

Dear [REDACTED]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) on Thursday 13 February 2025, and rescoped on **Wednesday 19 February 2025**.

This application requested access to:

'All Ministerial briefs and related correspondences, and ACTHD Director-General Minutes pertaining to the closure and management of the contract for Burrangiri Aged Care Respite Facility from 1 January 2023 to the receipt of this application. As well as any reports including costs about the safety and refurbishment of the site from 1 January 2023 to the receipt of this application.'

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act.

ACTHD provided a decision on your access application on **Tuesday 29 April 2025**. As part of this decision a document contained information that I previously decided to defer access to under section 38(6)(b) of the Act. This was due to relevant third parties providing objections to the release of this information during the consultation process and allowing these third parties to initiate the Ombudsman review process under part 8 of the Act. As this process is now finalised, the relevant information is now released.

During the processing of your application ACTHD identified 25 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at Attachment A to this decision letter.

Decisions

I have decided to:

- grant full access to 7 documents; and
- grant partial access to 18 documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided at Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Full Access

I have decided to grant full access to the documents at references 4, 18-22 and 25.

Partial Access

I have decided to grant partial access to the documents at references 1-3, 5-17 and 23-24. These documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in Section 17 of the FOI Act.

Documents 2 and 3 are also partially comprised of cabinet information and it is taken to be contrary to the public interest to release as Schedule 1.6 (1)(a) and (d) as the disclosure would reveal any deliberation of Cabinet (other than through the official publication of a Cabinet decision).

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1 (a)(i) promote open discussion of public affairs and enhance the government's accountability,
- Schedule 2, 2.1 (a)(ii) contribute to positive and informed debate on important issues or matters of public interest,
- Schedule 2, 2.1(a)(iv) ensure effective oversight of expenditure of public funds, and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004; and
- Schedule 2, 2.2(a)(xi) prejudice trade secrets, business affairs or research of an agency or person.

Documents at references 1-2, 5-17 and 23-24 are partially comprised of personal information such as mobile numbers of ACT-Government employees, email addresses and mobile numbers of Non-ACT Government Employees and signatures. Additionally, redactions have been made to information that I consider could be detrimental to an individual's right to privacy as may well be potentially identifiable.

Documents at references 5, 7 and 15 are also partially comprised of information which I consider may prejudice the business affairs of a non-ACT Government entity and has not been disclosed.

Documents at references 6, 8, 10 and 14 also contains personal health information. Section 12 of the FOI Act outlines that this Act does not apply to information in a health record as defined by the *Health Records (Privacy and Access) Act 1997*. This information has been redacted as out of scope within the documents.

On balance, I have given significant consideration to the factors favouring disclosure and I believe the factors favouring non-disclosure outweighed these of the information requested. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

Explanatory Note

It is noted that information contained on pages 39 – 43 has been drafted by an ACT Government employee and not verbatim comments from parties external to ACT Government.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman

GPO Box 442

CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au

Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal

Allara House

15 Constitution Avenue

GPO Box 370

Canberra City ACT 2601

Telephone: (02) 6207 1740

<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Chloe Stoddart

Executive Group Manager

Policy, Partnerships and Programs

11 June 2025

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<i>'All Ministerial briefs and related correspondences, and ACTHD Director-General Minutes pertaining to the closure and management of the contract for Burrangiri Aged Care Respite Facility from 1 January 2023 to the receipt of this application. As well as any reports including costs about the safety and refurbishment of the site from 1 January 2023 to the receipt of this application.'</i>	ACTHDFOI24-25.10

Item Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
Director-General Minutes and Related Correspondences						
1.	1 – 6	DGC24/245 DG Brief and attachment – Burrangiri Aged Care Respite Centre – Future options for service and facility	03 May 2024	Partial Release	Schedule 2.2(a)(ii) Privacy	YES
Ministerial Briefs and Related Correspondences						
2.	7 – 30	MIN23/00918 Ministerial Brief and attachments – ACT aged care health service and system demand and future options for Burrangiri	26 January 2024	Partial Release	Schedule 1.6 Cabinet Schedule 2.2(a)(ii) Privacy	YES
3.	31 – 43	MIN2024/00294 Ministerial Brief and attachment – Burrangiri Aged Care	17 June 2024	Partial Release	Schedule 1.6 Cabinet	YES

		Respite Centre – Future options for service and facility				
4.	44 – 49	MIN2024/00560 Ministerial Brief – Burrangiri Aged Care Respite Centre - Meeting with Fiona Sanders, General Manager Salvos Home Care	15 July 2024	Full Release		YES
5.	50 – 96	MIN2024/00633 Ministerial Brief and attachments – Burrangiri Aged Care Respite Centre – Second meeting with Fiona Sanders, General Manager Salvos Home Care	12 August 2024	Partial Release	Schedule 2.2(a)(ii) Privacy Schedule 2.2(a)(xi) Business Affairs	YES
6.	97 – 133	MIN2024/00909 Ministerial Brief and attachments – Options for Aged Respite Care in the ACT (Burrangiri) Attachment A @ reference 2 Attachment B @ reference 3 Attachment C @ reference 4 Attachment D @ reference 5	11 December 2024	Partial Release	Schedule 2.2(a)(ii) Privacy Out of scope	YES
Contract Management and Reporting						
7.	134 – 137	Performance Report Assessment	01 July 2022 – 30 June 2023	Partial Release	Schedule 2.2(a)(ii) Privacy Schedule 2.2(a)(xi) Business Affairs	YES
8.	138 – 149	Performance Report	July 2022 – June 2023	Partial Release	Schedule 2.2(a)(ii) Privacy Out of scope	YES
9.	150	Notice of the community sector funding rate of indexation for 2023-24	31 July 2023	Partial Release	Schedule 2.2(a)(ii) Privacy	YES
10.	151 – 165	Performance Report	July 2023 – December 2023	Partial Release	Schedule 2.2(a)(ii) Privacy Out of scope	YES
11.	166 – 181	Letter of Variation	10 May 2024	Partial Release	Schedule 2.2(a)(ii) Privacy	YES
12.	182	Notice of the community sector funding rate of indexation for 2024-25	31 July 2024	Partial Release	Schedule 2.2(a)(ii) Privacy	YES

13.	183	Response letter to Salvation Army Burrangiri	30 August 2024	Partial Release	Schedule 2.2(a)(ii) Privacy	YES
14.	184 – 198	Performance report	July 2023 – June 2024	Partial Release	Schedule 2.2(a)(ii) Privacy Out of scope	YES
15.	199 – 203	Performance Report Assessment	01 July 2023 – 30 June 2024	Partial Release	Schedule 2.2(a)(ii) Privacy Schedule 2.2(a)(xi) Business Affairs	YES
16.	204	Response letter to Salvation Army Burrangiri	November 2024	Partial Release	Schedule 2.2(a)(ii) Privacy	YES
17.	205	Letter – Conclusion of Service Funding Agreement for Burrangiri	23 January 2025	Partial Release	Schedule 2.2(a)(ii) Privacy	YES
Correspondence from Infrastructure Communication and Engagement Division						
18.	206 - 234	Asset Management Plan - Burrangiri - Final	29 February 2024	Full Release		YES
19.	235 – 238	Site visit Report – 05 March 2024	05 March 2024	Full Release		YES
20.	239 – 243	Report – Site visit - Burrangiri	25 June 2024	Full Release		YES
21.	244 – 248	Report – Site visit - Burrangiri	06 August 2024	Full Release		YES
22.	249 – 251	Site Visit Report - Burrangiri Aged Respite Care Centre 1.0	27 November 2024	Full Release		YES
Correspondence from Policy, Partnerships and Programs Division						
23.	252 – 254	Email – RE: Burrangiri update	11 September 2023	Partial Release	Schedule 2.2(a)(ii) Privacy	YES
24.	255 – 282	Email and attachment – RE: Short Term Options Paper respite services at Burrangiri	23 October 2024	Partial Release	Schedule 2.2(a)(ii) Privacy	YES
25.	283 – 284	Talking points – Cessation of aged care respite services at Burrangiri	20 January 2025	Full Release		YES
Total Number of Documents						
25						



TRIM Reference No. DGC24/245

SUBJECT:	Burrangiri Aged Care Respite Centre – Future options for service and facility
Through:	Robyn Hudson, Deputy Director-General, Policy and Transformation
CC:	Jacinta George, Executive Group Manager, Health System Innovation and Performance Catherine Loft, Executive Group Manager, Infrastructure, Communications and Engagement Division
From:	Michael Culhane, Executive Group Manager, Policy, Partnerships and Programs
Critical Date:	3 May 2024
Reason:	A service continuation decision is required to inform the current provider of Burrangiri and allow time for a contract extension.

Recommendations

That you:

Note the information contained in this brief;	NOTED/ PLEASE DISCUSS
Agree to extend the current Service Funding Agreement contract with the Salvation Army until 30 June 2025;	AGREED/ NOT AGREED/ PLEASE DISCUSS
Agree to the additional funding of \$1,829,655.48 (GST inclusive) from Cost Centre 69222 (Burrungiri), bringing the total funding for the whole life of the agreement to \$14,854,329.92 (GST inclusive); and	AGREED/ NOT AGREED/ PLEASE DISCUSS
Agree to delegate responsibility for the Letter of Variation offer and execution to the Executive Group Manager, Health System Innovation and Performance.	AGREED/ NOT AGREED/ PLEASE DISCUSS

Rebecca Cross
Director-General
 ACT Health Directorate

3 May 2024

Purpose

1. To seek your agreement to extend the current contract with The Salvation Army (TSA) until 30 June 2025 to allow for service continuation and provide time for future consideration of ACT respite services.

Background

2. Since 1989 the ACT Health Directorate (ACTHD) has contracted TSA to operate a 15-bed aged care respite centre, Burrangiri Aged Care Respite Centre ('Burrangiri'), which provides overnight planned and emergency respite, post-hospital convalescent care, and a day centre program.
3. Services are contracted until 30 June 2024 with \$1,663,323.16 (GST exclusive) in funding provided for the service in 2023-24.
4. Burrangiri is a 30-year-old facility owned by the ACT Government. The condition of the building is lower than the expected standard for this type of facility and is no longer considered fit for purpose.
5. Burrangiri's target group is older people in the ACT (aged 65 years and over), including people with dementia, and their carers. However, Burrangiri is not an Australian Government approved provider of aged care services, thus, patients do not require an aged care assessment to be admitted to the facility.
6. Aged Care Respite services are currently identified as an ACT Government commissioning subsector, led by ACTHD. ACTHD is exploring ways in which commissioning can be better streamlined both within and across cycles.

Issues

Contract Extension

7. The Ageing and End of Life Branch (AEOLB) is proposing to offer TSA (as the current service provider of Burrangiri) a 12-month extension to their current contract.
8. The current contract provides for a four-month transition out clause (schedule 6), which automatically commences four-months prior to the agreement expiry.
9. Your approval is required to extend TSA until 30 June 2025 to allow considerations for the future of respite services in the ACT to be properly explored.

Considerations for Respite provision in the ACT

10. Recent feedback from Carers ACT noted that aged care respite is difficult to access in the ACT due to:
 - lack of available beds in residential aged care facilities (RACFs);
 - places are booked months in advance making it difficult to access at short notice or in an emergency;

- a requirement for a certain length of stay; and
 - delays in assessments (an Aged Care Assessment is required to access respite under Home Care Packages or in a Residential Aged Care Facility).
11. RACFs require clients to have an aged care assessment prior to being provided a place, including those accessing respite care. In principle this should allow hospitals to rapidly discharge patients to respite services such as Burrangiri (as it does not require an aged care assessment to access), including after hours and on weekends.
- However, ACTHD notes that Canberra Health Services (CHS) is referring very few patients to Burrangiri from ACT public hospitals due to limitations with the premises, bed availability, and staffing cohort (i.e., staff mix/skills).
 - Further, Burrangiri is not always seen to be a 'location of choice'; often families want their loved one to be placed into a facility where there is a high likelihood that they will find a permanent bed.
 - There is a demand to support people of all ages to transition from hospital to home, particularly long stay patients who medically ready for discharge.
12. The AEOLB also notes that there has been an increase in Burrangiri client numbers that exceed the service capacity and capability of the facility, including bariatric patients, those with substance abuse, and clients with complex mental health conditions.
13. Should you agree to an extension of the TSA service funding agreement until 30 June 2025:
- Over the next few months, the AEOLB will explore other feasible options for the provision of respite care in the ACT, including undertaking a cost benefit analysis of the service in conjunction with ACTHD's health economist; and
 - AEOLB working with the Community Sector Contracts and Grants team will contact the current Burrangiri centre manager and inform the decision and provide the contract extension document for their review.

Benefits/Sensitivities

14. The centre manager from Burrangiri has reached out to the AEOLB several times requesting information on the status of their contract.

Consultation

15. The AEOLB has consulted with Carers ACT seeking feedback on respite services in the ACT.
16. CHS was consulted regarding considerations for Burrangiri and respite services.
17. ACTHD Community Sector Contracts and Grants Unit and Health Commissioning team were consulted about contract extensions and contract amounts.
18. ACTHD Strategic Finance team were consulted to confirm the availability of the funding and the funding amounts.



Media

19. Not Applicable.

Financial

20. ACTHD provided \$1,663,323.16 (GST exclusive) in funding to TSA to operate Burrangiri, for the 2023-24 financial year.
21. This Variation with TSA is for an additional \$1,829,655.48 (GST inclusive), from the date of execution to 30 June 2025. The new value for the whole of life Service Funding Agreement will be \$14,854,329.92 (GST inclusive) for the period 1 July 2016 to 30 June 2024. Please note these figures do not include indexation for the 2024-25 financial year as the amounts for indexation are not yet known. The proposed Variation falls within your Financial Delegation, and the funding for these services is available in cost centre from Cost Centre 69222 (Burrangiri). Strategic Finance have confirmed funding is available in this cost centre for this period (Attachment A). Payments will be made in line with the payment terms in the Agreement.

Signed off by:	Chadia Rad	Phone:	Schedule 2.2(a)(ii)
Title:	<i>A/g Executive Branch Manager</i>		
Branch/Division	Ageing and End of Life Branch		
Date:	17 April 2024		
Action Officer:	Gayathri Ranasinghe	Phone:	512 43340
Unit:	Aged Care, Dementia and Cancer Policy		

Attachments

Attachment	Title
Attachment A	Advice from ACTHD Strategic Finance regarding funding

From: PSR Contracts
To: Stonebridge, Monica (Health); PSR Contracts
Cc: Ferinac, Jasenka (Health); Ranasinghe, Gayathri (Health)
Subject: RE: Burrangiri funding - For confirmation by Strategic Finance
Date: Wednesday, 1 May 2024 1:16:27 PM
Attachments: image002.png
image003.png
image004.png

Hi Monica,

Thank you for your email.

Whole of life funding for Burrangiri including 12 months extension (until 30 June 2025) will be \$13,503,936.29 (GST exclusive) and \$14,854,329.92 (GST inclusive).

Kind regards,
Jasenka

Jasenka Ferinac | Administration Officer
Community Sector Contracts and Grants Unit
Ph: (02) 5124 9878 | Email: psrcontracts@act.gov.au
Health System Planning & Development Branch | Health System Innovation and Performance | ACT Health Directorate
2-6 Bowes Street Phillip ACT 2606
health.act.gov.au



I acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

From: Stonebridge, Monica (Health) <Monica.Stonebridge@act.gov.au>
Sent: Wednesday, May 1, 2024 1:10 PM
To: PSR Contracts <PSRContracts@act.gov.au>
Cc: Ferinac, Jasenka (Health) <Jasenka.Ferinac@act.gov.au>; Ranasinghe, Gayathri (Health) <Gayathri.Ranasinghe@act.gov.au>
Subject: FW: Burrangiri funding - For confirmation by Strategic Finance

Hi Jasenka,

Thanks for your time this afternoon.

As I mentioned we are now seeking whole of life contract costs for the Burrangiri SFA for a 12 month extension (until 30 June 2025) for the DG minute.

Would you be able to provide our team with whole of life contract costs for the Burrangiri SFA with the new figure provided by Jodie below (both GST inclusive and exclusive)?

Thank you.

Kind regards,

Monica Stonebridge | Senior Policy Officer
Intergovernmental Relations, Aged Care, Dementia, and Cancer Policy
(pronouns she/her)
Ph: (02) 5124 6824 | Email: monica.stonebridge@act.gov.au
Ageing and End of Life Branch
Policy, Partnerships and Programs | ACT Health Directorate
2-6 Bowes Street Phillip ACT 2606
health.act.gov.au



From: Conna, Jodie (Health) <Jodie.Conna@act.gov.au>
Sent: Wednesday, May 1, 2024 1:00 PM
To: Ranasinghe, Gayathri (Health) <Gayathri.Ranasinghe@act.gov.au>; Gaida, Fellon (Health) <Fellon.Gaida@act.gov.au>
Cc: Weir, Tania (Health) <Tania.Weir@act.gov.au>; Stonebridge, Monica (Health) <Monica.Stonebridge@act.gov.au>; Kyu, Yadana (Health) <Yadana.Kyu@act.gov.au>; Petersons, Rachael (Health) <Rachael.A.Petersons@act.gov.au>
Subject: RE: Burrangiri funding - For confirmation by Strategic Finance

OFFICIAL

Hi Gayathri,

As outlined below there is \$1,829,655.48 available for 12 months funding for next year instead of the original request of 11 months.

Commissioning Subsector	Currently funded service providers	Current Agreement Expiry	2024-25 Base Funding (GST Excl)	2024-25 Base Funding (GST Incl)	Pro-rata (11 months) Funding (GST Inclusive) Whole of Agreement Total	Proposed new DoG term	Cost Centre
Aged Care Respite	The Salvation Army (Burrangiri Respite Care Centre)	Current Agreement Expiry 30/06/2024	\$1,663,323.16	\$1,829,655.48	\$1,677,184.19	11 months (1 July 2024-31 May 2025)	69222

Thanks

Jodie Conna | Assistant Director, ACT Health
Ph: 512 46138 or jodie.conna@act.gov.au

I acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

From: Ranasinghe, Gayathri (Health) <Gayathri.Ranasinghe@act.gov.au>
Sent: Wednesday, May 1, 2024 12:41 PM
To: Conna, Jodie (Health) <Jodie.Conna@act.gov.au>; Gaida, Fellon (Health) <Fellon.Gaida@act.gov.au>
Cc: Weir, Tania (Health) <Tania.Weir@act.gov.au>; Stonebridge, Monica (Health) <Monica.Stonebridge@act.gov.au>; Kyu, Yadana (Health) <Yadana.Kyu@act.gov.au>; Petersons, Rachael (Health) <Rachael.A.Petersons@act.gov.au>
Subject: RE: Burrangiri funding - For confirmation by Strategic Finance

OFFICIAL

Hi Jodie

The DG has proposed that the Burrangiri extension should be up to 30 June 2025

Can I just ask you the funding amount for Burrangiri up to 30 June 2025 please.

Appreciate your earliest possible response.

