia (NSA) is a leading not-for-profit national consumer organisation representing the interests and voices of older Australians. Founded in Queensland in 1976 and headquartered in Brisbane, NSA has grown from its Queensland origins into a national organisation with a community of more than 300,000 members, supporters, subscribers and customers across Australia.

NSA conducts research, develops evidence-based policy and advocates at both national and state levels on issues affecting older Australians, including health and aged care, retirement income, cost of living and healthy ageing. Drawing on the experiences and perspectives of older Australians across the country, NSA engages with governments, policymakers and stakeholders to influence policy development and help ensure the needs and aspirations of older people are reflected in decisions that affect them.

For almost 50 years, NSA has worked to strengthen the voice of older Australians in public policy and promote practical reforms that support Australians to live well as they age.

Executive Summary

The Victoria Park Precinct Draft Legacy Plan is an opportunity to decide not only how Brisbane hosts the 2032 Olympic and Paralympic Games, but how major public and precinct infrastructure can continue to serve Queensland afterwards.

The Draft Legacy Plan includes the Brisbane Showgrounds upgrades and future Brisbane Athletes Village and describes a vision for a more accessible, better-connected community hub that works for major events and everyday life. The Department states that the plan is still evolving and community feedback will help shape the next stage of planning[1] .

NSA believes this creates an opportunity and a responsibility to make healthy ageing a deliberate, prioritised part of the precinct's long-term legacy, not a possibility considered only after other uses have been locked in.

NSA asks the Queensland Government to prioritise a Future Ageing, Innovation & Rehabilitation (FAIR) Hub as part of that post-Games legacy.

The proposal responds to three documented circumstances: Queensland's ageing population and projected increase in hospital demand; current delayed-discharge pressures at the interface between hospitals and aged care; and the location of the future Athletes Village a short distance from established health and rehabilitation infrastructure at Herston.

[1] Queensland Government, Department of State Development, Infrastructure and Planning, Victoria Park Precinct Draft Legacy Plan, accessed September 2026

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The Australian Treasury's 2026 Intergenerational Report, released on 21 September 2026, identifies 'ageing and the care economy' as one of five major transitions shaping Australia's economy and society over the next 40 years. Treasury states that Australia's population is now expected to age more quickly and grow more slowly than projected in the 2023 report, primarily because of lower fertility rates. It projects that the number of Australians aged 85 and over will triple over the next 40 years, increasing demand for health and aged care[2].

For Queensland, the Intergenerational Report strengthens the case for using major long-life infrastructure decisions to prepare for demographic change. The report is national and does not, by itself, establish the appropriate scale or service mix for a Queensland FAIR Hub. However, when read alongside Queensland Health's state-specific projections of a rapidly growing older population and rising hospital demand, it supports the strategic case for planning infrastructure now that can serve an older population well beyond 2032 [3][4][5].

NSA therefore considers future ageing, innovation and rehabilitation an infrastructure-planning issue as well as a health and aged-care policy issue. The proposal is for an integrated precinct that can support stronger pathways across rehabilitation, reablement, transition care, aged care, community health and support, dementia and complex care, and palliative and end-of-life care, while complementing rather than duplicating established Herston services.

NSA recommendations

1. **NSA recommends that the Queensland Government includes, in the next stage of Victoria Park Precinct legacy planning, a feasibility assessment of establishing a Healthy Ageing Precinct as part of the post-Games Brisbane Athletes Village Precinct.**
2. **Prioritise a Future Ageing, Innovation & Rehabilitation (FAIR) Hub as a defined component of the post-Games legacy planning for the Brisbane Showgrounds and future Brisbane Athletes Village precinct.**
3. **Reserve the planning opportunity for health and FAIR Hub functions early so detailed post-Games design and infrastructure decisions can accommodate an appropriate service model.**
4. **Develop the Future Ageing, Innovation & Rehabilitation (FAIR) Hub around an integrated care pathway linking acute hospital care, specialist rehabilitation, transition care and reablement, community health and aged care.**

