

# Residential care offline places review

**7 December 2018**

The Victorian Healthcare Association (VHA) welcomes the opportunity to provide feedback on the residential care offline places review. The Victorian Healthcare Association is the not-for-profit peak body supporting Victoria's public health and community services to deliver high quality care. The VHA represents Victorian public hospitals, registered community health services, multi-purpose services, and bush nursing services.

On behalf of its members the VHA responds to system reform, helps shape policy and advocates on key issues. The VHA also supports the Victorian healthcare sector by providing sector development that builds capacity, governance and executive support as well as supporting innovation and collaborations that act as a catalyst for strengthening the Victorian health system.

In preparation of this submission, the VHA held dedicated consultations with member organisations that deliver public sector residential aged care in Victoria. Their feedback is included in this document and responds to relevant consultation questions, aimed at informing the development of a suitable aged care places management policy.

## **Would you support the department requesting providers to relinquish offline places after 6 years, unless exceptional circumstances can be shown?**

The Victorian public health system is the largest provider of public sector residential aged care in Australia, delivering 12 per cent of residential places (or approximately 5,600 operational places). The public sector delivers care across 178 facilities, and over 80 per cent of these facilities are located in rural and regional areas of Victoria. In some rural communities, the public sector is the sole provider of residential aged care services.

Public sector providers play a critical role in ensuring access to residential aged care services to older Victorians who would otherwise struggle to access services that meet their needs in, or near, their homes, families and communities. The current flexibility in the system that enables places to be taken offline supports the viability of these providers and enables them to respond flexibly to local demand. The aged care places management policy must consider these factors and the impact on rural communities should such providers be required to relinquish their offline places.

As identified in the *Legislated review*, providers can choose to take operational places offline for a range of reasons including rebuilding or refurbishing homes, the inability to sell to another provider, or an inability to use a second bed in a shared room.

To ensure contemporary facilities that meet the expectations of consumers, families and carers, many health services delivering residential aged care have longer-term strategies regarding master planning and facility refurbishment. Public sector providers of aged care

are also often co-located with acute services, this means that master planning and refurbishment processes must align with the broader health service planning activities.

These processes are informed by state-based policies and requirements and, in many cases, require longer time frames to execute than what is experienced in the for-profit and not-for profit aged care sectors. Given the complexity of the infrastructure planning and refurbishment process for Victorian public sector providers of residential aged care, the aged care places management policy must ensure that a 'one-size-fits all' approach to places management is not implemented across all sectors, and unfairly penalises some providers.

Older people living in public sector residential aged care facilities are more likely to have severe chronic mental illness or care that has high clinical complexity. These residents are more complex in their care requirements, and require higher level of clinical care. Public sector providers are bound by nurse-to-resident ratios and deliver nurse-led care that meets the clinical needs of these residents. As a safety net for Victorians, who may otherwise struggle to access aged care services that meet their needs, flexibility in how public sector providers can meet demand and manage offline places is critical to ensuring access to aged care services for people with complex needs, which are not currently delivered by the for-profit and not-for profit sectors.

## Recommendations

The VHA supports that older Australians should have access to the residential aged care and supports that they require, and that the Department of Health (the department) should be able to seek updates on offline places, however, the VHA recommends:

- that the department clarify their intentions about how the aged care places management policy will function and considers in that the content of this submission
- that the aged care places management policy is flexible in its approach to the how offline places in rural and regional areas are managed
- that the aged care places management policy not apply a 'one-size-fits all' approach across the sector given the unique and complex circumstances of the public sector in Victoria
- that the department further defines *exceptional circumstances* and criteria used to determine in which scenarios offline beds must be relinquished, and communicates this with the sector before making a final determination
- that if the aged care places management policy does result in offline places being relinquished, these places are reallocated to like providers i.e. if places are relinquished from a public sector provider in Victoria, places are redistributed to another public sector provider in Victoria to ensure access is maintained for complex and vulnerable populations.



## More information

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