Thank you

Regards,
Gayathri

From: Conna, Jodie (Health) <Jodie.Conna@act.gov.au>
Sent: Wednesday, April 17, 2024 3:24 PM
To: Ranasinghe, Gayathri (Health) <Gayathri.Ranasinghe@act.gov.au>; Gaida, Fellon (Health) <Fellon.Gaida@act.gov.au>
Cc: Weir, Tania (Health) <Tania.Weir@act.gov.au>; Stonebridge, Monica (Health) <Monica.Stonebridge@act.gov.au>; Kyu, Yadana (Health) <Yadana.Kyu@act.gov.au>; Petersons, Rachael (Health) <Rachael.A.Petersons@act.gov.au>
Subject: RE: Burrangiri funding - For confirmation by Strategic Finance

OFFICIAL

Hi All,

I can confirm that there is funding available next year for the continuation of the Burrangiri contract as outlined in the attachment and below.

Commissioning Subsector	Currently funded service providers	Current Agreement Expiry	2024-25 Base Funding (GST Excl)	2024-25 Base Funding (GST Incl)	Pro-rata (11 months) Funding (GST Inclusive) Whole of Agreement Total	Proposed new DoG term	Cost Centre
Aged Care Respite	The Salvation Army (Burrangiri Respite Care Centre)	Current Agreement Expiry 30/06/2024	\$1,663,323.16	\$1,829,655.48	\$1,677,184.19	11 months (1 July 2024-31 May 2025)	69222

Thanks

Jodie Conna | Assistant Director, ACT Health
Ph: 512 46138 or [512 46138](tel:51246138) on [Schedule 2/2\(a\)](tel:51246138)

I acknowledge the Ngunawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

From: Ranasinghe, Gayathri (Health) <Gayathri.Ranasinghe@act.gov.au>
Sent: Wednesday, April 17, 2024 12:03 PM
To: Conna, Jodie (Health) <Jodie.Conna@act.gov.au>; Gaida, Fellon (Health) <Fellon.Gaida@act.gov.au>
Cc: Weir, Tania (Health) <Tania.Weir@act.gov.au>; Stonebridge, Monica (Health) <Monica.Stonebridge@act.gov.au>
Subject: FW: Burrangiri funding - For confirmation by Strategic Finance
Importance: High

OFFICIAL

Hi Jodie

We are in the process of getting the agreement to extending the Burrangiri contract until 31 May 2025.

Can you confirm the availability of funding for Burrangiri for 11 months (until 31 May 2025).

Thank you [@Gaida, Fellon \(Health\)](#) for providing the pro-rated the funding (attached).

Appreciate if you can confirm this as soon as possible.

Happy to discuss

Thank you

Regards,
Gayathri

From: Gaida, Fellon (Health) <Fellon.Gaida@act.gov.au>
Sent: Wednesday, April 17, 2024 11:18 AM
To: Ranasinghe, Gayathri (Health) <Gayathri.Ranasinghe@act.gov.au>; Weir, Tania (Health) <Tania.Weir@act.gov.au>; Rad, Chadia (Health) <Chadia.Rad@act.gov.au>
Cc: Stonebridge, Monica (Health) <Monica.Stonebridge@act.gov.au>
Subject: FW: Burrangiri funding - For confirmation by Strategic Finance

OFFICIAL

Hi Gayathri,

Following on from our Teams chat just now, I have pro-rated the funding (based on our initial figures) to reflect an 11-month period. Please forward the attached spreadsheet with a supporting email onto Jodie Conna in strategic finance for confirmation of figures/funding. Once it is all agreed, you can include a dot point under the 'finance' heading of your DG Minute to confirm that funding has been confirmed by strategic finance. Tania and her team will need a copy of Jodie's reply to progress from their end.

Cheers

Fellon Gaida (she/her) | Director, Commissioning Non-Government Health and Human Services
Ph: MS Teams | Email: fellon.gaida@act.gov.au
Health System Innovation and Performance Division | ACT Health Directorate
Level 2, 4 Bowes Street, Phillip ACT 2606
health.act.gov.au



I acknowledge the Ngunawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.



MINISTERIAL BRIEF

ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN2023/00918
Through:	Rebecca Cross, Director-General	
From:	Robyn Hudson, Deputy Director-General, Policy and Transformation	
Subject:	ACT aged care health service and system demand and future options for Burrangiri	
Critical Date:	21/02/2024	
Critical Reason:	To advise the Salvation Army about future respite arrangements.	

Recommendations

That you:

1. Indicate your preferred option for future arrangements about the Burrangiri service and the ACT Government facility;

Option 1a / Option 1b / Option 2a / Option 2 b / Please Discuss

2. Note further Burrangiri Background – Contracted Services at Attachment A;

Why does this Attachment only include consumer costs for Burrangiri and government costs for acute, subacute and ad hoc respite? What is the bed-day cost to government for Burrangiri?

Noted / Please Discuss

3. Note the Scoping paper and Infographic: Future Respite Care Needs for ACT/ Needs Analysis Paper for the Respite Care in ACT at Attachment B; and

Noted / Please Discuss

4. Note the Public Sector Residential Aged Care Facilities at Attachment C.

Noted / Please Discuss

Rachel Stephen-Smith MLA

26/2/24

Had to read this a couple of times to understand what was being asked, given zero information provided on the actual implications and practicalities of the options. Pars 35-36 do not belong in Benefits/Sensitivities - see below re par 24, which conflicts with par 35!

Schedule 1.6

It is frustrating that this is coming forward in Feb when the current contract expires in June and the work on options appears to have been done in relative isolation, despite the substantial attachments. What other options are available for service delivery? How does what Burrangiri offers actually relate to the ad hoc / contracted services CHS is already funding to support transition of LSOP from hospital (both on a bed-day cost and service basis)? How might this facility / site fit into the bigger picture of infrastructure needs and development for the ACT? For example, could this facility be an interim solution for Directions Arcadia House service if it were vacated by the Salvos?

Background Most importantly, none of the options in Rec 1 actually relate to the Salvation Army's contract and par 24 is not connected with the rest of the brief. Obviously we cannot just cease funding this service from June without alternative options in place! But what would they be?

1. The *ACT Health Services Plan 2022-2030* commits to identifying and implementing strategies and supports to reduce the length of hospital stay and assist older people to stay at home.
2. The ACT has an ageing population. Projections indicate the ACT population aged over 65 and over 85 is expected to grow by 66.1 per cent (100,400 people total) and 198.1 per cent (20,800 people total) by 2041, respectively.
3. The ACT health and support service system for older Canberrans (including workforce and infrastructure) will require significant investment over the next 20 years to support this growing cohort. If residential aged care continues to be accessed at the current rate, approximately one additional residential aged care facility (RACF) is required each year for the next 20 years to meet the demand.
4. The ACT requires additional respite care capacity for older people clinically ready for hospital discharge and who are living at home and their carers. The number of patients no longer requiring clinical care in ACT public hospitals has been consistent since mid-2020. In November 2023, there were 38 patients across Canberra Health Services (CHS) that have been referred to Residential Aged Care Liaison Nurse services.
5. Discharge from hospital can be a trigger for change in functional or clinical status for elderly patients returning home, to a community-based service, or to a RACF, particularly those with dementia. Clinical handover is a known area of risk for patient harm, particularly in the transition from acute care to the community setting.
6. Consistently, the more complex patients (bariatric, tracheostomy and difficult/severe symptoms of dementia) are most difficult to find a RACF place or suitable interim support in the community, due to additional staffing and equipment required for care. All human services sectors are experiencing workforce challenges.
7. While Commonwealth subsidised RACFs provide respite services, many RACFs prioritise their beds for permanent aged care residents instead of respite care.
8. Burrangiri is a 15-bed aged care respite centre that provides overnight planned and emergency respite, post-hospital convalescent care, and a day centre program. The service's target cohort is older people in the ACT (aged 65 years and over). Burrangiri is not an Australian Government approved provider of aged care services, which means an aged care assessment is not required to access these services.

9. Since 1989, the ACT Health Directorate (ACTHD) has contracted the Salvation Army (TSA) to operate Burrangiri. Services are contracted until 30 June 2024, with \$1,650,364 in funding allocated for the 2023-24 financial year.
10. Burrangiri operates from a 30-year-old facility owned by the ACT Government. Further background information about Burrangiri is provided at Attachment A.

Issues

Building

11. A Burrangiri site visit by ACTHD and CHS staff on 15 November 2023 has confirmed that the current building is not fit for purpose and has limited value:
 - a. as a respite centre;
 - b. as a facility supporting older patients discharged from hospital; and
 - c. requires significant government investment for building maintenance costs.
12. The condition of the ACT Government-owned Burrangiri building does not meet the expected ACT Government standard for this facility type and has a site assessment rating of 2.5/5. The 2022 Asset Management Plans (AMP) for Burrangiri identified the need for several major structural and electrical upgrades with an estimated cost over \$900,000. These upgrades far exceed the \$90,000 annual Burrangiri maintenance budget.

Service model

13. Burrangiri does not have the infrastructure, equipment, staffing numbers or staff with required skills to safely care for clients with complex care needs, including bariatric patients; patients with tracheotomies; infectious patients; those with substance abuse; and clients with complex mental health conditions or people experiencing severe or extreme behavioural and psychological symptoms of dementia.
14. Burrangiri does not have onsite allied health professionals for people requiring allied health assistance following discharge from hospital or during their respite stay.
15. Whilst Burrangiri is not required to meet the Aged Care Quality and Safety Commission's Aged Care Quality Standards (ACQS), the TSA in their performance report (July 2022-23) state they are governed by TSA's aged care policy framework which aligns with the ACQS.

Discussion

16. Together, the state of the building and the service model are not meeting health system needs and do not represent value for the ACT Government. A preliminary needs assessment was done in 2023 which sufficiently demonstrates current needs and gaps (Attachments B).
17. Ideally a respite care scoping study would need to be conducted to inform future government investment, including an assessment of repurposing the premises and site for an alternate community-based health service. However, immediate decisions are required to inform the maintenance program for the building.

18. ACTHD has explored the option of completing the scoping study through the funded Older Canberrans Centre of Excellence measure. However, the proposed level of the scoping study is outside the scope of the pre-feasibility study for people experiencing severe and extreme behavioural and psychological symptoms of dementia. Expanding this study will require budget funding or will displace other significant government priorities.
19. Officials are exploring options to negotiate a cost-shared arrangement with the Commonwealth to address gaps for support for older Canberrans (aligning with the new Centre of Excellence) or Commonwealth capital investment via National Health Reform Agreement negotiations focusing on hospital/aged care interface (have not officially started yet, to be considered under the mid-term review) or through the Strengthening Medicare Measure funding bilateral negotiations.
20. ACTHD has identified the following options for consideration:

Option 1

21. Decommission and repurpose the site at some point in the future and either:
 - a) Cease the ACT Government funded respite service, noting some of these people might end up in the emergency department if there is no respite option for them; OR
 - b) Identify a suitable alternative location that meets the Territory's health system requirements, noting increased contract costs for an enhanced service model/staffing profile to support a higher level of patient complexity and care, and potential cost of a new site.

Option 2

22. Seek funding to refurbish the current Burrangiri premises to meet community respite needs with:
 - a) Minimal level of upgrades/maintenance to the facility to be completed, and major building upgrades postponed. Amend the TSA service contract to deliver services within a reduced budget; OR
 - b) Major refurbishment to cater for more complex clients discharged from hospital, noting that on top of the significant refurbishment costs this would likely lead to increased ongoing contract costs as per option 1(b).
23. These options will require a Business Case.
24. Subject to your decision, an extension to the Service Funding Agreement with TSA may be required to meet transition out requirements. The Transition Period will need to commence four months prior to 30 June 2024, which will be 1 March 2024.

Financial Implications

25. As Burrangiri is not an approved provider of aged care services, and has no permanent residential beds, it is ineligible to receive any Australian Government aged care funding.
26. Burrangiri costs the ACT Government approximately \$1.65m per year, plus any repairs and maintenance.

27. To pursue the long-term needs assessment and planning considerations, Burrangiri will require minimal level of upgrades/maintenance for at least one year up until 30 June 2025. Infrastructure, Communication and Engagement Division (ICED) is in the Schedule 1.6 [REDACTED]
28. The current long-stay patient service demand within the hospital is financially and operationally unsustainable and unsuitable in supporting better consumer outcomes. Health Policy and Strategy Branch is meeting with Health System Innovation and Performance (HSIP)'s health economist in late January to do some indicative cost/benefit work combining community services with some short-term respite options for less complex people.

Consultation

Internal

29. CHS has been consulted on the data for long-stay patients and the associated costs.
30. HSIP has been consulted on the *ACT Health Services Plan 2022-2030* (plans and infrastructural considerations) and North Canberra Hospital related information.
31. ICED provided Burrangiri maintenance costs and other infrastructural details/costings.

External

32. ACTHD officials met with Victorian Health officials on 19 December 2023 to gain a better understanding of the Victorian Hospital based services and programs that directly address older Victorians needs in hospital. Victoria has 175 Public Sector Residential Aged Care Services and a well-developed subacute service system providing a range of inpatient, ambulatory and in-home services that aim to avoid unnecessary hospital presentations, provide step down care, and prevent readmissions (Attachment C contains further details).

Work Health and Safety

33. Not applicable.

Benefits/Sensitivities

34. Long-term considerations for ACT health services to support the growing older cohort need to be mapped broadly as a planning initiative engaging multiple stakeholders to obtain the maximum strategic and community value.
35. It is proposed that Burrangiri continue to provide respite services until further work has been done to determine how the asset and associated financial resources can best support the ACT health system.
36. Burrangiri has contacted ACTHD requesting information on the contractual status after 30 June 2024.

Communications, media and engagement implications

37. Subject to your decision, we will work with your office to prepare messaging about future respite services.

Signatory Name: Robyn Hudson, Deputy Director-General, Policy and Transformation Phone: 5124 7976

Action Officer: Jodie Junk-Gibson, Acting Executive Group Manager, Policy, Partnerships and Programs Phone: 5124 9392

Attachments

Attachment	Title
Attachment A	Burrangiri Background – Contracted Services
Attachment B	Scoping paper and Infographic: Future Respite Care Needs for ACT/ Needs Analysis Paper for the Respite Care in ACT
Attachment C	Public Sector Residential Aged Care Facilities

BURRANGIRI BACKGROUND: Contracted Services

1. Burrangiri was established following the Review of Rehabilitation and Geriatric Services in the ACT (ACT Department of Community Services and Health 1986), which identified a need for crisis aged care respite in the ACT.
2. Burrangiri is required to provide a minimum of 4,654 occupied bed days per annum for overnight respite or post-hospital convalescent care and minimum of 3,336 occupied place days per annum for day center respite care based on their SFA with ACTHD.
3. Burrangiri overnight respite care for the period 1 July 2022 to 30 June 2023 had 4601 occupied bed days against a target of 4654 (difference of 53) with total of 639 referrals being received (369 referrals did not proceed due to being accepted for nursing home care, high care risks prior to admission (i.e., bariatric, complex terminal care, wandering behaviours), and beds not being available.
4. For the same period, the day centre respite care program had 1668 clients (difference of 1668).
5. There were 270 admissions to Burrangiri including 82 admissions being identified as prevented hospitalisations or reduced hospital stay (approximately 30 per cent) and a total of 70 clients accessing the respite (approximately 26 per cent) from the community. Bookings can be made in advance by clients, carers, health practitioners and community organisations to provide care following a surgical procedure (e.g., cataract or orthopedic surgery); a supported break for individuals who live alone; and carer respite.
6. Selected client demographics for overnight respite care at Burrangiri for the period from 1 July 2022 to 30 June 2023:
 - The average age 80+;
 - The youngest client 44 years;
 - Admissions: 55 per cent female, 45 per cent male;
 - Dementia diagnosis 137 clients;
 - 78 Culturally and Linguistically Diverse clients; and
 - Schedule 2.2(a)(ii) has accessed the service.

Cost Comparison

7. The average cost of a bed day at Burrangiri is based on a sliding scale. Currently the rates at Burrangiri are as follows:
 - The daily rate is \$139.05 per day; however, discounts are applied according to income.
 - Minimum rate \$59.00 per day/night based on the Commonwealth Guidelines (i.e., A guide to Australian Government Payments).
 - If a client has particularly challenging clinical needs, then a \$20 per day high care surcharge may be applicable.
8. An acute hospital inpatient bed estimated at \$2,310 per night¹. Canberra Health Services (CHS) currently operates 50 maintenance care beds between University Canberra Hospital (30 beds) and the Canberra Hospital (20 beds). CHS currently has two contracts with four providers for ad-hoc respite and aged care beds and are charged \$300- \$400 a day depending on the contract. CHS will first use existing structure to support respite placement. However, if for example the patient is waiting for an aged care assessment or they have exhausted their 63 days across the year, the paid model is used as

a backup. The average cost of maintenance care ward is \$1350 per day excluding the cost incurred for social worker support required.

9. Burrangiri uses a self-assessed internal Salvation Army quality framework, the Aged Care Quality System (ACQuS). This framework as reported by Burrangiri aligns with both legislative requirements and the Aged Care Quality Standards, as well as focusing on best practice (i.e., accreditation standards) and evidence-based care (i.e., assessed against the self-assessment tool *Raising the Standard*). It is used at site level to ensure governance and quality is maintained.

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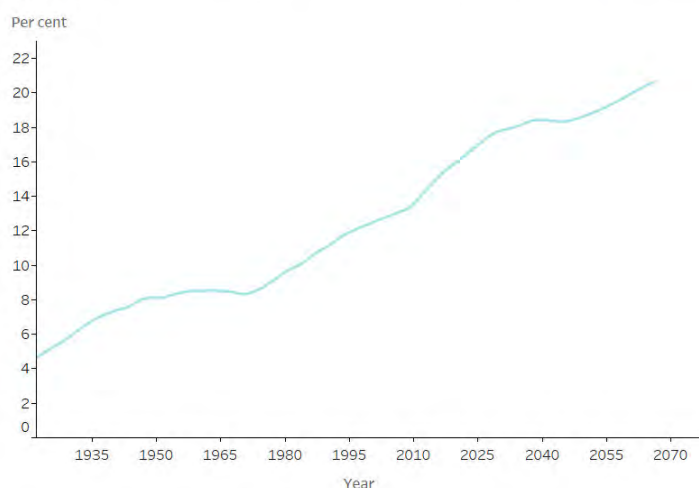
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Respite Care Needs Analysis Paper

The Health Context

The population of Australia is aging with the percentage of people over the age of sixty-five and over to reach over 20 per cent of the population by 2070¹. Between 3.6 and 4.4 per cent of those older cohort are expected to be over the age of eighty-five². The older cohort of the migrant population of Australia is also projected to triple by 2051 with a 600 percent increase among those from South East Asia, Central Asia and Sub-Saharan Africa³. The Australian population is also living longer with women far more likely to reach 85 plus than men⁴. However, for Indigenous Australians the likelihood of reaching 65 and over is much less likely as compared to non-indigenous Australians⁵. The life expectancy of people in Australia is currently 81 for males and 85 for females⁶.

Figure 1.1: Percentage of the Australian population aged 65 and over, at 30 June, over time



Notes
 1. Data for 1921 to 1970 are population estimates. Data from 1971 onwards are estimates of the resident population (ERP).
 2. Population data from 1992 to 2011 are recast estimates following the rebasing of the 2011 Census. For more information, see the ABS explanatory notes.

Sources: ABS 2018, 2019.
<http://www.aihw.gov.au/>

Instances of deteriorating conditions are also rising across Australia. The rate of Australians living with dementia has been on the rise for the last fifty years and is expected to double by 2058⁷.