[2] Australian Treasury, 2026 Intergenerational Report
[3] Queensland Health, Report of the Chief Health Officer Queensland, Ageing and future healthcare demand
[4] Queensland Health, Report of the Chief Health Officer Queensland, Our times
[5] Australian Treasury, Intergenerational Report 2026

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5. **Give explicit attention to dementia, high and complex care needs, and appropriate palliative and end-of-life care pathways.**
6. **Plan the precinct to complement existing health and rehabilitation infrastructure at Herston, including STARS, rather than duplicate established services.**
7. **Progress a formal service needs assessment, business case and Queensland-specific health-economic assessment to determine the appropriate scale, configuration, workforce, capital requirements, operating model and measurable benefits.**
8. **Establish a cross-government and cross-sector planning process involving relevant Queensland and Australian Government agencies, Metro North Health, aged-care and palliative-care providers, clinical organisations, older Queenslanders and carers, and relevant precinct stakeholders**

Why healthy ageing should be a priority legacy use

The Draft Legacy Plan states that the Victoria Park Precinct can grow into a more accessible, better-connected community hub for Brisbane and that Brisbane 2032 is an opportunity to create a destination Queenslanders will enjoy, use and value long after the event[6].

NSA supports that ambition. A long-term legacy should respond to the population that will use Queensland's infrastructure after 2032, including a rapidly growing older population.

Queensland Health projects a 45% increase in the population aged 70 and over, from about 630,000 in 2022 to 911,000 in 2032. Based on current trends, hospitalisations for Queenslanders aged 70 and over are projected to increase by more than 44%, from about 958,000 to 1.378 million by 2032-33[7].

The Australian Treasury's 2026 Intergenerational Report separately identifies 'ageing and the care economy' as a major transition shaping Australia's economy and public policy over the next 40 years[8].

These projections do not dictate a particular building or service model. They do provide a strong planning rationale for government to consider future ageing, innovation and rehabilitation infrastructure as part of a major post-Games legacy precinct.

[6] Queensland Government, Department of State Development, Infrastructure and Planning, Victoria Park Precinct Draft Legacy Plan
[7] Queensland Health, Report of the Chief Health Officer Queensland, Our time
[8] Australian Treasury, Intergenerational Report 2026

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The 2026 Intergenerational Report: a long-term planning signal

The 2026 Intergenerational Report adds a longer-term national perspective. Treasury says the number of Australians aged 85 and over is expected to triple over the next 40 years and that this demographic shift will increase demand for health and aged care. It also projects that services will grow as a share of the economy, including because of increased demand for health and aged care[9].

For Queensland, this presents an opportunity to ensure that a once-in-a-generation post-Games precinct is planned with future health, rehabilitation and care needs in mind, rather than treating population ageing as a separate issue to be addressed after infrastructure decisions are made.

NSA considers a FAIR hub compatible with these objectives. A genuinely accessible precinct should remain usable as Queenslander's mobility and care needs change. A better-connected precinct can also consider service connectivity: how health, rehabilitation, transition care, aged care and community support interact.

Current Queensland Government planning states that it will accommodate more than 10,000 athletes and officials during the Olympic Games and 5,000 during the Paralympic Games. Following the Games, the Government indicates the Village will leave a lasting community legacy at the revitalised Brisbane Showgrounds[10].

NSA believes this creates an opportunity to consider another question as part of the legacy planning process:

Could part of the post-Games Athletes Village precinct help Queensland respond to the health and care needs of a growing older population?

We consider this question particularly important because Queensland is already experiencing substantial pressure at the interface between hospitals, rehabilitation, aged care and community support.

[9] Australian Treasury, Intergenerational Report 2026
[10] Vision unveiled for Brisbane Showgrounds

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Delayed discharge: a problem NSA has identified the interface between hospital and ongoing care

Delayed discharge occurs when a person no longer requires the level of care provided by an acute hospital but cannot safely leave because the appropriate care support is not available.