¹ Older Australians. Australian Institute of Health and Welfare, 28 June 2023, <https://www.aihw.gov.au/reports/older-people/older-australians>

² Older Australians. AIHW

³ Temple, J., Wilson, T., Brijnath, B., Radford, K., LoGiudice, D., Utomo, A. and Anstey, K.J. (2022), The role of demographic change in explaining the growth of Australia's older migrant population living with dementia, 2016–2051. *Australian and New Zealand Journal of Public Health*, 46: 661-667

⁴ Temple, J et al, 'The role of demographic change in explaining the growth of Australia's older migrant population living with dementia change in explaining the growth of Australia's older migrant population living with dementia'.

⁵ *Indigenous health and wellbeing*. Australian Institute of Health and Welfare, 07 July 2022, <https://www.aihw.gov.au/reports/australians-health/indigenous-health-and-wellbeing>

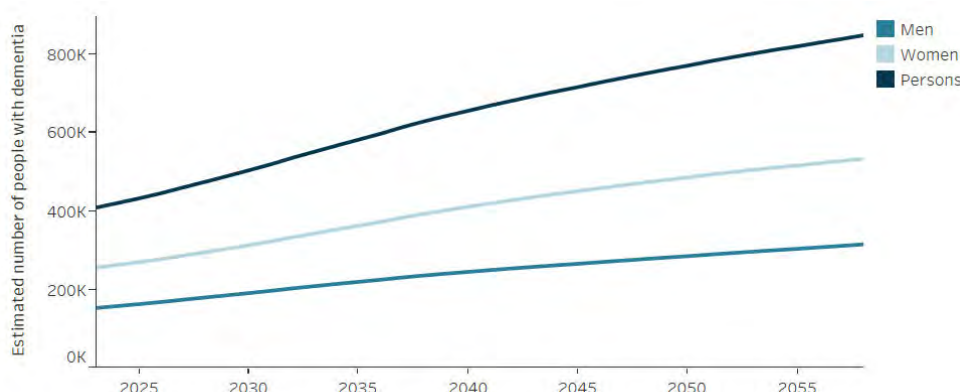
⁶ Australian Bureau of Statistics 2019–2021, *Life tables*, ABS, viewed 12 July 2023, <https://www.abs.gov.au/statistics/people/population/life-tables/latest-release>

⁷ Dementia in Australia. Australian Institute of Health and Welfare, 23 February 2023, <https://www.aihw.gov.au/reports/dementia/dementia-in-aus>

Attachment B: Scoping paper: Future Respite Care Needs for ACT/ Needs Analysis Paper for the Respite Care in ACT

Dementia is currently the second leading cause of death for Australians being far more likely to affect those above the age of 65 and is more prevalent among women⁸. Additionally, younger onset dementia, which refers to those diagnosed under the age of 65, is estimated to include 7 per cent of people with dementia in Australia⁹. Further, it was estimated that the rate of dementia among Aboriginal and Torres Strait Islander people was 3 to 5 times higher than the overall national average, however data of actual numbers was scarce¹⁰.

Additionally, 27 per cent of people suffered musculoskeletal conditions, 1 in 20 were living with diabetes, approximately 387,000 had experienced a stroke and 46 per cent of people experienced a mental health disorder¹¹. The rate of obesity in Australia is also on the rise with 31 per cent of adults living with obesity with men likelier to be more obese than woman¹². These are examples of the more prominent conditions causing a burden of disease upon the larger Australian populace¹³. Palliative care hospitalisations have increased across Australia by 23 per cent since 2015-16 with the average length of stay for those patients almost double than that of all overnight hospitalisations¹⁴.



The trend of sum of Prevalence for Year. Colour shows details about Sex. The data is filtered on Year Set, which keeps 36 members.

Source: The AIHW estimates were derived using prevalence rates from the 2015 World Alzheimer report and Withall et al. 2014, and the ABS Series B population projections.
<http://aihw.gov.au>

Across Australia, rates of mortality, burden of disease and prevalence of diabetes and obesity are far higher in lower socio-economic areas than in higher socio-economic areas, however rates of dementia are experienced equally¹⁵. Further, life expectancy is also lower for those in the population with a lower education level than those with a higher level^{16,17}.

⁸ Dementia in Australia, AIHW

⁹ 'Younger onset dementia: new insights using linked data', 2022, AIHW

¹⁰ 'Dementia in Australia - Population health impacts of dementia among Indigenous Australians', 2023, AIHW

¹¹ 'How healthy are we,' 2022, *Australia's health 2022: In brief*, AIHW, Australian Government, pg. 30

¹² Australian Institute of Health and Welfare (2023) *Overweight and obesity*, AIHW, Australian Government

¹³ Australian Institute of Health and Welfare (2022) *Australian Burden of Disease Study 2022*, AIHW, Australian Government

¹⁴ *Palliative care services in Australia*. Australian Institute of Health and Welfare, 25 May 2023,

<https://www.aihw.gov.au/reports/palliative-care-services/palliative-care-services-in-australia>

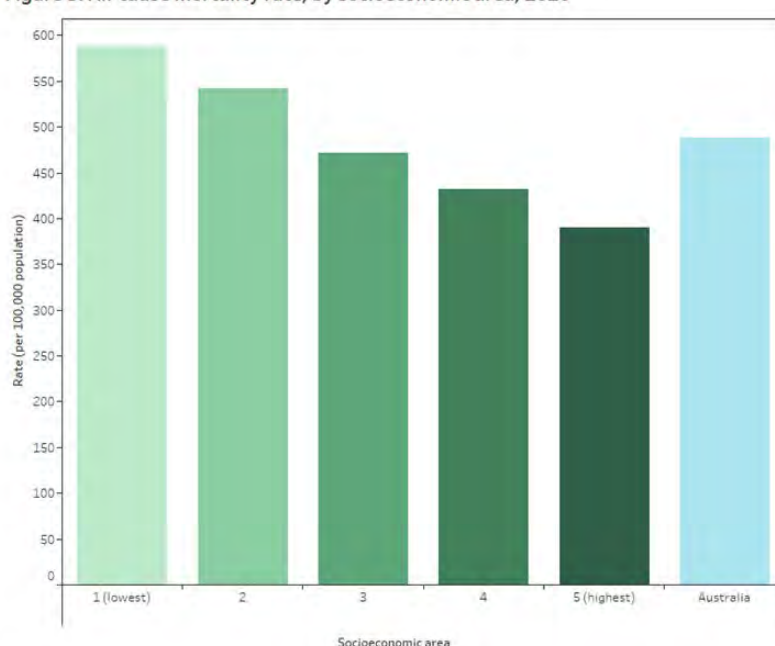
¹⁵ *Health across socioeconomic groups*. Australian Institute of Health and Welfare, 07 July 2022,

<https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups>

¹⁶ Australian Institute of Health and Welfare (2022) *Health across socioeconomic groups*, AIHW, Australian Government

¹⁷ Welsh J, Bishop K, Booth H, Butler D, Gourley M, Law HD, Banks E, Canudas-Romo V, Korda RJ. Inequalities in life expectancy in Australia according to education level: a whole-of-population record linkage study. *Int J Equity Health*. 2021 Aug 3;20(1):178. doi: 10.1186/s12939-021-01513-3

Figure 3: All-cause mortality rate, by socioeconomic area, 2020



Notes

1. Rates are age-standardised to the 2001 Australian Standard Population.
 2. Socioeconomic areas are classified according to population-based quintiles using the Index of Relative Socio-Economic Disadvantage (IRSD) based on Statistical Area Level 2 (SA2) current residence.
 Source: AIHW 2022.
<http://www.aihw.gov.au/>

The Respite Context

Respite in Australia exists within an environment of intersecting health policies and their related programs. Largely seen as an accompaniment to Aged Care and National Disability Insurance Scheme (NDIS) care services, the scope of respite has been directed toward short term stays for patients with care needs in order to both give back time to paid and non-paid carers and also allow the patient time in a new social setting¹⁸. This service exists within a complimentary/superseding environment with other care measures such as Home Care, Home Support, Permanent Residential Aged Care, Transition Care Programs and Short-Term Restorative Care that are largely funded and built around the NDIS and My Aged Care Commonwealth funding¹⁹. To access these services, patients need to go through an assessment process which can take up to six weeks which often precludes emergency access. Respite services are largely privately run and subsidised through My Aged Care and NDIS with some requiring contributions up to 85 per cent of the pension with extra charged for additional services. Some providers also provide services to full paying patients that are without an assessment.

There were 2.65 million carers in Australia representing 10.8 per cent of the total population with 71.8 per cent of woman being primary carers²⁰. 235,000 people under the age of 25 was identified as a carer. 37.4 per cent of primary carers had a disability which is twice the rate of non-carers²¹. According to the Australian Institute of Health and Wellbeing (AIHW) estimates, there are 137,600 to 354,200 carers of people with dementia²². Of those carers, 57 per cent are primary carers of people

¹⁸ Sutton, N, Parker, D, & McAllister, G, 2022, [“Respite care” can give carers a much needed break, but many find accessing it difficult](#), The Conversation.

¹⁹ [Types of aged care](#), Department of health and Aged care, Australian Government

²⁰ ‘Disability, Ageing and Carers, Australia: Summary of Findings,’ Australian Bureau of Statistics, 2018, <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>.

²¹ ‘Disability, Ageing and Carers, Australia: Summary of Findings,’ Australian Bureau of Statistics

²² Australian Institute of Health and Welfare (2023) [Dementia in Australia](#), AIHW, Australian Government

Attachment B: Scoping paper: Future Respite Care Needs for ACT/ Needs Analysis Paper for the Respite Care in ACT

with dementia providing 60 or more hours of care a week with 23 per cent reporting they needed more respite²³. The household incomes of carers were most likely in the lowest two equivalised gross income quintiles. Primary carers were less likely to be in the labour force (58.8 per cent) than other carers (76.6) and non-carers (81.5)²⁴. Recent research indicates that informal care in Australia was worth \$77.9 billion²⁵.

Demand for Respite in Australia has grown 85 per cent since 2012 with a greater number of women seeking the service than men²⁶. Australian aged care data indicates that the majority of patients seeking respite are in the age range of 85 to 89 and are female and that 20 per cent of those seeking respite were people from a Cultural and Linguistically Diverse (CALD) backgrounds²⁷. The data also indicated that there were still a small number of younger people accessing respite through residential aged care facilities, however this number has been dropping since 2017-18²⁸. Further, the data indicated that a large proportion of Aboriginal and Torres Strait Islander (ATSI) people used Home Care programs (65.6 per cent) rather than some form of residential care (33.9 per cent)²⁹. Of those ATSI people using respite, most were in the 70 to 74 age bracket³⁰. The difference in age groups that use respite between indigenous and non-indigenous groups are consistent with the difference in life expectancy and speaks to the larger disparity in health outcomes between those two groups. Recent respite data indicated a troubling trend of elderly Australians using respite care in aged care facilities as a means of 'try before you buy' or gaining temporary respite within an RACF in order to see if it suits for permanent residency.³¹

Within the respite and larger restorative health context exists the discussion of subacute and non-acute hospital admissions. This classification of admission is applied to non-emergency hospital patients that require some amount of care and are unable to conduct that care themselves. The needs of these patients can be restorative, geriatric, rehabilitation, and palliative³². Over the last five years there has been an annual increase of 1.6 per cent for subacute and non-acute hospitalisations alongside a 0.7 per cent increase in acute admissions³³. Some reports suggest that carers in need of emergency respite and who cannot access respite for whatever reason (i.e., assessment, bed numbers, cost) will go to hospital emergency departments where those patients may be admitted under subacute/non acute classifications³⁴.

The Royal Commission in Aged Care (RCAC) highlighted a number a shortcomings of respite care in Australia particular around access, lack of awareness of services, difficulty in navigating the access portals (NDIS, MY Aged Care) lack of services generally and access to the services of the right type and duration³⁵. At the time of publication, the RCAC identified eleven forms of respite alongside seventeen Commonwealth Home Support Programmes and four levels of home care packages³⁶. Additionally, The RCAC highlighted the need for culturally sensitive access to Respite for Aboriginal and Torres Strait Islanders (ATSI) with services provided by ATSI carers in order to facilitate self-determination in regard to the health care of ATSI people³⁷. The report also highlighted the current

²³ Dementia in Australia, AIHW

²⁴ 'Disability, Ageing and Carers, Australia: Summary of Findings', 2018

²⁵ 'The Value of Informal care in 2020', 2020, Deloitte

²⁶ 'People Using Aged Care', 2023, GEN Aged Care Data, AIHW, Australian Government

²⁷ People using aged Care, AIHW

²⁸ 'Younger people in residential aged care', 2022, GEN Aged Care data, AIHW, Australian Government

²⁹ Aged care for Indigenous Australians. Australian Institute of Health and Welfare, 16 September 2021, <https://www.aihw.gov.au/reports/australias-welfare/aged-care-for-indigenous-australians>

³⁰ Aged care for indigenous Australians, AIHW

³¹ 'Respite use on the way to permanent residential aged care,' GEN Aged Care Data, AIHW, Australian Government

³² 'Development of the Australian National Subacute and Non-Acute Patient Classification Version 5.0', 2021, IHACPA, Australian Government

³³ AIHW, Hospitals, <https://www.aihw.gov.au/reports-data/myhospitals>

³⁴ 'Improving access to aged residential respite care,' 2018, Carers Australia, pg. 5.

³⁵ 'Royal Commission into Aged care Quality and safety – Final Report: Care Dignity and Respect', 2021, Commonwealth of Australia, Vol 1, pg. 66

³⁶ Royal Commission, pp. 99-100

³⁷ Royal Commission, pp. 109-111

care environment's lack of ability to provide non-discriminatory or appropriate care for people of a group or identity that is disadvantaged such as culturally and linguistically diverse people (CALD) members of the LGBTIQ+ community and those people who are homeless or risk of becoming homeless³⁸.

The ACT Context

As with wider Australia, the ACT population is expected to grow at an annual rate of 1.4 per cent with Molonglo estimated to see the largest growth (5.3 per cent) followed by North Canberra (2.2 per cent), South Canberra (1.6 per cent) and Gungahlin (1.4 per cent)³⁹. Projections indicate that the percentage of the 65 plus cohort will grow from 13.3 per cent of the population to 14.6 per cent with the larger amount being female⁴⁰. Further, people in the ACT are living longer than national average and is the highest in Australia with 82.7 for males and 86.3 for females⁴¹. Data from the Socio-economic Advantage and Disadvantage Indexes for Areas (SEIFA) indicates that while the ACT is largely an advantaged Territory, that there are small areas within of disadvantage such as the suburbs and surrounding areas of Charnwood in the North and Richardson in the South⁴². As of 2022, an estimated 38,300 people in the ACT were living under the poverty line⁴³.

A 2022 Dementia Australia report estimates there are approximately 6,600 people living with dementia in the ACT, with women being three times more likely to be affected than men,⁴⁴ and forecasts indicating an estimated 18,900 people by 2058⁴⁵. According to the 2005 Burrangiri report by KPMG it was expected that cases of Dementia will rise by 68 per cent in the next 50 years⁴⁶. In Australia, dementia analysis is provided by the AIHW which uses modelling devised by Alzheimer's Disease International to determine prevalence within the national population⁴⁷⁴⁸. This modelling is used in order to circumvent difficulties in ascertaining real dementia numbers due to deficiencies that arise in reporting or the lack of reporting including those suffering and untreated within the community. These projections of prevalence are required in developing appropriate responses and services.

In the National Health Survey published in 2018, 14 per cent of Canberrans reported suffering from Arthritis, with 16 per cent experiencing back problems, 3.8 per cent reported diabetes, 4.2 reported cardiovascular issues including stroke and 19.8 per cent reported having a mental health condition⁴⁹. Further, in the ACT the adult overweight and obesity rate was 64.2 per cent but below the Australian average of 66.5 per cent⁵⁰. However, the ACT had an obesity growth rate of over 6 per cent over 10 years between 2007-08 and 2017-18⁵¹.

Between 2017-18 and 2020-21, ACT hospital admissions increased by 5026 people annually at a rate of 1.1 per cent while patient days in hospital increased by 3.7 per cent to 423,323 days in 2020-21⁵². In the ACT, the 65 to 74 year old age group saw the most admissions into hospital, with more total

³⁸ Royal Commission pg. 67

³⁹ 'ACT Population Projections 2022-2060', 2023, Treasury, ACT Government

⁴⁰ 'ACT Population Projections 2022-2060', ACT

⁴¹ Australian Bureau of Statistics 2019-2021, Life tables, ABS, viewed 12 July 2023, <https://www.abs.gov.au/statistics/people/population/life-tables/latest-release>

⁴² 'Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2021', ABS, https://experience.arcgis.com/experience/32dcbb18c1d24f4aa89caf680413c741/?data_id=dataSource_12-187d549b75f-layer-11%3A503

⁴³ 'Factsheet: Poverty and COVID-19 in the ACT', 2021, ACTCOSS, <https://actcoss.org.au/publication/factsheet-poverty-and-covid-19-in-the-act/>

⁴⁴ Australian Institute of Health and Welfare (2023) *Dementia in Australia*, AIHW, Australian Government

⁴⁵ 'Dementia in Australia', 2023, Dementia Australia

⁴⁶ 'Burrangiri Service Sustainability Study', 2005, KPMG

⁴⁷ 'World Alzheimer's Report 2014', Alzheimer's Disease International, <https://www.alzint.org/u/WorldAlzheimerReport2014.pdf>

⁴⁸ Withall A, Draper B, Seeher K, Brodaty H. The prevalence and causes of younger onset dementia in Eastern Sydney, Australia. *Int Psychogeriatr*. 2014 Dec;26(12):1955-65

⁴⁹ Australian Bureau of Statistics (2017-18), *National Health Survey: State and territory findings*, ABS Website

⁵⁰ Australian Institute of Health and Welfare (2023) *Overweight and obesity*, AIHW, Australian Government

⁵¹ "Overweight and obesity." *ABS*, 2017-18, <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/overweight-and-obesity/latest-release>.

⁵² 'Local Hospital Network: Australian Capital Territory,' My Hospitals, AIHW, Australian Government

females presenting than males in both admissions and patient days⁵³. Indigenous Australians made up 4,063 of the total patients admitted⁵⁴. In 2021-22, there were 4733 subacute admissions in ACT hospitals representing approximately 4 per cent of all admissions. The subacute/ non-acute growth rate has been 0.2 per cent over this time but a mean increase of 0.8 per cent, highlighting some years of higher demand than others⁵⁵. However, the ACT Public Health Service Quarterly reports indicates an increase in subacute overnight bed stays between 1st Quarter in 2016-17 to the 1st quarter in 2021-22 of 48.3 per cent⁵⁶. This indicates that while annual admissions may be growing at a slow annual rate, the average amount of days for each patient's stay in hospital has been increasing significantly. A 2019-20 report by the Independent Health and Aged Care Pricing Authority (IHACPA) indicated that in the ACT the average cost of subacute/nonacute separations was \$18,161 with a total of 5143 separations⁵⁷. The report indicated that the average length of stay during this round was fourteen days, which may indicate a approximation of per night subacute hospital bed cost of \$1300. In 2023, CHS reported that the average cost for average level of care in a maintenance care ward was \$1350 per day. The 2020-21 National Hospital Cost Data Collection indicated that while the growth in ACT subacute/nonacute admission was relatively low, that the costs of separations continued to grow⁵⁸.

In the ACT, more than 50,000 carers provide unpaid care to family members, friends or neighbours who are living with disability, a physical or mental health condition, are frail aged, require palliative care or are caring for children and young people in the out of home care system⁵⁹. Access to Respite has been a concern of the ACT Government for over two decades. In 2000, the ACT Government tabled a report '[Respite Care Services in the ACT](#)', followed by a report by Enduring Solutions '[Sustaining Caring Relationships – the met and unmet needs in respite care](#)' in 2003 and the [ACT Government recommendations 2004](#), an [Auditor General's report into Disability respite in 2009](#), the '[Love Has Its Limits – Respite care services in the Act](#)' report in 2010 and [ACT Government response](#), and the [Commonwealth Royal Commission into Aged Care](#) tabled in 2021. Details are represented in Appendix A in this document.

These reports touched upon many of the same themes surrounding access to Respite. The issues included access for patients that required special needs such as those with a disability, dementia, mental health, frail age, and those undergoing palliative care, as well as issues surrounding admission through demand and waiting time complications with carers/patients unable to access respite without considerable lead in time to a booking. Other highlighted issues included tailoring services for cultural needs for both Aboriginal and Torres Strait Islanders who preferred services run by and for ATSI people. Language and cultural barriers and a lack of understanding of the larger health system and lack of ATSI workers contributed to the reluctance toward mainstream services. Similarly, having native language speakers on hand for those from other Culturally and Linguistically Diverse backgrounds was also considered positive for those in care especially in allaying concerns where respite is not seen as culturally appropriate. Further, ongoing issues with the lack of access to emergency respite was also highlighted as one of high importance. Since 2000 the ACT has made efforts to recognise and address these needs in partnership with the Commonwealth. After 2013, the implementation of the NDIS And My Aged Care by the Commonwealth has allowed the private/NGO sector to develop a service industry based around the Commonwealth funding model that includes access to respite for those assessed by the NDIS or through an Aged Care Assessment Team (ACAT). The ACT Government has also addressed needs with Commonwealth partnerships for youth and disability respite as well as mental health, palliative and dementia respite through such

⁵³ '[Admitted Patients](#),' 2021, AIHW, Australian Government

⁵⁴ 'Admitted Patient', AIHW

⁵⁵ AIHW, Hospitals, <https://www.aihw.gov.au/reports-data/myhospitals>

⁵⁶ [ACT Public Health Services Quarterly Performance Report](#), ACT Health, ACT Government (Q1 2016-17, Q1 2021-22)

⁵⁷ '[NHCDC Round 24](#)', 2022, Independent Health and Aged Care Pricing Authority' Australian Government

⁵⁸ '[NHCDC Public Hospitals Report 2020-21](#)', 2023, Independent Health and Aged Care Pricing Authority', Australian Government

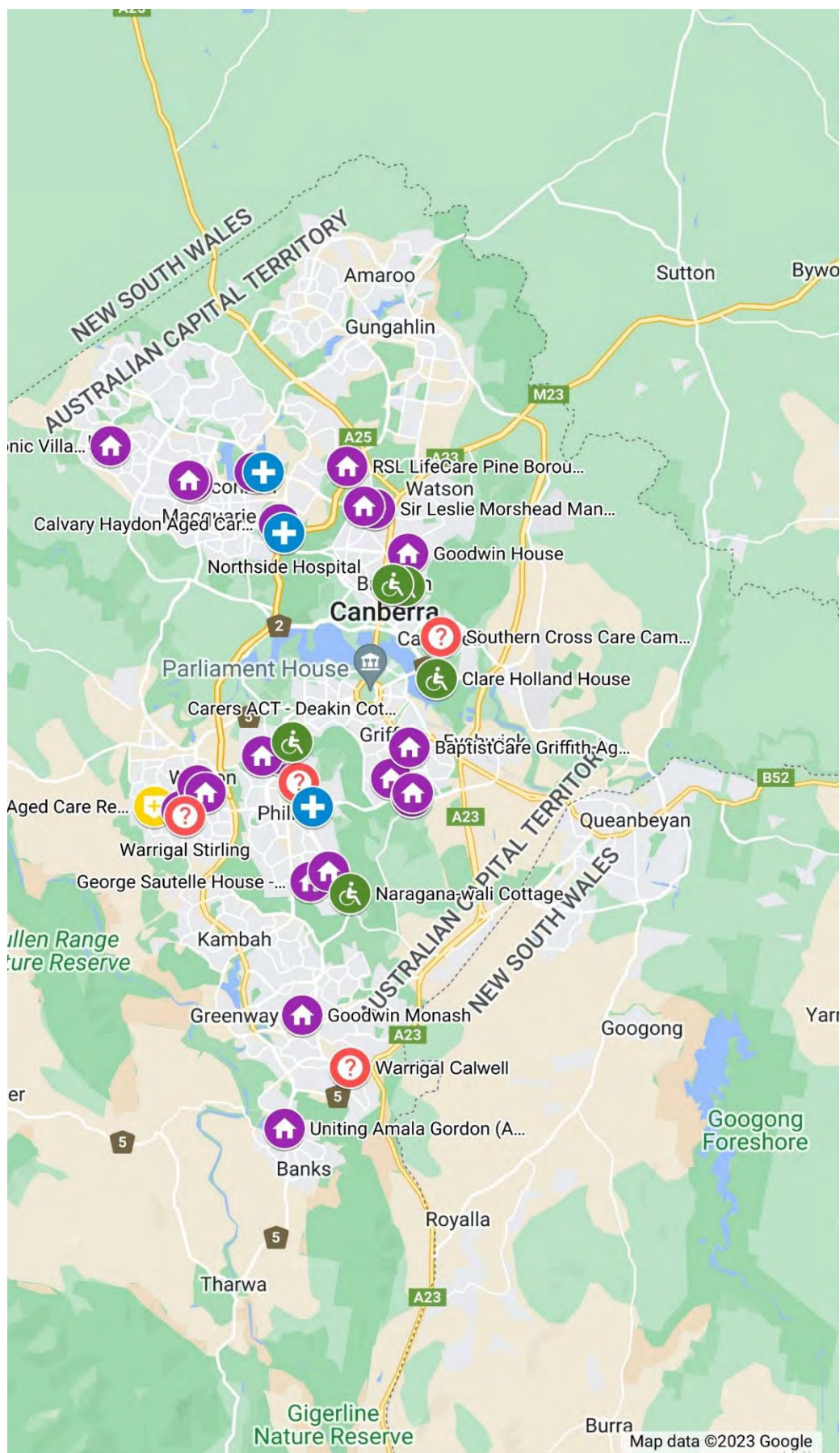
⁵⁹ '[ACT carers Strategy 2018-2028](#)', Community Services Directorate, ACT Government

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programs as Wellways Step Up, Step Down mental health respite, Leo's Place Palliative Care Respite and Cottage style respite in Deakin and Isaacs for those with Dementia. Leo's Place through Palliative Care ACT has provided 16,702 hours of respite in between December 2020 and June 2022. Another measure undertaken by CHS has been a transitioning program resembling the [Care Awaiting Placement](#) (CAP) program in South Australia. The ACT version of the program involves transitioning patients currently in subacute/non-acute beds within ACT hospitals that are in the process of awaiting an ACAT assessment into respite beds within RACFs while bearing the full cost. CHS is charged between \$200 to \$300 a day with the highest monthly cost peaking at \$77,000. The program aims to transition patients to facilities where they will eventually become permanent residents. Additionally, the ongoing expansion of the University of Canberra Hospital and its rehabilitation services and the business case for the construction of a palliative wing at the Canberra Hospital indicate the Territory priorities in addressing these service needs. Since the publication of the RCAC, continued efforts towards the simplification of the respite system aims to improve access and to allow for tailored care programs in conjunction with Home Care/Support and Aged care.

As of 30 June 2022, there were twenty-seven operational RACFs run by seventeen providers, the vast majority of which provided some form of respite care. The majority (sixteen) of facilities were located in the southern half of Canberra with the minority (eleven) in the North, none of which were located in the Gungahlin area. Additionally, there were forty-one homecare services run by twenty-seven providers, seven short term restorative care facilities, one transitional care facility and seven flexible care services. In the 2021-22 period, a total of 630 patients accessed an average of 30 days of RACF respite within the ACT with a combined total of 18,457 respite days, up from 17,401 from the previous year ⁶⁰. Aboriginal and Torres Strait Islanders overwhelmingly used Home Care services (89.9 per cent) over forms of Residential Care (10.4 per cent). This is contrast to non-indigenous Australians, 63.4 per cent who used Residential care and 35.3 per cent in home care. CHS reported that they currently operate fifty maintenance care beds between the University of Canberra Hospital and the Canberra Hospital.

⁶⁰ ['GEN Data: Admissions into Aged Care'](#), 2023, GEN Aged Care Data, AIHW, Australian Government



Distribution of Residential Aged Care Services in the ACT

Burrangiri

Burrangiri is a respite facility in Australia, within the ACT, which is funded by the ACT Government. Services are provided to older people, without the requirement for a Commonwealth based health assessment to receive subsidised disability or aged care respite services (e.g., NDIS, ACAT). This allows a greater flexibility to cater for respite needs in the ACT, particularly emergency or unplanned respite, transitional respite for those in hospital or in the home of a carer and awaiting ACAT or NDIS assessment, those in subacute/non-acute hospital beds but are awaiting in home care requirements, respite for younger people or those needing care who live alone and so on.

The Salvation Army (SA) is currently contracted to provide 4,654 overnight bed days and 3,336-day visits through 15 beds at Burrangiri at a cost to the ACT Government of approximately \$1.5 million as of 2022-23. Since 2017-18⁶¹ this minimum requirement has more often not been met, which the SA attributed to cancellations, referral mishaps and impacts from the coronavirus disease (COVID-19) pandemic. Further, the SA was required by ACT Health to do more to facilitate access of the service to Aboriginal and Torres Strait Islander people. To date, this aspect of their service delivery has not been addressed. Currently approximately 74 per cent of referrals are originating from families and community organisations whilst approximately 26 per cent are from hospitals.

However, the Burrangiri Centre Manager estimates that one-third of admissions between July and December 2019 prevented unnecessary hospitalisations. Currently, the daily rate is \$139.05 per day; however, discounts are applied according to income.

The condition of the Burrangiri building being 30 years old is lower than the expected standard for this type of facility and is no longer considered fit for purpose. The building has 15 individual rooms and two large, shared bathrooms (which include both a shower and a toilet). There are no ensuite facilities. Toilet spaces are not large enough to allow for assisted support.

- a. the facility has an Asset Priority Index of 4.2. This is a rating out of 5 for how important a facility is to the overall operation of the ACT health system, with 5 being critical and 1 being relatively unimportant;
- b. the facility has a condition rating of 2.87 out of 5, with 5 being 'as new' and 1 being sub-standard. The minimum target for this type of facility is at least 3; and
- c. a condition and functionality assessment report (2020) found that although the facility is sound and accessible, the design and construction of the building does not lend itself easily to modification.

Discussion

The nature of respite in Australia is evolving to cater for the needs of an aging population and an acknowledging of the reality that respite needs are becoming more vast and nuanced. The health system has often struggled with the definition of respite, a service that exist within a sphere of other subacute and non-acute care and a sphere of high needs care. Such broad labelled services as rehabilitation and restorative care are used sometimes in the same breath and other times as a unique mode of care. The future of respite will require a definite understanding of scope. The traditional understanding of respite has been to provide a service to paid and unpaid carers and their most likely aged or disabled patients. However, the present discussion has begun to include the possibility of alleviating the demand on hospital resources by transitioning appropriate subacute and non-acute patients into respite care. This broader discussion includes patients who are not typically considered within the respite scope, such as those who fall out of the Commonwealth funded models of NDIS and My Aged Care. This can include those who are awaiting an assessment to access

⁶¹ Reporting data is unavailable before 2017-18.

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Commonwealth funding, but also younger or homeless patients who require care but don't have the living arrangements to do that within their means.

The ACT Health system has done much to address the unmet needs that have been reoccurring themes in past respite consultations. Facilitating specialised respite facilities for mental health, disability, youth, palliative and dementia patients has begun to address past concerns as to tailored and quality care to specific need patients. However, more work remains.

The evidence overwhelmingly shows that the burden of respite falls mainly on women. Women are disproportionately more likely to be both the carers and the cared for in advanced age as the data indicates that women are more likely to live longer than men. Additionally, men are more likely to develop debilitating illnesses sooner than women and require care where within cis gender relationships the carer most likely being the woman partner, or a daughter etc. Further, as women are more likely to live longer, they are more likely to develop debilitating conditions associated with more advanced age, particularly dementia as evidenced in the condition being the leading cause of death for women in Australia. Past reports have not considered whether there is any need or benefit in tailoring a respite service or services toward women or whether not having such services is affecting respite usage among women.

The AIHW indicates that there are gaps within their own data and modelling that may be of concern to the ACT. The estimated prevalence of younger onset dementia is projected by the AIHW to be 7 per cent of all people with dementia. However, the number of younger people in RACF as either resident or respite are near non-existent. Therefore, more ACT driven data is required to ascertain whether this gap exists and what services are catering to it. Additionally, the AIHW estimates that rates of dementia among Aboriginal and Torres Strait Islanders are 3 to 5 times more likely higher than the national average. However, ACT specific data reflecting this modelling is scarce and does not appear in AIHW data sets. Another gap in data.

Data indicates that Aboriginal and Torres Strait Islander people are utilising respite significantly less than non-indigenous people, with demand for home support far greater. This may be largely due to the fact that there is a dedicated Home Support service for ATSI people living in the ACT through the Ngunnawal Aboriginal Corporation in Yass and the AIHW GEN Data reported Ngunnawal Community Aged Packages in Narrabundah⁶². Past reports, the most substantial and recent being the RCAC, have called for service providers to facilitate culturally sensitive services for ATSI people in care, or by facilitating ATSI run facilities. There are questions as to whether the data is pointing to a failure in the ACT to address Aboriginal and Torres Strait Islander cultural needs in respite, whether there is a preference for home support, and/or whether the availability of culturally sensitive home support services drives demand for that particular service above others.

A further point of concern for carers is access to emergency respite. For those who require respite but do not have a NDIS or ACAT assessment, the only respite option are the hospitals. For those with an assessment, high demand and waiting times again leaves carers with the hospitals as the only option. Reports have indicated that the majority of respite is required to be booked in advance. This then places the burden of care upon the already burdened hospital system.

An additional ongoing concern upon the hospital system is the care of subacute and non-acute patients. The growing number of long stay patients in this category are both a concern whether the patient is receiving the right type of care in the appropriate environment, whether that care is better suited to a hospital or a respite/recovery facility and the cost disparity between different levels of potential care. This discussion includes those people that may not be able to access respite through the usual processes and can only rely on hospital admission for their care, such as younger people, homeless people, and other groups. The current gaps for these groups are currently unmeasured at a Commonwealth level outside of broad subacute/non-acute admission numbers as they don't

⁶² ['Aboriginal and Torres Strait Islander people using aged care'](#), GEN data, AIHW, Australian Government

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interact with specific Commonwealth funding models. However, the three counted age groups between 35 and 64 (35 to 44, 45 to 54 and 55 to 64) accounted for the 3rd, 4th and the 5th highest amount of all hospital admissions in the ACT. Further data is required in order to ascertain whether a respite need exists for these groups.

The Burrangiri model of care offers the foundation from which to build a more flexible and accommodating respite alternative. The ability to provide care without the needs for particular assessment to access Commonwealth funding allows the service to provide respite at a quick turnaround. However, questions still remain as to the nature of this service. Such questions as to who this service should cater for (low to high care patients) and whether associated allied health services should be factored in.

Further, future concern also includes geographic access to respite. There are currently no respite services within the Gungahlin region and there are limited services in the far South of Canberra with consultation required to understand the needs for those in the Southern ACT. Burrangiri currently operates in the southern suburb of Rivett with a future service for the North of Canberra potentially scoped within the existing health infrastructure projects there.

Another area of concern is the need to update and develop services to address the rise in bariatric patients. As the obesity rate grows, so does the need to provide the appropriate equipment as well as appropriate beds. Further, such infrastructural needs such as wider doorways and rooms large enough to accommodate access behind the bed heads for respiratory or other emergencies.

Finally, there may be issues of consideration that arise from the convergence of an aging migrant population, of which the largest cohort to reach 65 plus will be from Asian and Africa, and an Anglo-centric aged care system.

Final

The trajectory of ACT Respite and Respite in the larger Australian context seems to point toward a mixture of service specific respite for particular conditions or even cultural and gender groups, and purpose-built general respite facilities that can cater to the flexible needs of the population. The unpaid amount that carers contribute to the health care system overwhelmingly justifies a review of how better to cater respite. Further, the alleviating holistic nature that flexible respite can exude on the larger health care system as part of the subacute/non-acute care conversation. This also warrants further exploration of how to achieve a balanced and responsive service for the ACT.

Limitations

The scope of this paper is limited to the Respite environment within the ACT, specifically needs that do not fall within Commonwealth funding models, and does not incorporate models of care that run parallel to or as an alternative to respite. Such services as home care models provided by the Commonwealth, or other community care models have not been included or investigated within this report.

Further Discussion/Needs

Further data from Canberra Health Services (CHS) would benefit more concise needs concerns, for example, subacute/non-acute hospital admission and separation data (i.e., gender, background, age, bariatric, behavioural issues, other conditions, postcode), ACT specific “per night” bed costings around this data, costings as to ACT RACF transition program, RACF respite vacancy/demand data, reporting data from Leo’s Place/Wellways/Deakin Cottage.

Can a Burrangiri model/flexible respite service work within a facility co-operatively or alongside service delivered through the NDIS/my aged care model?

Can woman be better served in future respite services as the most common carers and advanced aged respite users?

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Is there an unmet need for an ATSI respite service? Attaining access to the 2009 report into Aboriginal and Torres Strait Islander Care titled 'Feasibility Study for Respite Care for Aboriginal and Torres Strait Islander Peoples' by the Echidna Group may be insightful in analysing past ACT examination of this issue.

Would a flexible respite service be better managed by the ACT government in order to sustain its values in delivery?

What is the data around those who are seeking or may be suitable for respite that exhibit behavioural problems or are under domestic violence orders? Does there need to be consideration toward forms of service to cater for these people in order to maintain the wellbeing of other patients?

How does a future respite service potentially fit alongside a future Commonwealth a Long-Stay Rapid Response program?

Organisations identified as potential conversation partners.

Government stakeholders

Canberra Health Services (CHS), Community Services Directorate (CSD)

Care Providers

The Salvation Army, Wellways, Carers ACT, Palliative Care ACT, Anglicare, Marymead, Southern cross care, Baptist care, Uniting Care, IRT Group, Villaggio Sant Antonio, Warrigal Care, RSL Lifecare, Royal Freemasons Benevolent Institution, Calvary, Goodwin Aged Care Services, Presbyterian Aged Care, St Nicholas Home for the Aged, Adria Village, Absolute Home Care, BUPA aged care, Jindalee Aged Care, Pines Living Aged Care

Community health organisations

Winnunga Nimmityjah, ADACAS, Mental health Foundation ACT, LGBTQI+ Health Australia (Silver Rainbow), Capital Region Community Services, Meridian ACT, Woden Community Service, Respite care Queanbeyan.

Academic partners

University of Canberra, UNSW Canberra

Appendix A – Infographic



Attachment C

Public Sector Residential Aged Care Facilities

1. Background

Discussions have been held between ACT Health Directorate (ACTHD), Canberra Health Services (CHS), the regional team at the Department of Health and Aged Care (DHAC) and other senior officials with the Public Trustee and Guardian's Office, the Office for Disability and National Disability Insurance Agency (NDIA). Forums were held with local providers of Residential Aged Care Facilities (RACFs) and senior hospital staff. Initial feedback from DHAC was that there was sufficient capacity in the ACT – in 2020 an 85% occupancy rate in ACT RACF. There are 27 RACF in the ACT: they are comparatively small facilities¹.