NSA's 2026 report, Delayed Discharge from Hospital: Older Australians' experiences & perspectives, identifies delayed discharge as a system-interface problem rather than a single-service problem[11].

Our research identifies barriers including residential aged-care availability, care needs too complex for residential care, waits for aged-care assessment or reassessment, approved home-care services not yet commencing, insufficient home-care services, lack of informal support at home and waits for respite[12].

More than 4,500 older Australians participated in the delayed discharge survey. Among respondents who experienced delayed discharge themselves or through someone close to them, 35% selected that no one was available to support them at home as a reason for the delay[13].

Queensland Government information also documents the scale of the problem. Its current 'Stranded patients' material states that more than 1,000 older patients are experiencing delayed discharge, rising to more than 1,500 when Queenslanders in interim care beds are included. It identifies lack of available residential aged-care places as the leading barrier for older patients in acute hospital beds, affecting 73% of cases, and estimates the daily cost to Queensland of caring for 'Stranded Australians' at approximately $3.6 million[14].

On 2 September 2026, Queensland Health **reported 1,437 long-stay patients in public hospitals who were clinically ready for discharge**, with more than 1**,100 older Queenslanders waiting for residential aged-care placements**[15].

[11] National Seniors Australia (2026), Delayed Discharge from Hospital: Older Australians' experiences & perspectives
[12] National Seniors Australia (2026), Delayed Discharge from Hospital: Older Australians' experiences & perspectives
[13] National Seniors Australia (2026), Delayed Discharge from Hospital: Older Australians' experiences & perspectives
[14] Queensland Government, Stranded patients, accessed September 2026
[15] Queensland Health (2 September 2026), Beds blocked: Queensland long-stay patient numbers surge past 1,400

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These figures do not establish the savings the proposed FAIR hub could achieve. They demonstrate the **scale of the existing system challenge**. This is the policy problem that the proposed FAIR hub would seek to address.

NSA does not suggest a Future Ageing, Innovation & Rehabilitation (FAIR) Hub would remove all delayed discharge. The causes are broader and require action across aged-care supply, home and community care, workforce, assessment, discharge planning and system coordination. The precinct is proposed as one infrastructure-based part of that broader response.

Dementia and high needs care must be considered

The need for dementia-capable and complex-care pathways should be addressed explicitly, not as an afterthought.

Queensland Health modelling **estimates that from 2022-23 to 2032-33**, hospitalisations involving dementia **could increase by 81.5%, while episodes recorded as waiting for aged-care placement** could **increase by 74.4%, from approximately 9,000 to 16,000**[16]. Queensland Health states that these projections are based on assumptions and are not intended as exact forecasts[17].

NSA's delayed-discharge research also identifies care needs that are too complex for available residential care as one of the barriers reported by respondents[18].

A FAIR Hub should therefore be planned with capability for dementia and higher-needs cohorts in mind, subject to detailed clinical and service planning. This does not mean every service must be delivered within one building; it means the precinct and its referral pathways should be designed around the needs of Queenslanders who are hardest to place and support.

Why Bowen Hills and Herston Health Precinct create a strategic opportunity

The Draft Legacy Plan includes Brisbane Showgrounds upgrades incorporating the future Brisbane Athletes Village, which the Queensland Government says will later become housing[19]. NSA's proposal is to prioritise FAIR Hub health and care functions as part of broader post-Games

[16] Queensland Health, Report of the Chief Health Officer Queensland, Ageing and future healthcare demand
[17] Queensland Health, Report of the Chief Health Officer Queensland, Ageing and future healthcare demand
[18] National Seniors Australia (2026), Delayed Discharge from Hospital: Older Australians' experiences & perspectives
[19] Queensland Government, Department of State Development, Infrastructure and Planning, Victoria Park Precinct Draft Legacy Plan, accessed September 2026