There is ongoing discussion about reform at the national level – including in the context of the National Health Reform Agreement (NHRA) mid-term review, regarding flexible funding for people needing residential aged care.

DHAC suggested looking at Victoria, Western Australia and the Illawarra Shoalhaven LHD in NSW for best practice initiatives that the ACT could consider. There were varying degrees of success with local programs described by these jurisdictions. Victoria has made a significant investment in state operated RACF, and in particular Multipurpose Services in rural areas. WA reported some success with negotiations with the larger providers in the state and through establishing a whole of government collaborative case management approach, with funding available for implementing options in the most difficult cases.

Australian Government has the responsibility to fund and regulate aged care services and does that through paying aged care service providers using subsidies and supplements; capital grants for aged care services and program funding². To access residential aged care services an allocation of government-subsidised aged care place is required. Organisations can apply for capital grants through the Aged Care Capital Assistance Program (ACCAP) to build new services; upgrade and improve the quality of the service and to build accommodation to support aged care workers³.

Program funding is available through funding grants for Dementia via the Dementia and Aged Care Services (DACs) fund⁴. A new residential aged care system will commence on 1 July 2024 with the introduction of the new Aged Care Act, where a person-centred approach will be established. Bed licenses will end on 30 June 2024 and the providers will no longer require an allocation of places to provide residential care. Instead, providers who can immediately provide care ('bed-ready') but do not hold an allocation of places can apply for residential care places through a non-competitive process⁵.

2. ACT Perspective

The ACT appears to be (along with NT) the only jurisdiction that has no state operated RACFs. Some states have divested in larger facilities however the Multipurpose Service model where Commonwealth and state contributions to Health and Aged care are "cashed out" to provide co-

¹ Meeting Notes DG-ACTHD and CE CHS Jacinta George

² [Funding for aged care service providers | Australian Government Department of Health and Aged Care](#)

³ [Funding for aged care service providers | Australian Government Department of Health and Aged Care](#)

⁴ [Funding for aged care service providers | Australian Government Department of Health and Aged Care](#)

⁵ [Places to people – Embedding choice in residential aged care | Australian Government Department of Health and Aged Care](#)

located health and aged care (and other) government services in rural locations could be a model. However, the rural locations considered will need to be with the postcode 2620 for ACT and in terms of funding IHACPA has agreed to work closely with stakeholders, including jurisdictions, to understand the implications of any changes to Multi-Purpose Services (MPS) residential aged care funding model in the medium- to long-term, and what adjustments may be needed to ensure a potential funding model is fit-for-purpose. The challenges that ACT would face include:

- 1) The availability of GPs to provide primary care in RACF is another challenge in the ACT.
- 2) Canberra Health Services (CHS) has initiated a purchased bed respite model in late 2022—agreements are in place with identified providers and are due to be renewed. CHS introduced the purchased respite bed model in late 2022 during a period of peak demand for inpatient beds across the health service. This is efficient for CHS, but the Territory is funding services expected to be provided within aged care sector.
- 3) The primary aim of this model was to facilitate the timely transfer of medically stable and suitable patients from CHS hospitals to respite beds in four local RACF at a cost of approximately \$400 per bed per day, fully paid for by CHS. In addition, a full time Social Worker is needed to support the transition of respite patients to permanent beds within RACFs. Although this estimate covers some types of patients, a recent quote for care for a patient with tracheostomy was in approximately \$1.2M per annum.
- 4) The Commissioning for Outcomes/Commissioning of NGO health services cycle for Aged Care Respite services (including Burrangiri) will be under the flexible alignment approach (MIN2023/00671) in 2024.
- 5) The ACT Government has invested in the Care of Older Canberrans initiative in the 2023-24 Budget.

The Centre of Excellence (CoE) for Older Canberrans will focus in the first instance on Dementia before broadening out to other themes identified through data and evidence. The 2023-24 Older Canberrans initiative will explore and define solutions to strengthen care for older Canberrans which is integrated and underpinned by research, evaluation, and quality improvement. There are four outcomes to be delivered in the 18 months, including:

- o An 18-month extension of the delivery and research of the Sustainable, Personalised Interventions for Cognition, Care and Engagement Program (SPICE), that is being led by CHS in partnership with University of Canberra. This is a 12-week program to improve outcomes for people diagnosed with dementia;
- o Development of an evidence-based framework outlining the ACT's model of care for different levels of behavioural and psychological symptoms of dementia (BPSD) including the unique safety and functional needs of people experiencing BPSD when in hospital and in the community;
- o Completion of a pre-feasibility assessment to inform future health planning (including planning for suitable infrastructure) for people experiencing extreme BPSD; and
- o Completion of a literature review and a scoping study to review existing research and initiatives. The Health Services Planning team have had initial discussions with researchers at University of Canberra to explore possible partnerships for this initiative.

It is planned to establish an alliance of stakeholders to guide the mapping of a future service system for health care of older Canberrans based on research and information garnered from these projects.



ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN2024/00294
From:	Rebecca Cross, Director-General	
Through:	Robyn Hudson, Deputy Director-General, Policy and Transformation Liz Lopa, Deputy Director-General, Corporate, Communications and Delivery	
Subject:	Burrangiri Aged Care Respite Centre – Future options for service and facility	
Critical Date:	13/06/2024	
Critical Reason:	To seek agreement to and provide information on current provider of Burrangiri and future options for the ACT respite services.	

Recommendations

That you:

1. Agree to progress design and detailed costing to repurpose the building to accommodation Arcadia House for the medium term, according to either:

- a. A small scope of works; or

Agreed / Not Agreed / **Please Discuss**

- b. A full refurbishment of Burrangiri.

in-principle but

Agreed / Not Agreed / **Please Discuss**

2. Note that further policy work needs to be undertaken to determine the long-term options for ACT respite services; and

Noted / Please Discuss

3. Note that if Burrangiri is vacated by June 2025, infrastructure works can be undertaken to make this a suitable option to temporarily relocate treatment for severe alcohol and other drug problems from Arcadia House (Bruce) to Burrangiri (Rivett) until a permanent facility is completed.

Noted / Please Discuss

Rachel Stephen-Smith MLA



17/6/24

Minister's Office Feedback

Please work with my office to organise a meeting for me with TSA to discuss future arrangements for respite in the ACT. Prior to the meeting, I will need some clear advice about what the refurbishment needs would be if Burrangiri were to remain a respite facility, given this brief appears to say that it would need to close for a full refurbishment either way. Thank you. Re par 21 - I am not sure what this is about? The question isn't whether an AOD facility would count as "Supportive Housing" but whether it would be allowed on this Community Facility zoned block. ACTMapi doesn't appear to indicate there is any other overlay beyond this, and CFZ would usually be the appropriate zone for health facilities.

Background

1. A brief was recently prepared for you regarding future options for the Burrangiri Aged Care Respite Centre ('Burrangiri') (MIN2023/00918 refers). You requested additional information which is addressed in (Attachment A) and further below.
2. Since 1989 the ACT Health Directorate (ACTHD) has contracted the Salvation Army (TSA) to operate a 15-bed aged care respite centre, Burrangiri Aged Care Respite Centre ('Burrangiri'), which provides overnight planned and emergency respite, post-hospital convalescent care, and a day centre program.

Arcadia House

3. Located in Bruce, Arcadia House is operated by Directions ACT under a contract with the ACT Health Directorate. It is a 12-bed unit that provides withdrawal, residential and day treatments for adults with severe alcohol and other drug (AOD) problems, treatments including:
 - a. one-two week withdrawal program;
 - b. 12 week day program;
 - c. 12 week residential program with additional 'step-down' four week day program. Those living in NSW can complete the four week 'step-down' stage of the program online; and
 - d. continuum of care is provided to clients prior to admission and on discharge.
4. Demand projections indicate that the service offering provided by Directions at Arcadia House will remain steady until 2033 with current capacity of 12 patients (ten from ACT and two from NSW).
5. The facility operates 24 hours a day, seven days a week. It is a residential style setting that is defined under the Territory Plan 2023 as Supportive Housing in that it is residential accommodation for persons in need of support, provides a range of support services, counselling, domestic assistance and personal care for residents as required.

6. Admissions are voluntary and admissions and discharge are typically conducted during regular business hours.

Issues

Current contract with TSA for Burrangiri

7. The current contract with TSA for operation of services at Burrangiri expires 30 June 2024. The contract provides for a four-month transition out clause (schedule 6), which automatically commences four-months prior (1 March 2024) to the agreement expiry.
8. To allow adequate time and consideration of other feasible options for the provision of respite care in the ACT, ACTHD will extend the TSA's contract until 30 June 2025. ✓
9. The contract extension with TSA is for an additional \$1,829,655.48 (GST inclusive), from the date of execution to 30 June 2025.
10. Burrangiri's target group is older people in the ACT (aged 65 years and over), including people with dementia and their carers. However, Burrangiri is not an Australian Government approved provider of aged care services, thus, patients do not require an aged care assessment to be admitted to the facility.
11. Burrangiri is a 30-year-old facility owned by the ACT Government. The condition of the building is lower than the expected standard for this type of facility.
12. ACTHD acknowledges that complexities relating to building infrastructure and models of care are likely to impact the Aged Care Respite commissioning cycle. As such, a 12-month variation will enable ACTHD to complete important scoping work so that a pathway forward can be realised.

Difficulties in accessing respite care in the ACT

13. The provision of respite aged care is a Commonwealth responsibility, with the Commonwealth funding respite and other short-term aged care for eligible people in Residential Aged Care Facilities (RACFs).
14. RACFs require clients to have an aged care assessment prior to being provided a place, including those accessing respite care.
15. In principle this should allow hospitals to rapidly discharge patients to Burrangiri (as it does not require an aged care assessment to access), including after hours and on weekends.
 - However, ACTHD notes that Canberra Health Services is referring very few patients to Burrangiri from ACT public hospitals due to limitations with the premises, bed availability, and staffing cohort (i.e., staff mix/skills).
 - Further, Burrangiri is not always seen to be a 'location of choice'; often families want their loved one to be placed into a facility where there is a high likelihood that they will find a permanent bed.

- There is a demand to support people of all ages to transition from hospital to home, particularly long-stay patients who medically ready for discharge.

16. There has been an increase in the number of inquiries from clients with complex needs for Burrangiri, including bariatric patients, those with substance abuse, and clients with complex mental health conditions. Providing services for these patients exceeds the service capacity and capability of the facility, and therefore TSA has been unable to accept these patients, who may then be admitted to hospitals unnecessarily.

Burrangiri asset assessment

17. Burrangiri is a 15-bedroom facility with five toilets and 4 shower and toilet rooms.
18. An asset audit and management plan for Burrangiri has identified backlog maintenance activities and critical assets in poor condition with many assets past their useful lives and requiring replacement. These include building fabric, e.g., replacement of roof and guttering, electrical services, e.g., distribution boards, and hydraulic and mechanical services, such as heating, ventilation, and air conditioning.
19. To continue the usage of Burrangiri as a respite care facility into the longer term, based on outstanding maintenance and building age, a significant scope of works would be required. To undertake the full body of works, the facility would need to be vacated.
20. Minor repairs and maintenance can continue to keep the facility safe for operation to cover the extension of the contract (i.e., to 30 June 2025). ✓
21. The definition of respite care under the Territory Plan 2023 is captured as “Supportive Housing” which is defined as: “the use of land for residential accommodation for persons in need of support, that provides a range of support services such as counselling, domestic assistance and personal care for residents as required. Although such services must be able to be delivered on site, management and preparation may be carried out on site or elsewhere.” (Territory Plan 2023). A facility for the treatment of adults with alcohol and other drug dependencies is likely to be captured under this same definition, however legal advice is required before undertaking detailed planning to confirm this assumption. ?

Relationship to Northside Hospital

22. The current concept design for the Northside Hospital identifies use of both the western edge of block 4 section 1 and the block 2 section 1 Bruce (the northern block) for the delivery of the hospital buildings and car park. Services provided on the northern block are not required to be on the campus of a hospital and so a body of work has been progressed to identify relocation options for these services.
23. These are the subject of a Business Case through the 2024/25 Budget.
24. Given the importance and uptake of the existing services, there is a need to maintain service delivery, this means we need to deliver new accommodation, and commission it before the site can be cleared for use by the hospital redevelopment. ✓

25. ACTHD has been exploring options for the permanent relocation of these services to provide certainty to consumers and operators. To date, no suitable permanent option for Directions has been identified. ACTHD is now exploring temporary options.
26. A temporary solution will mean that services will continue uninterrupted while also allowing for a co-design approach with consumers and service providers to design and deliver a suitable long-term solution.
27. While the Burrangiri building requires significant upgrades, the layout and function of the facility could support the treatment of adults with alcohol and other drug dependencies and provide necessary space for day programs as a long term, temporary solution. As a result, ACTHD has done some preliminary work to understand whether the services delivered by Directions ACT could be moved to Burrangiri when the TSA contract expires.
28. ACTHD has identified options for the upgrade of Burrangiri to make it suitable for Directions. These options range from minimum required works through to a full renovation to more appropriately meet service needs and extend the useful life of the building, including for other services, in the future.
29. The minimum required works include making the building useable including critical plant and mechanical upgrades, some amenity uplift (painting) and installing a bath (required for Directions model of care). It is anticipated this work would cost \$2 million and take up to six months. To upgrade and reconfigure the Burrangiri facility to meet the statement of accommodation for Arcadia House, developed as part of the Northside Hospital Enabling Works Program, a broader program of works has been scoped and costed. This would include the delivery of 12 rooms with ensuite. It is estimated that this will cost \$6.5 million and includes all asset upgrades, design and construction contingency and associated fees. Investment at this threshold significantly extends the usable timeline of this building and could provide a medium term solution for Directions ACT, and a long term option for other services where ensuites would be the expected standard. It is anticipated this would take up to 18 months.
30. The intention to use Burrangiri as a medium term, temporary solution for AOD treatment services is consistent with demographic and population change across the ACT. Rather than focusing on a north and south Canberra split for services, in the coming decades, a third quadrant of western Canberra centred around Molonglo will emerge. To this end, ACTHD is working with the Suburban Land Agency to secure sites in the greenfield areas of the Molonglo Suburb 6 to service needs of western Canberra and the suburb of Kenny to service northern Canberra. These sites will have the flexibility and profile to provide AOD treatment services as standalone or collocated facilities.
31. A future purpose built AOD treatment service in Molonglo and/or Kenny will allow Burrangiri to become available for any future residential health trials or initiatives that emerge.

Timing

32. Arcadia House needs to be relocated off the North Canberra Hospital Campus no later than Q4 2026 to allow for the development to commence for the Northside Hospital Project. Given this, the proposed contract extension allows for the temporary relocation of AOD treatment to Burrangiri provided that the site is vacated by June 2025 to allow for full refurbishment. If the 'lighter touch' option is pursued, then Directions will be able to be moved well ahead of schedule.

Next steps

33. Infrastructure, Communications and Engagement (ICED) will determine any necessary, immediate works required at Burrangiri associated with the contract extension.
34. ICED will continue to explore options for the relocation of AOD treatment to Burrangiri, as well as other temporary and permanent options.
35. Health Services Infrastructure and Planning (HSIP) will work with Ageing and End of Life Branch (AEOL) to explore the current need, and other feasible options, for the provision of respite care in the ACT. This will include engaging a health economist to undertake a cost benefit analysis of the current service run by TSA, and investigating whether TSA could offer respite services at its TSA-owned site in Dickson.

Consultation

Internal

36. The brief was jointly developed by Ageing and End of Life Branch and the Northside Hospital Project Teams.

Cross Directorate

37. The Environment, Planning and Sustainable Development Directorate (EPSDD) has been consulted on land use questions.

External

38. Carers ACT provided feedback on their view of respite services in the ACT.
39. ACTHD has not yet raised the option of relocating the services at Arcadia House to Rivett at the Burrangiri site with Directions ACT.

Work Health and Safety

40. Not applicable.

Benefits/Sensitivities

41. The centre manager from Burrangiri has reached out to ACTHD several times requesting information on the status of their contract. A contract extension was sent

to Burrangiri on Friday 10 May 2024; at the time of this brief, the contract had not yet been executed.

42. The TSA General Manager, Fiona Sanders has requested a meeting with the Executive Branch Manager Ageing & End of Life in June 2024, to discuss:
 - a. the current contract and indexation in light of *Stage 2 Work Value Case for Aged Care Workers*;
 - b. the long term plan for Burrangiri;
 - c. property Investment;
 - d. changing client complexity and meeting referral needs of hospitals; and
 - e. the Department of Veterans' Affairs Contract
43. You will be briefed on the outcome of this meeting.
44. It is apparent that Burrangiri is a respite care service that is preferred by many users. There are reputational risks to the Territory around any changes to this service. Communication around any changes to this service will need to be carefully managed, with a clear message around the role of ACT Health Directorate in providing respite care in the ACT.

Financial Implications

45. ACTHD has provided \$1,663,323.16 (GST exclusive) in funding to TSA to operate Burrangiri, for the 2023-24 financial year.
46. Contract extension of TSA until 30 June 2025 will require funding of approximately \$1,829,655.48 (GST inclusive) bringing the total funding for the whole life of the agreement to approximately \$14,854,329.92 (GST inclusive) for the period 1 July 2016 to 30 June 2025.
47. Schedule 1.6

Communications, media and engagement implications

48. It is anticipated that the future closure or acquisition of Burrangiri along with any changes to respite care services in the ACT would attract significant media interest.
49. A 12-month variation to the Burrangiri contract will enable ACTHD to explore other feasible options for the provision of respite care in the ACT.
50. The relocation of Arcadia House is anticipated to attract community and consumer attention and concerns about the development and facility, regardless of location. Alcohol and drug treatment facilities are often controversial due to public perceptions around antisocial behaviour of users and the perceived impact on the surrounding local area. A comprehensive communications and engagement plan addressing

consumers, stakeholder, and clinician engagement along with broader community communication and engagement will be developed by ICED.

Signatory Name: Rebecca Cross, Director-General Phone: 5124 9400

Action Officer: Michael Culhane, Executive Group
Manager, Policy, Partnerships &
Programs Phone MS Teams

Catherine Loft, Executive Group
Manager, Infrastructure
Communication and Engagement

Attachments

Attachment	Title
Attachment A	Further information requested on Burrangiri

Attachment A – Information to answer MO questions regarding Burrangiri

1. Bed day costs for Burrangiri

- The bed day costs provided under MIN23/00918 for Burrangiri were calculated as follows:
 - o The 2023/24 contract provides \$1,663, 323.16 (\$1,580,354.55 in base funding plus \$82,968.61 in indexation) for Burrangiri Report Centre Services which includes an overnight respite care service and a day centre for 15-20 clients per day.
 - o The day care costs are not separated from the overnight respite care service costs in the contract, and are not reported on separately in Burrangiri's bi-annual performance report.
 - Given current sensitivities with the future of Burrangiri's contract, it was decided not to contact Burrangiri to verify the separation of funding between the services.
 - o Therefore, to calculate bed day costs, ACT Health Directorate (ACTHD) has divided the base funding amount received by The Salvation Army (TSA) from ACTHD (excluding GST), by days in a year (365), multiplied by operating capacity (as advised by TSA their last performance report) (84 per cent), divided by number of beds available (15).
 - o The calculation is as follows $\$1,580,354.55 \text{ (base funding)} \div (365 \times 0.84) \div 15 = \343.63 (rounded up to \$344).
 - o ACTHD Health Services Planning unit utilises an occupancy rate for subacute care (including respite care) of 90 per cent.
 - o As such, applying an occupancy rate of 90 per cent, the calculation utilising the above formula would be as follows: $\$1,580,354.55 \div (365 \times 0.90) \div 15 = \320.72 (rounded up to \$321).
 - o This bed cost is for overnight respite care, and the overnight residents are encouraged to attend the day program.
- In August 2023, Burrangiri provided ACTHD with the following information regarding their rates:
 - o Fees are calculated using a sliding scale.
 - o The daily rate is \$139.05/day; however, discounts are applied according to income.
 - o Minimum rate is \$59.00/day as per Commonwealth Guidelines (*A guide to Australian Government Payments*).
 - o A general client could be charged any amount between \$59.00-\$139.05/day depending on their circumstances. If a client has particularly challenging clinical needs, then a \$20.00/day high care surcharge may be applicable.
 - o Convalescent care rates were only applicable to Department of Veterans' Affairs (DVA) clients, and since the cessation of their agreement with ACTHD there are very few enquiries from people eligible for care under DVA. However, should the occasion arise the DVA rate is \$249.55/day.

2. Canberra Health Services' (CHS) purchased beds model consumer co-payment

- CHS introduced a 'temporary residential aged care of discharged hospital patients' model in 2022, during a period of peak demand for inpatient beds across the health service due to COVID-19.
- An arrangement was entered into with two residential aged care providers (Pines Living and RSL LifeCare), across four ACT residential aged care facilities (RACFs) for a three-month period. The providers have continued to honour the arrangement ongoing in good faith on a case-by-case basis for suitable persons.
- The primary aim of the model was to facilitate the timely transfer of discharged from CHS hospitals into temporary residential aged care beds for a nominated period (for example four to eight weeks) at a cost of approximately \$394.65 per bed per day, fully paid for by CHS (with no co-payment by the person). Please note this is an arrangement for transitional care post discharge.
- CHS has worked closely with the residential aged care providers, including providing a part-time social worker to liaise with the relevant RACF to help transition a person after their period of transitional care, either to their home or to a permanent bed in a RACF.
- In the first instance, temporary arrangements through Commonwealth-funded residential transitional or respite care programs are to be considered for eligible patients prior to the CHS funded model.

3. Aged care respite in the ACT: Potential alternate delivery models, service gaps and opportunities

Alternate delivery models

- The Community Assistance and Temporary Supports (the [CATS Program](#)) is funded by ACTHD and delivered by a number of non-government organisations. The program provides limited day respite for carers under the 'Carer and care relationships support' service for people of any age.
 - The program is intended to support people who cannot access supports through other programs such as the National Disability Insurance Scheme (NDIS) or Commonwealth aged care programs. The CATS Program is also a low-intensity program and unable to provide high-level care, and day respite is only available to carers.
- [Carers ACT operates two cottage style respite services in Canberra](#) - Deakin Cottage and Naraganawali Cottage - to enable carers of people who are ageing and/or have dementia to take a short break from their caring role.
 - The cottages provide low care services and are open to all ACT older people or people with early onset dementia depending on individual care needs (with priority given to clients with dementia).
 - There is a minimum basic daily fee for services. Additional fees may apply depending on eligibility for subsidy or fee assistance. People wishing to access subsidised care need to be assessed through My Aged Care (older Canberrans) or have a NDIS plan that includes short term accommodation.

Service Gaps

- Carers ACT have shared their experiences of respite care and noted that the availability of residential respite care beds does not meet current demand. They indicated where beds are available there are several factors that impact access to respite beds, including:
 - Many places are booked months in advance, while other facilities only accept bookings as a bed becomes available. This makes it difficult for carers to plan ahead to book a holiday or time away.
 - RACFs require minimum stay periods (usually two weeks) which does not suit many carers who prefer a shorter stay or long-term regular support.
 - RACFs are reluctant to accept people with high or complex care needs or with difficult behaviours.
 - RACFs are reluctant to offer a dedicated respite bed as there is a high demand to fill it for permanent placement and there is also the risk of it being empty in between respite stays.
 - Many RACFs do not offer any respite beds, or only offer a bed when it is vacant between permanent residents.
- Carers ACT have also noted the following factors in relation to respite services in the ACT:
 - Lack of diversity in services: the range of respite care options in Canberra can be limited, with few specialised services catering to individuals with specific needs such as disability, mental health issues, or complex health needs.
 - Inadequate funding and resources: respite care services often struggle with insufficient funding and resources, leading to understaffing, limited program offerings, and reduced quality of care.
 - Difficulty in coordination and navigation: families seeking respite care may encounter difficulties navigating the complex healthcare system, including challenges in finding appropriate services, understanding eligibility criteria, and coordinating care arrangements.
 - Lack of integration with other support services: respite care services may not be adequately integrated with other support services such as healthcare, social services, and community programs, resulting in fragmented care and gaps in service provision.
 - Limited respite options for different age groups: there may be disparities in respite care options for different age groups, with fewer services available for children, adolescents, or young adults compared to older individuals, leaving certain demographic groups underserved.
 - Commonwealth Home Care Package (HCP) providers refusing to pay for overnight respite care: there are some HCP providers that refuse to pay for overnight respite at the Carers ACT Cottage. This contributes to carer stress as the carer finds it too hard and gives up on searching for other ways to fund it.
- Carers ACT also noted that carers encounter difficulties accessing respite due to delays in ACAT assessments. Carers ACT noted there are only two alternatives to accessing respite

care without an ACAT assessment - Burrangiri and LDK (which charge a higher fee per night).¹

Opportunities

- Carers ACT noted they are looking to expand cottage-based respite support for people who are frail aged or living with cognitive decline and have low to moderate care needs because of the benefits for both carers and those accessing respite, including:
 - o Home-like environment - smaller scale residential settings promote the maintenance of daily living skills, creates a relatable environment, and enables responsive group based or individual support options that replicate common experiences.
 - o Planned and regular respite – cottage-based residential respite can be planned and regular, supporting the carer to care for their care recipient at home for a longer period.
 - o Built in flexibility - carers who prefer to have one- or two-nights respite or regular daytime respite can arrange respite to suit their needs and can change bookings at any time.
 - o Fluid support - carers and care recipients can move between a day program and overnight stays as care needs change.
 - o Quick assessment process - the Commonwealth Home Support Program (CHSP) assessment process can be accessed much quicker (same day in emergency situations), removing the need to wait for an aged care assessment.
- Carers ACT also flagged options (potentially with the ability to respond to service gaps) their organisation has identified:
 - o The provision of dedicated respite beds in RACFs.
 - o Respite beds that focus on moderate to high care need requirements.
 - o Flexibility in RACFs that enable a more graduated transition into full-time care and minimising change for care recipients - for those who want to choose this option.

4. Burrangiri's operation hours over the Christmas period

- In Burrangiri's most recent performance report (July to December 2023), it was noted that the centre is closed for two weeks over the Christmas period. They stated in their report *'largely this is driven by high labour costs not matched by funding, and staffing shortages due to holiday requests. The closure period also allows us to undertake a thorough industrial clean of the facility, and to undertake any minor maintenance activities. In addition, by bringing our team together prior to re-opening, we can undertake comprehensive mandatory training'*.
- The closure of two weeks was also confirmed during the ACTHD executives and officer's walkthrough of the facility in late 2023.

5. Aged care assessment considerations and fees

¹ LDK notes as of February 2024, they are not currently accepting respite bookings due to occupancy being at capacity ([Private Respite Care in Canberra | LDK Seniors' Living](#)).

- Aged Care Assessment Team (ACAT) assessors are required to assess a person's eligibility for Residential Respite Care under the *Aged Care Act 1997 (Cth)*.
 - o People who are eligible for respite care are entitled to 63 days of respite care in a financial year. This can be extended by up to another 21 days if it is approved by an ACAT delegate.
 - o The fees charged for a person while they are accessing residential respite care are different to the fees charged when a person enters permanent residential aged care. No accommodation cost will be charged and fees have to be recorded under a [resident agreement](#).²
- ACTHD is currently preparing separate advice for you (with input from CHS as the agency who undertakes ACATs in the ACT), regarding any impacts on ACAT assessments and the new Aged Care Act.

² [Understanding fees for residential respite care](#) fact explain fees for care recipients.



MINISTERIAL BRIEF

ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN2024/00560
CC:	Dave Pepper, Director-General	
From:	Maria Travers, A/g Executive Group Manager, Policy, Partnerships and Programs	
Through:	Robyn Hudson, Deputy Director-General, Policy and Transformation	
Subject:	Burrangiri Aged Care Respite Centre - Meeting with Fiona Sanders, General Manager Salvos Home Care	
Critical Date:	15/07/2024	
Critical Reason:	The meeting is scheduled for this day.	

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Rachel Stephen-Smith MLA

15/7/24

Minister's Office Feedback

Thank you for this useful background for the meeting. Please discuss next steps.

Background

1. Since 1989, the ACT Health Directorate (ACTHD) has contracted The Salvation Army (TSA) to operate Burrangiri Aged Care Respite Centre - a 15-bed respite facility, located in Rivett. Burrangiri provides respite services for up to three weeks, including overnight planned and emergency respite, post-hospital convalescent care, and a day centre program.
2. You were recently briefed on infrastructure concerns with Burrangiri (MIN2023/00918 and MIN2024/00294 refers). Following the latter briefing you requested a meeting with TSA. You also requested further information on refurbishment needs. This is addressed in the property investment section below.
3. We understand TSA General Manager, Fiona Sanders is seeking to discuss the following:
 - a. the long-term plan for Burrangiri;
 - b. property investment;
 - c. the current contract and indexation in light of Stage 2 Work Value Case for the aged care industry;
 - d. increasing client complexity and meeting referral needs of hospitals; and
 - e. the Department of Veterans' Affairs (DVA) contract.
4. Maria Travers, A/g Executive Group Manager, Policy, Partnerships and Programs will be the ACTHD representative accompanying you at this meeting.
5. ACTHD has extended TSA's Service Funding Agreement until 30 June 2025.

Issues

Long-term plan for Burrangiri

6. The Health Systems and Innovation Performance Division is developing a white paper on respite care in the ACT for your consideration, to be delivered prior to Caretaker. The paper will explore feasibility options for respite care in the ACT, including considerations for long stay older inpatients, and potential short and long-term solutions that address both the step-up and step-down model of care needs of the community. Any future planning for respite care will be based on the recommendations from this paper.
7. TSA has not been informed that ACTHD is considering future options for respite care through the development of a white paper.

Property investment

8. You requested further information on the refurbishment needs of the Burrangiri facility. TSA has also raised that they wish to discuss property investment for the site.

9. TSA's performance report for Burrangiri for the period July to December 2023 outlined a direct connection between the building condition and limitations on service delivery. For example, small room size and absence of a secure wing limit capacity to accept bariatric clients, clients with a high falls risk and clients with behavioural and psychological symptoms of dementia.
10. To be fit for respite care in the long-term, the facility will need to be vacant to allow for significant work. An ACTHD asset assessment identified a backlog of maintenance activities and critical assets in poor condition, requiring replacement including roofing and electrical services. Minor repairs and maintenance work would allow the facility to operate safely for the duration of the contract extension, after which date further works can occur. ✓
11. KPMG developed an Asset Management Plan (AMP) in August 2023 to support the ACTHD Infrastructure Client Services team to understand the building condition, functionality, and the plant and equipment at Burrangiri. The AMP is focused on the upcoming 15-year period and recommends significant capital expenditures and maintenance activities. ✓
12. The recommended outcomes for the Burrangiri site are:
 - a. compliance with all statutory obligations;
 - b. full capacity of the facility is available for use;
 - c. maintenance activities are conducted against AMP plan; and
 - d. risks are captured and managed with appropriate controls and mitigations.
13. In response to maintenance recommendations outlined in the AMP, ACTHD has undertaken investment in the property to install new vinyl flooring in the dining room, upgrade the kitchen exhaust fan and evaporative coolers.
14. Further, the Infrastructure Client Services team has identified the replacement of the flooring for Room 10 and the interior painting within the current maintenance budget.
15. The Infrastructure Delivery Branch is developing a strategy for implementing the capital works listed in the AMP.

Other discussion points:

Current contract and indexation in light of Stage 2 Work Value Case

16. Based on TSA's performance report there is a funding deficit of approximately 48 per cent. A large proportion of this deficit is attributable to personnel and other operational costs. Further, it is noted that the higher the client complexity, the more staffing that is required.
17. All non-government organisation contracts are indexed annually with the Community Sector Indexation Rate. The rate is calculated using the following formula to take into consideration any wage increases across the sector.

- a. *Formula = Wage Price Index or Award Wage changes (whichever is higher) to 80 per cent of the Community Sector Indexation Rate with the remaining 20 per cent based on Consumer Price Index.*

18. The Fair Work Commission decided in *Stage 2 of the Work Value Case for the aged care industry* that the 15 per cent interim increase on award rates granted in *Stage 1* for direct aged care workers be operative from 30 June 2023 in its totality.
19. Last year, there was a jump in the rate of indexation due to the increase in the Award Wage and an additional amount of indexation was paid.

Increasing client complexity and meeting referral needs of hospitals

20. In the performance report, TSA indicated they are facing challenges from clients with complex discharge needs pushing the respite stay beyond the three-week average. Issues cited included: limited availability for permanent care placements; insufficient support at home for safe discharge, insufficient National Disability Insurance Scheme packages to support clients at home, and increased need for respite as a result of increased federal government support for ageing at home.
21. Canberra Heath Services (CHS) has, on average, 30-40 people across acute and sub-acute beds waiting for permanent placement in residential aged care with an extended length of stay in an acute or sub-acute bed of up to 250 plus days.
22. CHS is referring very few people to Burrangiri due to limitations with the premises, bed availability and lack of options for permanent residential placement.

Department of Veterans' Affairs contract

23. The DVA contract with TSA for Burrangiri expired on 30 June 2022. In the lead up to this, DVA expressed reluctance to extend the contract due to Burrangiri not being an accredited aged care facility with the Aged Care Quality and Safety Commission. DVA requires facilities to be governed by the quality and safety frameworks underpinned by Commonwealth and/or state/territory legislation.
24. In their performance report, TSA indicated continued receipt of referrals and inquiries from DVA clients for convalescent care. Based on the performance report, DVA has occasionally granted funding on a one-off basis.

Financial Implications

25. ACTHD provided \$1,663,323.16 (GST exclusive) in funding to TSA to operate Burrangiri, for the 2023-24 financial year.
26. The contract extension until 30 June 2025 will provide approximately \$1,829,655.48 (GST inclusive) to TSA, bringing the total funding for the whole life of the agreement to approximately \$14,854,329.92 (GST inclusive) for the period 1 July 2016 to 30 June 2025.

Consultation

Internal

27. The Community Sector Contracts and Grants team was consulted regarding the current contract, DVA contract and indexation issues.
28. The Health Systems Planning and Development team was consulted on the long-term plans for Burrangiri.
29. The Infrastructure, Communications and Engagement team was consulted on property investment.

Cross Directorate

30. Community Services Directorate was consulted on ACT DVA population, and changes to the Veteran Liaison Officer role.
31. CHS has been consulted on the Veterans Liaison Service, long stay patients and changing client complexities.

External

32. Nil.

Work Health and Safety

33. Not applicable.

Benefits/Sensitivities

34. ACTHD has extended the TSA Service Funding Agreement until 30 June 2025. Further contract extensions have not been discussed.
35. The Burrangiri service provides 15 beds of respite accommodation.
36. ACTHD is developing a white paper to holistically assess respite and transitional care need and service delivery in the ACT and make recommendations to support services into the future. Currently, this process is internal to ACTHD. As this work develops, ACTHD will consider avenues to invite engagement and input from external stakeholders.

Communications, media and engagement implications

37. It is anticipated any changes to the respite care services in the ACT will attract significant media interest.

Signatory Name: Robyn Hudson, Deputy Director-
General, Policy and Transformation Phone: 5124 9400

Action Officer: Toby Keene, Executive Branch
Manager, Ageing and End of Life
Branch Phone: MS Teams



MINISTERIAL BRIEF

ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN2024/00633
CC:	Dave Pepper, Director-General Robyn Hudson, Deputy Director-General, Policy and Transformation	
From:	Maria Travers, A/g Executive Group Manager, Policy, Partnerships and Programs	
Subject:	Burrangiri Aged Care Respite Centre – Second meeting with Fiona Sanders, General Manager Salvos Home Care	
Critical Date:	12/08/2024	
Critical Reason:	The meeting is scheduled for this date.	

Recommendation

That you note the information contained in this brief.

Noted Please Discuss

Rachel Stephen-Smith MLA

12/8/24

Minister's Office Feedback

Thank you. Please keep working with Ms Smith in my office re potential options on the way forward for respite and hospital step-down. Please share the Deloitte report with her. Good to have confirmation from TSA that January is an acceptable timeline for decision-making.

Background

1. You are meeting with The Salvation Army (TSA) on Monday, 12 August 2024. Dr Toby Keene, Executive Branch Manager (EBM), Ageing and End of Life Branch, and a representative from the Infrastructure Communication and Engagement Division, ACT Health Directorate (ACTHD) will accompany you at this meeting.
2. Since 1989, ACTHD has contracted The Salvation Army (TSA) to operate Burrangiri Aged Care Respite Centre; a 15-bed respite facility, located in Rivett. Burrangiri provides respite services for up to three weeks including overnight planned and emergency respite, post-hospital convalescent care, and a day centre program.
3. ACTHD has extended the TSA Service Funding Agreement (the Agreement) until 30 June 2025, to allow adequate time and consideration of options for the provision of respite care in the ACT.
4. On 15 July 2024, you met with Ms Sanders and Mr Damian Kelly, Quality Advisor, Salvos Home Care. Discussion points included:
 - You advised TSA the Burrangiri site in Rivett will need to be vacated by 30 June 2025, with the possibility of a three-to-six-month grace period, to allow a for a complete refurbishment of the building;
 - You indicated the site may be impacted by Northside Hospital planning and the relocation of other services within the ACT, noting the size of the Burrangiri site is potentially suitable for an alcohol and other drug facility;
 - You noted the ACT Government is exploring options for respite care in the ACT and is open to suggestions from TSA;
 - TSA agreed to explore options including other locations such as Mountainview (owned by TSA) to be discussed at the next meeting;
 - TSA referred to a report completed by Deloitte which investigated a 30-bed model for Burrangiri and agreed to share this with ACTHD. They also committed to providing data on Burrangiri as needed; and
 - A follow up meeting was agreed to.
5. On 18 July 2024, Ms Sanders emailed your Office and ACTHD seeking in-principle confirmation that current or similar funding agreements will continue in a new location beyond 1 July 2025.
6. On 23 July 2024, your Senior Advisor, Health and Disability, Ms Kahlia Smith responded, reiterating further work to understand the breadth and scope of respite needs in the ACT was underway.