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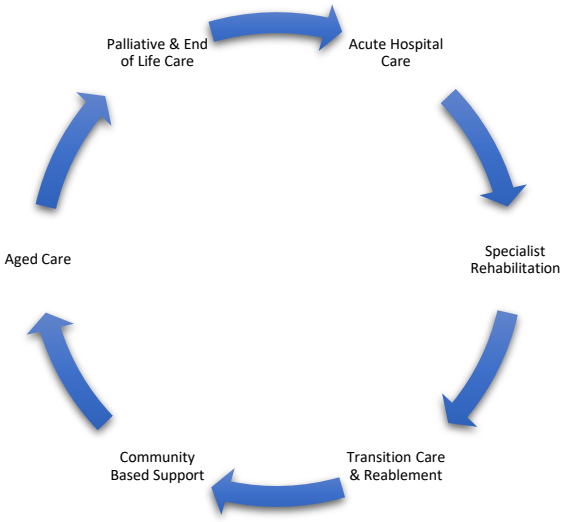
legacy planning, rather than considering them only after long-term infrastructure decisions are settled.

The location is strategically relevant. Metro North Health lists the Brisbane Showgrounds Pavilion car park as approximately 700 metres, or a 9-10 minute walk, from STARS[20]. Metro North Health describes the Brisbane Showgrounds car park as adjacent to the Herston Health Precinct.

STARS provides specialist surgical, rehabilitation and geriatric services at Herston. NSA does not propose duplicating those services. The policy opportunity is to plan complementary infrastructure and care pathways that make use of proximity to an established health and rehabilitation ecosystem.

Concept Care Pathway:



Palliative and end-of-life care may be required across this continuum, depending on clinical need and individual preferences.

NSA does not propose duplicating these established services. Their proximity provides a basis to investigate whether complementary transition, reablement, aged care and community services could create stronger clinical and referral pathways.

The planning question is therefore not simply whether another aged-care facility can be placed at Bowen Hills. It is whether the post-Games precinct can be deliberately designed to

[20] Metro North Health, STARS - Parking and transport

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strengthen the continuum between acute care, rehabilitation, transition care, community support and aged care.

What the Future Ageing, Innovation & Rehabilitation (FAIR) hub should plan for

Transition care and reablement: Short-term support after hospitalisation that helps an older person recover and transition to the most appropriate longer-term setting. Detailed planning should consider how capacity could connect with existing Commonwealth-state transition arrangements.

Rehabilitation: Services should complement specialist rehabilitation already provided at STARS and other Metro North services, with clear referral and step-down pathways.

Community health and allied health**:** Planning should consider nursing, physiotherapy, occupational therapy and other services relevant to recovery, function and safe transitions from hospital.

Aged care**:** Residential and community aged-care capacity should be considered as part of the continuum, with the final mix determined through needs analysis, Commonwealth funding settings and provider capability.

Dementia and complex care**:** The precinct should explicitly plan for Queenslanders whose dementia, behavioural, psychiatric or clinical complexity can make discharge and placement more difficult.

Palliative and end-of-life care**:** Planning should include appropriate community-based and specialist palliative-care pathways, with links to existing services. NSA is not prescribing a standalone palliative-care hospital.

Age-friendly access and community connection**:** The precinct should embody the Draft Legacy Plan's accessibility and connectivity objectives, with environments and transport connections that remain usable as mobility and care needs change.

Alignment with the Draft Legacy Plan

The FAIR hub concept should not be viewed as separate from the Draft Legacy Plan’s objectives.

The Queensland Government’s own language provides a useful framework. The Draft Legacy Plan seeks:

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More accessible precinct: Healthy ageing requires environments and services that remain usable as Queenslanders' mobility and care needs change. Universal accessibility would also benefit Queenslanders with disability, families, carers and the wider community.