7. On 26 July 2024, in consultation with your Office, Dr Keene responded to TSA, noting:

- significant building work is planned for the Burrangiri site after 30 June 2025 and TSA operations will not be able to continue on the site;
- ACTHD is considering what future arrangements may be required for respite in the ACT, and has asked TSA to provide their analysis around alternative options; and
- no commitment can be made regarding a future funding agreement with TSA until all options had been considered, and that due to the upcoming caretaker period and ACT election, it is unlikely an undertaking will occur until early 2025.

8. On 5 August 2024 Ms Sanders and Mr Kelly met with the ACTHD. At this meeting, TSA noted:

- that while TSA owns land in Dickson, at present there is no appetite from the organisation to use it for a respite-care facility, however Ms Sanders did note the ACT could potentially purchase the land;
- the St Nicholas Home for the Aged in Kingston, is a currently vacant building that could be considered to operate a respite care facility, noting that refurbishments/repairs would be required;
- TSA owns Mountainview Aged Care Centre (Mountainview), but their overnight beds are at 100 per cent capacity;
- Mountainview may be a feasible option to host the day respite program currently offered at Burrangiri. The facility offers a variety of lifestyle activities and currently has capacity to take on more clients; and
- Ms Sanders would share the Deloitte Respite Model paper with the ACTHD, noting that as it was prepared for TSA on a proposed project with the WA Department of Health in 2020, the data may be out-of-date and the scope of the paper pertains more to WA.

Issues

White Paper on respite care and long-stay older patients

9. The Health Systems and Innovation Performance team (HSIP), ACTHD, is developing a White Paper which will explore options for aged and respite care in the ACT, including considerations for long stay older patients, and potential short- and long-term solutions that address both the step-up and step-down model of care needs of the community.



10. TSA has not been consulted in the development of the White Paper at this point, but information from meetings with them will inform the paper.

Plan for Burrangiri site

11. ACTHD will continue to provide maintenance on the facility to ensure it remains suitable until 30 June 2025.
12. It is best practice to formally advise TSA within three months of the end of their contract about the cessation of their Agreement; however this is not stipulated in the contract.
 - This means ACTHD would formally advise the TSA of the end of their contract on 30 June 2025, by **March 2025**.
13. The Agreement for TSA includes a 'transition out' clause, which notes that the transition period for Burrangiri commences four months prior to end date of the Agreement.
14. As part of this clause, TSA are required to develop a Transition Out Plan (the Plan) which includes a proposed timeline; indicative transition resourcing as at the date of the Plan; identification of risks associated with the proposed transition; and an indicative assessment of activities/outputs that can be achieved during the transition out period.
15. If you would like to formally offer a 'grace period' to TSA (as additional time to transition out), then a variation to the current Agreement will need to be approved for additional time and funding for the period, as this is not something that is covered in the Agreement.
 - In addition, due to new procurement regulations, the variation would need to go to the Procurement Board for review before any formal offer can be made to TSA.
16. ACTHD advises that a 'grace period' is not offered to TSA, as the four months transition out clause should allow sufficient time for the facility to be emptied.

Financial Implications

17. ACTHD provided \$1,663,323.16 (GST exclusive) in funding to TSA to operate Burrangiri, for the 2023-24 financial year.
18. The contract extension until 30 June 2025 will provide approximately \$1,829,655.48 (GST inclusive) to TSA, bringing the total funding for the whole life of the agreement to approximately \$14,854,329.92 (GST inclusive) for the period 1 July 2016 to 30 June 2025.

19. In considering the future of Burrangiri, funding over the forward estimates for Burrangiri is estimated at (GST excl):

2025-26	2026-27	2028-28	2028-29
\$1,755,086	\$1,801,596	\$1,849,338	\$1,898,346

20. The White Paper will examine how this money may be used for respite in the ACT, or redirected.

Consultation

Internal

21. The Community Sector Contracts and Grants team was consulted regarding forward estimates for funding.
22. The HSIP was consulted on the long-term plans for Burrangiri and the status of the White Paper development.

Cross Directorate

23. Nil.

External

24. Nil.

Work Health and Safety

25. Not applicable.

Benefits/Sensitivities

26. Should Burrangiri completely cease respite services in the ACT, this would reduce the current availability of overnight respite by 15 beds, at approximately just over 4000 bed days per year, and the associated day programs for the ACT community.
27. A robust communication plan will need to be developed should this occur, to alleviate community concern.
28. Currently, the development of the White Paper is internal to ACTHD. As this work develops, ACTHD may need to consider avenues to invite engagement and input from external stakeholders.

Communications, media and engagement implications

29. It is anticipated any changes to the respite care services in the ACT will attract significant media interest.

Signatory Name: Maria Travers, A/g Executive Group
Manager Policy, Partnerships and
Programs Phone: 5124 9922

Action Officer: Toby Keene, Executive Branch
Manager, Ageing and End of Life
Branch Phone: MS Teams

From: Osman, Nadia
Sent: Tuesday, 6 August 2024 10:11
To: Ranasinghe, Gayathri; Gordon-Smith, Alexander
Subject: FW: Follow up meeting required - with Minister Rachel Stephen-Smith & Fiona Sanders, Salvation Army Aged Care
Attachments: 200310 WA TSA Aged Care Respite Business Case - v3.pdf

Perfect timing!

From: Fiona Sanders **Schedule 2.2(a)(ii)**
Sent: Monday, August 5, 2024 5:33 PM
To: Keene, Toby <Toby.Keene@act.gov.au>; Travers, Maria <Maria.Travers@act.gov.au>
Cc: Gissane, Hannah <Hannah.Gissane@act.gov.au>; Osman, Nadia <Nadia.Osman@act.gov.au>
Subject: RE: Follow up meeting required - with Minister Rachel Stephen-Smith & Fiona Sanders, Salvation Army Aged Care

OFFICIAL

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear All, further to our meeting earlier today, please find attached the Deloitte Respite Model paper I referred to, which was prepared for The Salvation Army on a planned project with the WA Department of Health in 2020. We hope you may find this useful when determining next steps for the future or respite care in the ACT.

Regards,



Fiona Sanders

Salvos Home Care General Manager
 Aged Care
 The Salvation Army Australia Territory
salvationarmy.org.au

Email: **Schedule 2.2(a)(ii)**

Address:

Postal Address:

Phone:

Mobile:

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From: Keene, Toby <Toby.Keene@act.gov.au>

Sent: Friday, July 26, 2024 4:11 PM

To: Fiona Sanders [redacted]; Bev Laplain [redacted]

Cc: Gissane, Hannah <Hannah.Gissane@act.gov.au>; Osman, Nadia <Nadia.Osman@act.gov.au>

Subject: RE: Follow up meeting required - with Minister Rachel Stephen-Smith & Fiona Sanders, Salvation Army Aged Care

OFFICIAL

Dear Fiona

I am following up on Kahlia's email below and your meeting with the Minister and Maria Travers.

To confirm, ACT Health is proposing to undertake significant building work on the Burrangiri site after June 2025. The scope of the works means that TSA won't be able to continue operations on the site at the conclusion of the current contract.

We are keen to consider what future arrangements might be. I understand TSA has some analysis that might assist us with our considerations. It would be very helpful if you could send that to me. Additionally, you indicated to the Minister some potential options for alternative sites. We would like to understand those options further.

I understand you are seeking clarity on funding arrangements after July 2025. Unfortunately, we cannot commit to anything until we have considered our options. While we are proceeding as fast as possible, the upcoming ACT election complicates timing, so I doubt we will be in a position to make any undertakings before the end of 2024 and possibly early 2025.

In the meantime, I invite you to meet with me and my team so we can discuss potential options for your service. I can work with Bev to find a suitable time for an online meeting in early August if that suits you.

Kind regards

Toby

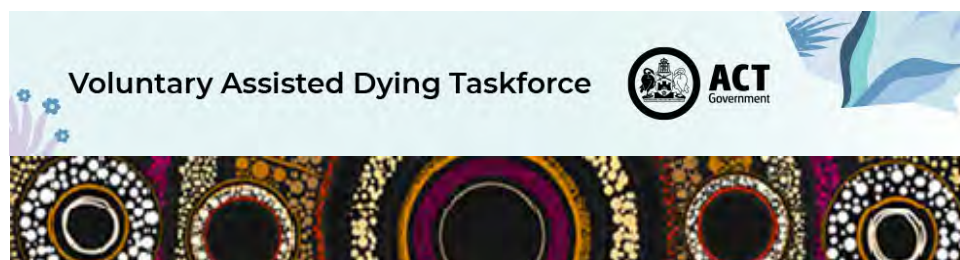
Dr Toby Keene | Executive Branch Manager
Ageing and End of Life Branch

(pronouns he/him)

Phone: [redacted] | Email: toby.keene@act.gov.au

Policy, Partnerships and Programs Division | ACT Health Directorate

Level 3, 2-6 Bowes Street Phillip ACT 2606 act.gov.au



I acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

 Please consider the environment before printing this email.

From: Smith, Kahlia <Kahlia.Smith@act.gov.au>
Sent: Tuesday, July 23, 2024 3:51 PM
To: Fiona Sanders <[REDACTED]> Bev Laplain <[REDACTED]>
Cc: Keene, Toby <Toby.Keene@act.gov.au>; STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>; Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Tomlinson, Benjamin <Benjamin.Tomlinson@act.gov.au>
Subject: RE: Follow up meeting required - with Minister Rachel Stephen-Smith & Fiona Sanders, Salvation Army Aged Care

Hi Fiona,

Thanks for reaching out and apologies for the delay in responding. Just to reiterate the Minister's comments, we're keen to do some further work to understand the breadth and scope of respite needs in the ACT, including the merits of further expansion (noting Salvation Army's feedback that 15 beds is insufficient, for example).

I understand the ACT Health Directorate will be in touch with you to discuss further ahead of our next meeting in August.

Thanks
 Kahlia

Kahlia Smith (she/her)

Senior Adviser, Health and Disability | Office of Rachel Stephen-Smith MLA

Minister for Health | Minister for Disability | Minister for Children, Youth and Family Services | Minister for Aboriginal and

Torres Strait Islander Affairs | Member for Kurrajong

m: [REDACTED] p: (02) 6205 0195 | e: kahlia.smith@act.gov.au

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2600

From: Fiona Sanders <[REDACTED]>
Sent: Thursday, July 18, 2024 4:53 PM
To: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>; Bev Laplain <[REDACTED]>
Cc: Keene, Toby <Toby.Keene@act.gov.au>; Smith, Kahlia <Kahlia.Smith@act.gov.au>
Subject: RE: Follow up meeting required - with Minister Rachel Stephen-Smith & Fiona Sanders, Salvation Army Aged Care

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Dear Sally, following the meeting with the Minister on Monday, I'm seeking some additional information and hoping you may be able to provide. We understand that as part of a broad infrastructure and program review, ACT Health are seeking to close Burrangiri from July 2025 given the building is facing "end of life". The Salvation Army would be seeking confirmation that in principle, ACT Health would be aiming to continue beyond July 2025 with a similar funding arrangement and agreement as is in place currently, but in a different location.

Regards,



Fiona Sanders

Salvos Home Care General Manager

Aged Care
The Salvation Army Australia Territory
salvationarmy.org.au

Email: [REDACTED]

Address:

Postal Address:

Phone:

Mobile:

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From: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>

Sent: Wednesday, July 17, 2024 11:02 AM

To: Bev Laplain [REDACTED]

Cc: Keene, Toby <Toby.Keene@act.gov.au>; Fiona Sanders [REDACTED] Smith, Kahlia <Kahlia.Smith@act.gov.au>

Subject: RE: Follow up meeting required - with Minister Rachel Stephen-Smith & Fiona Sanders, Salvation Army Aged Care

Thanks Bev,

I'll send through the invitation now.

Please feel free to forward as appropriate, however, if you could please let us know the final attendance when you can it would be appreciated.

Thank you,

Sally Cooke 

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Health | Minister for Children, Youth and Family Services | Minister for Disability | Minister for Aboriginal and Torres Strait Islander Affairs

Member for Kurrajong

ACT Legislative Assembly, 196 London Circuit, Canberra ACT 2601 | P: (02) 6205 2661 | www.act.gov.au



From: Bev Laplain [REDACTED]

Sent: Wednesday, July 17, 2024 8:10 AM

To: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>

Cc: Keene, Toby <Toby.Keene@act.gov.au>; Fiona Sanders [REDACTED]; Smith, Kahlia <Kahlia.Smith@act.gov.au>

Subject: Re: Follow up meeting required - with Minister Rachel Stephen-Smith & Fiona Sanders, Salvation Army Aged Care

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Hi Sally, thank you for your prompt response.
Yes please lock in that time.

11.30am Monday 12th August

Warm Regards,

Bev



Aged Care

Bev Laplain

Assistant to National Director, Stephen MacIver
Aged Care

Mobile: [REDACTED] Schedule 2.2(a)(ii)

Email: [REDACTED]



From: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>

Sent: Tuesday, July 16, 2024 4:06 PM

To: Bev Laplain [REDACTED] Schedule 2.2(a)(ii)

Cc: Keene, Toby <Toby.Keene@act.gov.au>; Fiona Sanders [REDACTED] Schedule 2.2(a)(ii) Smith, Kahlia <Kahlia.Smith@act.gov.au>

Subject: RE: Follow up meeting required - with Minister Rachel Stephen-Smith & Fiona Sanders, Salvation Army Aged Care

This email originated from outside of the organisation. Please exercise caution when clicking on links or opening attachments. Check the sender's email address and hover over the link to check authenticity.

Hi Bev,

Thank you for your email.

Minister Stephen-Smith can do 11:30 AM if that works?

If not, please let me know!

Thank you,

Sally Cooke 

Office Manager | Office of Rachel Stephen-Smith MLA

Minister for Health | Minister for Children, Youth and Family Services | Minister for Disability | Minister for Aboriginal and Torres Strait Islander Affairs

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-



From: Bev Laplain Schedule 2.2(a)(ii)

Sent: Tuesday, July 16, 2024 11:11 AM

To: STEPHEN-SMITH <STEPHEN-SMITH@act.gov.au>; Smith, Kahlia <Kahlia.Smith@act.gov.au>

Cc: Keene, Toby <Toby.Keene@act.gov.au>; Bev Laplain Schedule 2.2(a)(ii) Fiona Sanders Schedule 2.2(a)(ii)

Subject: Follow up meeting required - with Minister Rachel Stephen-Smith & Fiona Sanders, Salvation Army Aged Care

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Good Morning Sally / Kahlia

Thank you for hosting Fiona yesterday when she came to meet with Rachel Stephen-Smith & Toby Keene to discuss the future of our Burrangiri Respite Care Home.

During the meeting there was talk of a follow up meeting which i am hoping to lock in for when Fiona is next in Canberra.

Can you please advise availability for **Monday 12th August between 10.30 - 2pm**, travelling with Fiona will be Stephen Macliver, National Director of Aged Care for the Salvation Army.

I hope we can tee something up whilst they are both in the State.

Warm Regards,

Bev



Aged Care

Bev Laplain

Assistant to National Director, Stephen Macliver
Aged Care

Mobile: [REDACTED] Schedule 2.2(a)(ii)

Email: [REDACTED]



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ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN2024/00909
CC:	Catherine Loft, A/g Executive Group Manager, Infrastructure, Communications and Engagement Division	
From:	Rebecca Cross, Director-General	
Through:	Robyn Hudson, Deputy Director-General, Policy and Transformation	
Subject:	Options for Aged Respite Care in the ACT (Burrangiri)	
Critical Date:	11/12/2024	
Critical Reason:	To allow the maximum possible time for a streamlined commissioning process and new contract to be in place by 1 July 2025	

Recommendations

That you:

1. Agree to the proposed approach to cease aged respite care services at the Burrangiri facility as it is no longer fit for purpose, while longer term options are considered;

Agreed/Not Agreed /Please Discuss

2. Note that the ACT Health Directorate (ACTHD) will inform the Salvation Army about non-renewal of their contract as soon as practicable, and no later than the end of January 2025;

Noted/Please Discuss

3. Note the Options Paper at Attachment E outlining the rationale to cease aged care respite at the Burrangiri facility, short-term options for alternative respite care, and costs, benefits and risks associated with all options;

Noted / Please Discuss

4. Note the proposed approach for ACTHD to fund interim replacement respite services via a streamlined open grants process with a health outcomes model (Option 2C); and

Noted/Please Discuss

5. Note that a media handling strategy will be developed in consultation with your office.

Noted / Please Discuss

Rachel Stephen-Smith MLA



11/12/24

Minister's Office Feedback

Re par 15 - commissioning options are not in my opinion a matter solely for the DG. These options have policy implications and potential interactions with other pieces of work by CHS and also in relation to our commitment to a respite facility in partnership with Carers ACT. While I agree we should re-purpose this money to purchase beds (and possibly day respite places) further consideration is required on how to do this - recognising the tight timeline. I am not sure going to market on 16 December will be helpful compared with mid-January - we usually just have to provide longer response timelines if we're going to market in mid-December anyway. For further discussion next week please.

Background

1. Burrangiri is a 15-bed aged care respite centre located in Rivett that provides overnight planned and emergency respite, post-hospital convalescent care, and a day centre program. The target cohort is older people in the ACT (over 65 years or over 50 years for Aboriginal and Torres Strait Islander people), including people with dementia.
2. The ACT Health Directorate (ACTHD) has contracted The Salvation Army ACT/NSW (TSA) to operate Burrangiri since 1989. The 30-year-old facility is owned by the ACT Government and is at the end of its life. You have been previously briefed on infrastructure concerns with the Burrangiri facility and refurbishment needs (Attachment A, Attachment B and Attachment C refer).
3. You met with Ms Fiona Sanders, General Manager (currently Interim Head of Aged Care), Salvos Home Care, TSA on 15 July 2024 (Attachment C) and 12 August 2024 to discuss ACT Health Directorate (ACTHD) plans for the future of the Burrangiri facility (Attachment D refers). You advised TSA that ACTHD was considering not renewing the Service Function Agreement (SFA) when it expires on 30 June 2025 to allow for a refurbishment of the building. At that meeting, TSA advised it did not have capacity in any of its other facilities to deliver 'like for like' Burrangiri services. TSA asked to be

formally informed of the decision of the ACTHD no later than the end of January 2025 to allow time to vacate the facility.

Issues

Future of the Burrangiri facility

4. Considering the Burrangiri facility's infrastructure issues and its unsuitability to support ongoing aged care respite, ACTHD proposes to close the service when TSA's SFA ends.
5. ACTHD will continue to provide maintenance on the facility to ensure it remains safe until 30 June 2025. However, to be fit for respite care or any other purpose in the mid to long-term, the facility will need to be vacant to allow for significant work. ACTHD Infrastructure, Communications and Engagement Division (ICED) assesses that significant capital investment is required to extend the useful life of the building and increase its amenity (estimated \$6.5-\$12 million) or change its current use.
6. ACTHD ICED is actively considering the potential future uses of this building and will brief you separately. This will include options for assessing the feasibility of the building for refurbishment to support alternative uses including Alcohol and Other Drug (AOD) services (Arcadia House) from the Northern Block at the Northside Hospital campus as part of the enabling works. While design and test fit will be undertaken within existing appropriation, there is no current budget funding for the implementation of any capital upgrades to the facility. All options will require the building to be vacated while works are underway.

Northside Hospital enabling works budget is available for this option.