Better-connected precinct

The NSA proposal is fundamentally about connection — between acute care, rehabilitation, transition services, aged care, community health and public transport.

Community hub

The concept is not for an isolated institutional campus. It should be investigated as part of a broader precinct that supports interaction, community participation, and access to services.

Everyday life

The Draft Legacy Plan explicitly says the precinct should work for major events and everyday life. An integrated healthy-ageing model would be infrastructure Queenslanders use long after the Games have concluded.

Long-term legacy

The 2032 Olympic and Paralympic Games create an unusual opportunity to consider future community requirements while major infrastructure and precinct planning are already underway.

NSA therefore considers healthy ageing consistent with, rather than additional to, the Government's stated legacy principles.

Queensland evidence that alternative pathways can release acute capacity

The Metro North Older Persons Emergency Network (OPEN) Long Stay Service provides a relevant Queensland example of a cross-sector pathway for eligible older Queenslanders experiencing extended hospital stays.

Clinical Excellence Queensland reports that the service discharged 86 extended-stay patients to residential aged-care respite, diverted 3,546 occupied hospital bed days to respite and valued this at $5.3 million in released acute capacity. It also reports that 62.8% of respite residents subsequently found permanent residential aged-care placement and 14% returned home[21].

[21] Clinical Excellence Queensland (June 2026), Releasing acute beds through RACH partnership

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The published service operated with 10 reserved respite places, and Clinical Excellence Queensland identifies proximity to an acute-care facility as one of the contextual factors supporting implementation[22].

These results do not predict the outcomes of a Future Ageing, Innovation & Rehabilitation (FAIR) Hub at Bowen Hills. They demonstrate that Queensland already has experience with integrated pathways that move eligible older Queenslanders from acute hospitals into more appropriate non-acute care and can release acute capacity.

Clinical Excellence Queensland also states that a health-economic evaluation of the OPEN service is planned. NSA therefore does not present the $5.3 million as a cash saving or extrapolate it to the proposed precinct[23].

Australian Precedent for prioritising an integrated precinct

Planning health and aged-care infrastructure together has precedent in Australia.

South Australia's 2026-27 State Budget provides $3 million over two years for a business case for the planned transformation of the current Women's and Children's Hospital site into a dedicated health and aged-care precinct. The South Australian Government says the precinct is expected to include a mix of public and private services and 600 aged-care beds[24].

The South Australian proposal is not a direct model for Brisbane: it concerns redevelopment of an existing hospital site and has different land, service and governance circumstances.

This is particularly relevant to NSA's proposal because South Australia has not attempted to determine the final investment case solely through preliminary advocacy or high-level estimates. It has funded a formal business case to examine transforming an existing major health site into an integrated health and aged-care precinct.

The circumstances in Brisbane are different, and NSA does not suggest simply replicating the South Australian model at Bowen Hills. In particular, the South Australian proposal concerns the future use of the existing Women's and Children's Hospital site following the hospital's relocation, whereas the Brisbane proposal concerns potential legacy uses associated with the Brisbane Athletes Village and the wider Victoria Park Precinct.

[22] Clinical Excellence Queensland (June 2026), Releasing acute beds through RACH partnership
[23] Clinical Excellence Queensland (June 2026), Releasing acute beds through RACH partnership
[24] Government of South Australia, State Budget 2026-27, Health - Women's and Children's Hospital Site Business Case

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However, the South Australian approach shows that the Australian Government is already considering health and aged care together as a precinct-planning issue, including substantial aged-care capacity alongside public and private health services.

It also provides a useful precedent for the process NSA is recommending.

Its relevance is that the Australian government has identified integrated health and aged-care infrastructure as a strategic precinct opportunity and is funding the business-case work needed to define delivery. **NSA proposes that Queensland similarly make the FAIR Hub a priority legacy objective, with detailed business-case work determining how it should be delivered.**

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identify the strategic opportunity, preserve it through the planning process, and undertake a formal feasibility study and business case before determining the appropriate scale, service model and investment.

This is particularly relevant given the proximity of the future Brisbane Athletes Village to the existing Herston health and rehabilitation ecosystem and Queensland's documented delayed-discharge pressures.

From advocacy concept to deliverable infrastructure

The legacy plan should be followed by disciplined implementation work to prioritise the FAIR Hub. NSA recommends that the Queensland Government use the business-case process to determine the precinct's scale and delivery model, rather than using feasibility as a reason to defer consideration of healthy ageing until after post-Games planning is settled.

The implementation process should determine:

- the health and aged-care service needs the precinct should address;
- the appropriate mix and scale of transition, rehabilitation, aged-care, dementia/complex-care, community-health and palliative-care pathways;
- how services would integrate with STARS, RBWH and other Metro North services;
- land, planning, ownership, development and delivery arrangements relevant to the Brisbane Showgrounds and Athletes Village precinct;
- capital, adaptation and enabling-infrastructure requirements;
- workforce and clinical-governance requirements;

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- Commonwealth and Queensland funding and regulatory responsibilities;
- provider and procurement models;
- measurable outcomes for patient flow, hospital capacity, recovery, function and care transitions; and
- whole-of-life costs, benefits, risks and value for money.

Economic discipline: build the case without overstating the benefits

NSA has deliberately not estimated the capital cost of the proposed precinct or claimed a project benefit-cost ratio. The scale, service configuration, land and development arrangements, workforce, operating model and funding responsibilities have not been established.

Similarly, Queensland Government delayed-discharge costs should not be treated as an amount the precinct would automatically save. Acute hospitals contain substantial fixed costs, and released bed capacity does not necessarily translate into equivalent cash savings.

The business case should instead test the incremental cost of adding the required FAIR Hub functions to the post-Games precinct against benefits reasonably attributable to the intervention. Those benefits may include released acute capacity, improved patient flow and measurable patient outcomes where supported by evidence.

This approach allows NSA to advocate strongly for the infrastructure priority while leaving project costing and benefit attribution to the formal government process.

A shared Commonwealth-Queensland task

The proposed precinct crosses traditional service and funding boundaries. Queensland operates the public hospital system, while aged care is principally a Commonwealth responsibility. Transition and post-hospital pathways can involve both levels of government.

NSA recommends a joint planning process involving the relevant Queensland and Australian Government agencies, Metro North Health, aged-care and palliative-care providers, clinical organisations, consumer representatives and relevant precinct stakeholders. Cross-government complexity is a reason to start planning early, not a reason to exclude the FAIR Hub from the legacy plan.

Proposed implementation pathway

Stage 1 - Make the FAIR Hub a legacy priority: Include the Future Ageing, Innovation & Rehabilitation (FAIR) Hub as a defined post-Games legacy objective for the Brisbane Showgrounds and future Athletes Village precinct.

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Stage 2 - Establish governance and protect the planning opportunity: Create a cross-government planning group and ensure detailed precinct planning does not unnecessarily preclude the health and FAIR Hub functions required for the concept.

Stage 3 - Define need and service model: Undertake detailed service needs analysis, clinical pathway design and demand modelling, with specific attention to delayed discharge, dementia and complex care.

Stage 4 - Complete business case and economic assessment: Determine capital and operating costs, delivery and funding arrangements, risks, measurable benefits, value for money and appropriate scale.

Stage 5 - Integrate with precinct delivery: Translate the approved service model into the post-Games precinct design, procurement and delivery program, with clear accountability and milestones.

Conclusion

Brisbane 2032 creates a rare opportunity to align major legacy infrastructure with a demographic and health-system challenge Queensland already knows is growing.

NSA's delayed-discharge research identifies gaps across the hospital-to-care pathway. Queensland Health projects a substantial increase in the number of older Queenslanders and hospital demand, with particularly strong projected growth in dementia-related hospitalisations and episodes waiting for aged-care placement. Queensland's OPEN Long Stay Service shows that well-designed non-acute pathways can free up acute hospital capacity for eligible older patients.

These facts do not determine the final design of a Future Ageing, Innovation & Rehabilitation (FAIR) Hub. They provide a strong case for government to prioritise the concept now and undertake the detailed work required to deliver it responsibly.

The 2026 Intergenerational Report reinforces the long-term nature of the challenge: Australia is ageing more quickly than previously projected, and the number of older Australians aged 85 and over is expected to triple over the next 40 years. For Queensland, Brisbane 2032 therefore presents an opportunity to align legacy infrastructure with the needs of the population that will use it for decades after the Games.

NSA therefore asks the Queensland Government to make a Future Ageing, Innovation & Rehabilitation (FAIR) Hub a priority component of the post-Games legacy planning for the Brisbane Showgrounds and future Brisbane Athletes Village precinct

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Brisbane 2032 will leave Queensland a sporting legacy: NSA believes it should also leave infrastructure designed for the needs of an ageing Queensland

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Technical Appendix

Evidence and implementation framework – Future Ageing, Innovation & Rehabilitation (FAIR) hub

Purpose

This appendix supports NSA's principal recommendation that the Queensland Government prioritise a Future Ageing, Innovation & Rehabilitation (FAIR) Hub as part of the post-Games legacy. It does not constitute a project business case, project cost estimate, Queensland Health financial forecast or estimate of savings attributable to the proposed precinct.

Detailed analysis is required to determine how to implement the priority: its scale, service mix, capital requirements, workforce, operating arrangements, funding responsibilities, and measurable outcomes.

Queensland demographic and demand evidence

Indicator	Published figure	Source
Queenslanders aged 70+	~630,000 in 2022; 911,000 in 2032 (about +45%)	Queensland CHO
Hospitalisations, age 70+	~958,000 to 1.378 million by 2032-33 (>44% increase)	Queensland CHO
Dementia hospitalisations	Projected +81.5%, 2022-23 to 2032-33	Queensland CHO
Waiting for aged-care placement episodes	Projected +74.4%, ~9,000 to ~16,000	Queensland CHO
Current delayed discharge	More than 1,000 older patients; >1,500 incl. interim care	Queensland Government

Published Queensland service comparator

OPEN Long Stay Service published outcome	Reported result
Extended- stay patients discharged to RACH respite	86
Occupied hospital bed days diverted to respite	3,546
Value reported as released acute capacity	$5.3 million
Respite residents finding permanent RACH placement	62.8%
Respite residents returning home	14%

Source: Clinical Excellence Queensland, Metro North OPEN Long Stay Service. These outcomes are evidence from a specific service model and should not be treated as forecasts for the proposed Future Ageing, Innovation & Rehabilitation (FAIR) Hub

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Economic assessment principles

- Measure incremental costs relative to the post-Games precinct that would otherwise be delivered; do not compare the entire Brisbane 2032 precinct cost with delayed-discharge expenditure.
- Separate released acute capacity from cashable hospital savings.
- Attribute benefits only where there is a defensible causal link to the proposed service model.
- Model capital expenditure, operating costs, workforce, clinical infrastructure, governance, transport and enabling works.
- Test Commonwealth, Queensland and provider funding shares.
- Include sensitivity analysis for demand, occupancy, length of stay, capital cost, operating cost and attributable hospital-capacity effects.
- Assess patient and system outcomes, including readmissions, functional outcomes and care transitions, where robustly measurable.

Planning principle

NSA's recommendation is not that government predetermine the final design before undertaking due diligence. It is that the FAIR Hub be prioritised as a post-Games legacy objective now, with due diligence used to determine how to deliver the objective.

This distinction is important. A business case should refine the scale, configuration, funding and delivery model. It should not be used as a substitute for recognising the strategic need to plan for an ageing population within a once-in-a-generation legacy precinct.

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