TSA alternatives for Burrangiri's aged care respite services

7. ACTHD has engaged with TSA to determine if TSA has alternate sites or facilities that could provide for ongoing service delivery. TSA has advised it does not have capacity in any of its other facilities to deliver 'like for like' Burrangiri services, with the main limitation being a lack of capacity to provide replacement residential respite. TSA has advised that its Mountainview facility may be a feasible option to host the day respite program currently offered at Burrangiri. Mountainview currently offers a variety of lifestyle activities and has capacity to take on more day centre clients. However, the day program is funded by the current SFA and a variation to consider day programs only at another site would be subject to procurement and value-for money considerations.
8. At a meeting on 4 November 2024 with ACTHD officials, TSA advised it owns a large greenfields site in Dickson. TSA considers the site might be suitable for a residential respite and/or alcohol and other drug rehabilitation facility (currently provided at a facility in Fyshwick that is at the end of its life). TSA is keen to discuss this option but understands this option is longer term and will not solve the issue of replacing Burrangiri

in the short term. TSA advised it would be willing to consider operating Burrangiri while an alternative is found, noting that only 'band-aid' maintenance repairs could be made to the facility.

9. Regardless of potential other sites or facilities, any variations or extensions to the existing SFA must first be approved by the ACT Procurement Board, in line with the recent changes to Procurement Regulations. ACTHD does not recommend pursuing further extensions to the SFA for the following reasons:



- The SFA was extended for 12 months in 2023, to 30 June 2024, to allow for planning for alternate service models. This planning is approaching completion, and further extensions are unlikely to result in a different outcome.
- TSA has indicated a reluctance to accept short term contract extensions as they create challenges for recruiting and retaining workforce and other supplier contracts.
- TSA has indicated that ACT Government funding indexation is insufficient to meet increased costs of operating an aged care facility and would be seeking additional funding to meet these increased costs.
- Preparation of a submission to the ACT Procurement Board will require significant time and resources without a reasonable likelihood of a successful outcome.

Future options for aged care respite in the ACT

10. ACTHD is part-way through a comprehensive planning process considering long-term, future options for respite and transitional care needs and services for older Canberrans. A short-term options paper for ACT Government funded respite has been completed by the Health System Innovation and Performance (HSIP) Division (Attachment E) specifically to address the closure of Burrangiri respite services. The paper compares these options against a continuation of the Burrangiri service after 30 June 2025.
11. A further paper is in development with a focus on the longer-term strategies requiring a broader, systems-thinking approach to develop sustainable solutions that meet the needs of the community. This includes a health services planning approach with a comprehensive evaluation of the aged care landscape. This will explore innovative funding avenues for long-term investments in aged care, including potential repurposing of the Rivett site (noting this would mean it is not available for the relocation of Directions), engaging with and considering proposals with the Commonwealth Government aimed at supporting capital projects, and new and innovative models of care or programs.

It will consider the outcomes of the National Health Reform Agreement negotiations; and the Aged Care reforms being led by the Commonwealth including changes to Aged Care legislation. There is a need to revisit this work in the future to consider the impact of these and other reforms including evaluation of successfully implemented options.

Short-term Options for replacing the Burrangiri respite service

12. As detailed in the Options Paper ([Attachment E](#)), two options are presented for consideration to replace the respite capability provided by Burrangiri after the SFA ceases on 30 June 2025:

- business as usual; or
- a purchased beds model via a streamlined commissioning process.

13. A third option ('do nothing') is also provided here for consideration. **These options represent temporary or 'bridging' solutions for two years while long term solutions are developed in the context of aged care services in the ACT.**

14. **Option 1:** Business as usual. This option is presented as a 'baseline' option in which the Burrangiri service continues to operate out of the current location. This option is not recommended for the following reasons:

- The facility remains unsuitable, with limited options for upgrades or repairs while the service is in place;
- Procurement rules make it unlikely that further contract extensions will be permitted without undertaking a value-for-money assessment; and
- TSA has indicated that, should a contract extension be offered, it will be seeking increased funding to offset the increased costs of operating an aged care centre.

15. **Option 2: Purchased beds model (Recommended).** As described in the Options Paper ([Attachment E](#)), **this option involves the existing recurrent funding being redirected to a streamlined grant process.** The grant process would offer funding to providers, either directly or through a third-party broker to provide aged care respite on a 'like-for-like' basis (that is, similar eligibility to the current Burrangiri service). The target cohort will be older people in the ACT (over 65 years or over 50 years for Aboriginal and Torres Strait Islander people), including people with dementia. **The Options Paper outlines the following three options for commissioning under consideration by the Director-General:**

- **Option 2A: Direct Bed Purchase Model:** involves ACTHD purchasing beds from private providers such as Residential Aged Care Facilities (RACFs), ensuring that clients who would otherwise access services through Burrangiri continue to

receive respite care at another facility. If there is more than one provider, contract negotiations will include coordination of referrals by one of the providers. If funding is required for coordination of referrals, this will be sourced from within the current funding envelope which will reduce the amount available to source beds.

- *Option 2B: Brokerage Model:* ACTHD would fund an organisation to act as a care finder/ placement service for individuals requiring respite beds. The broker would take referrals for respite from the community and health services and aim to place them in RACF beds.
- *Option 2C: Health Outcomes Model:* ACTHD will go to market seeking submissions for the provision of respite services with the applicants to nominate the model of service delivery.

16. The preferred approach of the ACTHD is *Option 2C*. This provides the most flexible approach to take advantage of the low availability of respite beds, and a strengths-based approach in what is a very thin market. It could support cross-organisation collaborative bids, for example, as well as bids that are a combination of *Option 2A* (direct management model) and *Option 2B* (brokerage model); for example one RACF that offers some of its own beds and brokers the rest.

Risks and benefits

17. RACF bed numbers have not increased at the same rate as demand and the ACT's growing older population. The Commonwealth Department of Health and Aged Care (DoHAC) has advised that the majority of RACFs have significant waiting lists for permanent placements, and therefore are not interested in taking respite clients. To mitigate this, ACTHD will seek to fund RACFs on a comparable or better price to Commonwealth aged care respite. There is a risk of a lack of applicants and/or ACTHD needing to execute agreements with several RACFs to find sufficient replacement beds, which would be administratively burdensome.
18. The Brokerage Model aims to provide for more flexibility and maximise the availability of respite places in the ACT. This approach would leverage the expertise of experienced operators in aged care, for example Carers ACT, which already delivers the Commonwealth funded Carer Gateway placement service for frail aged respite care, which could lead to better client outcomes. Costs for this model could include brokerage fees as well as performance incentives for RACFs to accept more respite clients, which may assist to mitigate the risk from lack of capacity in RACFs.

19. It should be noted that there is a moderate risk that none of these options will be able to fully replace Burrangiri's capacity and meet the funding objectives; all options are limited by the low availability of residential respite places in the ACT market.
20. A final option would be to *do nothing*, and to discontinue ACTHD funding in aged respite care. This is not recommended as respite care is an essential adjunct service for carers, and individuals receiving at home aged care or step-down hospital care. Given the challenges already faced by the community and hospital services in accessing respite services, further limitations on the availability of respite would contribute to increased carer burden, reduced levels of carers and individual wellbeing, and lower levels of quality of life. Lack of planned respite care can often lead to emergency respite situations, and carers and individuals accessing the Emergency Department.
21. With no simple 'replacement' options for residential respite, and a need to secure new services by 1 July 2025 to help manage the risk of gaps in service delivery, ACTHD proposes to approach the market via a streamlined open grants process to provide funding to maximise the availability of existing respite services.
22. As the funding is for interim services while a comprehensive planning and commissioning process is undertaken (ca. two years), this grants process will bypass the co-design phase of the commissioning process, with desired outcomes reflecting the same service offerings and eligibility criteria set out in the SFA.
23. A compressed timeframe for undertaking the process is summarised at Attachment F, with the grant opportunity aiming to be released by 16 December 2024. This is likely to be the latest possible grant release date to allow for new service/s to be in place by 1 July 2025. Please note that this timeframe has limited provision for contingencies and that, from experience of previous commissioning processes, there is a risk of the 1 July 2025 deadline not being met. This risk will be closely project managed but there remains a risk of service interruptions if a new service is not in place by 1 July 2025.

Next Steps

24. Following receipt of your views, ACTHD will formally inform TSA that its contract will not be renewed at the earliest practical opportunity. This will be no later than the end of January 2025 and prior to releasing the grant opportunity.
25. As soon as TSA has been informed, ACTHD will notify the sector of the upcoming grant opportunity.
26. The SFA includes a 'transition out' clause, which notes that the transition period for Burrangiri commences four months from the end date of the Agreement. As part of this clause, TSA is required to develop a Transition Out Plan (the Plan) which includes a

proposed timeline; indicative transition resourcing as at the date of the Plan; identification of risks associated with the proposed transition; and an indicative assessment of activities/outputs that can be achieved during the transition out period.

27. You will be updated on this project, and the Burrangiri Transition Out Plan and media plans as they are developed.

Financial Implications

28. TSA receives annual funding for Burrangiri of \$1,723,202.78 in 2024-25 (GST exclusive plus indexation). The value for the whole of life SFA is \$14,920,197.51 (GST inclusive) for the period 1 July 2016 to 30 June 2025.

29. In considering the future of Burrangiri and the financial implications, the Contracts team, ACTHD, has provided GST exclusive forward estimates for funding which would have been allocated to Burrangiri:

- \$1,755,086.00 for 2025-26 financial year (FY),
- \$1,801,596.87 for 2026-27 FY,
- \$1,849,338.16 for 2027-28 FY, and
- \$1,898,346.00 for 2028-29 FY.

30. The ACT Health Director-General has the delegation to approve the future direction of the ongoing funding currently allocated to TSA.

Consultation

Internal

31. The Community Sector Contracts and Grants team was consulted regarding forward estimates for funding and the contractual obligations.

32. The Commissioning team was consulted regarding the suggested streamlined approach and the associated timeframes.

33. Health Services Planning team was consulted on the short-term options and ongoing long-term plans for ACT respite care.

34. Infrastructure Communications and Engagement Division was consulted on the infrastructure limitations and the condition of the current Burrangiri building.

35. ACTHD Communications and Engagement Branch has been consulted.

Cross Directorate

36. Canberra Health Services was consulted on the impact of ceasing the Burrangiri service and options for future respite services.

External

37. TSA has been engaged throughout this process to understand its organisational intent and limitations.

Work Health and Safety

38. Not applicable.

Benefits/Sensitivities

39. TSA has expressed its understanding to ACTHD officials about the reasons for not continuing the Burrangiri SFA and has been collaborative with ACTHD in suggesting alternative solutions. TSA has noted that staff employed at the Burrangiri facility may be offered alternate employment in other TSA facilities or may be made redundant.
40. The Burrangiri service has filled some much-needed gaps in the aged care respite landscape in the ACT over many years and its closure will result in the loss of 15 beds that have provided reliable capacity amongst increasingly scarce respite (and permanent) beds in RACFs.
41. The closure may lead to public concern or dissatisfaction, particularly if alternative care options are not clearly communicated. Proactive engagement with the community and transparent communication about the closure and the solutions being implemented will be essential. Use of public forums and targeted communication strategies will ensure that stakeholders are informed and reassured.

Communications, media and engagement implications

42. It is anticipated any changes to the respite care services in the ACT will attract significant media interest. A communications plan will be developed in consultation with your office.
43. The ACTHD media team will also work on and agree with your office on a media handling strategy.

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Attachments

Attachment	Title
Attachment A	SIGNED Brief - (MIN2023-00918) Options for Burrangiri
Attachment B	SIGNED Brief - (MIN2024-00294) Burrangiri future options
Attachment C	SIGNED Brief - (MIN2024-00560) Meeting with TSA - Burrangiri
Attachment D	SIGNED with Comment Brief - (MIN2024-00633) Meeting with TSA
Attachment E	Short-term options paper - Burrangiri
Attachment F	Aged respite care grant process timeline

ACT Government funded Respite

**Short-term
options paper**

Final

Date: 22 November 2024



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Document Acceptance and Release

This Final document dated 18 November 2024 of the *Short-term options paper Volume 1* is a managed document. This document is authorised for internal release once all signatures have been obtained.

ACCEPTED <i>for internal release</i>	Tania Dufty	Schedule 2.2(a)(ii)	Date:	22 November 2024

Document Development History

Build Status:

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1	09 October 2024	First Version
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3	17 October 2024	Consolidating feedback from PPP, HSPD Contracts and Grants for consideration by EBM.
4	22 October 2024	Third Version
5	22 November 2024	Final

1. Abbreviation List

Table 1: Abbreviations used throughout this Options Paper

Abbreviation	Description
ACTHD	ACT Health Directorate
ACAT	Aged Care Assessment Team
ACT	Australian Capital Territory
ACTHSP	ACT Health Services Plan 2022-2030
ADL	Activities of Daily Living
AMP	Asset Management Plans
APC	Admitted Patient Care
BAU	Business as Usual
CALD	Culturally and Linguistically Diverse
CAPEX	Capital Expenditure
CHS	Canberra Health Services
CHSP	Commonwealth Home Support Programme
DVA	Department of Veterans' Affairs
ED	Emergency Department
FY	Financial Year
HACS	Hospital Acquired Complications
HCP	Home Care Package
LSOP	Long Stay Older Patients
MoC	Model of Care
NATSIFAC	National Aboriginal and Torres Strait Islander Flexible Aged Care
NDIS	National Disability Insurance Scheme
NEP	National Efficient Price
NWAU	National Weighted Activity Unit
RACF	Residential Aged Care Facility
RCAC	Royal Commission in Aged Care
RN	Registered Nurse
TSA	The Salvation Army

2. Executive Summary

This options paper aims to address the pressing short-term challenge from the potential closure of Burrangiri facility. The facility is located in Rivett (ACT) and is owned by ACT Health Directorate (ACTHD). The Salvation Army (TSA) is funded by ACT Government to operate respite care services for older Canberrans and/or their carers without requiring a Commonwealth-based health assessment, such as a National Disability Insurance Scheme (NDIS) or Aged Care Assessment Team (ACAT) assessment. This options paper is the first of a two-part series and addresses respite care impacts following the potential closure of Burrangiri facility.

This paper (volume 1) outlines immediate, short-term options for respite care in the ACT whilst the next paper (volume 2) will focus on longer-term aged care, respite, convalescent and sub-acute strategies for Older Canberrans to address issues such as long stay older patient (LSOP). In 2022-23, the ACT public hospitals provided around 102 beds per day for maintenance category (non-acute) [1] patients who did not require clinical care in an acute hospital. This second paper will be developed in collaboration with ACTHD, the ACT Health Systems Council, Canberra Health Services (CHS) and other stakeholders.

The ACT's older population continues to grow with most of this change occurring by 2030. More older people are living with chronic conditions, dementia and increasing frailty [2]. One of the challenges this presents is an increasing need for respite care options in the community for older Canberrans. Respite care is residential or flexible care provided as an alternate care arrangement with the primary goal of offering a carer or care recipient a short-term break from their usual care arrangement. Whilst the Commonwealth Government is responsible for respite care, the ACT Government funds The Salvation Army (TSA) to provide respite services in the Burrangiri facility. This is a 15-bed facility that provides overnight, post-hospital convalescent care, and a day centre program for older people in the ACT and their carers, including people with dementia and their carers.

Respite care is best delivered in the least restrictive setting that will promote independence, reduce the risk of functional decline and reduce occurrence of potential inpatient complications due to adverse events or HACs, such as infections, often associated with admission to hospital. Irrespective of this, some respite care is being provided in ACT public hospitals when patients are clinically ready for discharge. In 2022-23, around 28 beds per day were occupied by people waiting for respite care in the community.

This paper has been informed by analysis of ACT public hospital Admitted Patient Care (APC) and Emergency Department (ED) data over a 5-year period to 2022-23 and TSA's annual performance reports for the Financial Years (FY) 2022-23 and 2023-24. To further support the data analysis, consultation with stakeholders within the ACT and interstate health services has been included to inform this options paper.

This paper focuses on the considerations associated with the ageing Burrangiri facility which provides respite care. The building footprint is no longer fit for purpose due to the need for structural upgrades to conform with current building codes for temporary residential respite or day care respite programs.

The short-term options for residential respite care following the potential closure of the Burrangiri facility are:

1. Continue operating Burrangiri at the current location with no changes to Business as Usual (BAU) – this is dependent on an extension of the TSA contract for 2 years.
2. Purchased beds via a:
 - a) Direct Management Model - ACTHD manages the contract, overseeing all performance and financial aspects of the contract.
 - b) Brokerage Model - ACTHD contracts a broker, whereby a third party is responsible for managing client placement applications and compliance with ACTHD Models of Care requirements.

- c) Health Outcomes Model – ACTHD go to market seeking submissions for flexible respite services which could result in a combination of 2a (direct management model) and 2b (brokerage model).

The longer-term strategies will require a broader, systems-thinking approach to develop sustainable solutions that meet the needs of the community. This includes a health services planning approach with a comprehensive evaluation of the aged care landscape. This will explore innovative funding avenues for long-term investments in aged care, including potential repurposing of the Rivett site, engaging with and considering proposals with the federal government aimed at supporting capital projects, and new and innovative models of care or programs.

The paper is limited by the information available at a point in time and does not consider the potential outcomes of the National Health Reform Agreement negotiations, nor the Aged Care reforms being led by the Commonwealth including changes to Aged Care legislation. There is a need to revisit this work in the future to consider the impact of these and other reforms including evaluation of successfully implemented options.

3. Introduction

3.1 Purpose

System thinking allows us to view the closure of this facility as a component of a larger healthcare challenge. While this paper focuses on immediate residential respite solutions, we recognise that these actions are part of a more complex healthcare ecosystem.

At present, the full scope of the long-term health and aged care systems remains undefined. However, further work in this space through various projects such as ACTHD Commissioning, ACTHD Dementia Health Experts Network, the ACT Health System Council, CHS and through negotiations with the Commonwealth will allow us to develop a cohesive strategy that addresses both short-term needs and long-term sustainability. This paper provides short-term solutions to address the urgent needs arising from the potential closure of Burrangiri facility while also considering the long-term, system-level implications.

It addresses the following areas of focus:

- Implications of closing the Burrangiri facility on the ACT community, and
- Implications of closing the Burrangiri facility on the public hospital system.

3.2 Rationale

The respite, aged care and healthcare landscape in the ACT is changing, driven by a growing older population and increasing complexity in healthcare needs. ACT's older population (referred to as older Canberrans in this proposal), those aged 65 years and over or 50 years and over for Aboriginal and Torres Strait Islanders peoples, is expected to grow by 87.9 per cent from 62,087 in 2022 (13.6 per cent of total ACT population) to 116,659 in 2041 (17.6 per cent of total ACT population) [3]. Notably, the proportion of the population over the age of 85 years will increase from 7,293 in 2022 (1.6 per cent of the total ACT population) to 21,169 in 2041 (3.1 percent of the total ACT population), coinciding with a higher prevalence of chronic illnesses, dementia, and greater frailty among this demographic group [3] [4].

Whilst preventive measures and the provision of care close to home remain a priority, further work is required to strengthen the ACT health and aged care systems ability to meet the specific access and clinical needs of older Canberrans in the community.

Currently, despite existing outreach programs, the number of maintenance and long-stay patients in the public hospital system is increasing. For the purposes of this paper, long-stay patients are defined as individuals who have been hospitalised for over 35 days, requiring care but no longer needing active treatment. Some of these patients fall under ACT Government responsibility while others are within the Commonwealth's jurisdiction, such as those awaiting placement in residential aged care facilities (RACF).

There is a need to assess, scope and define solutions, to improve health services for older Canberrans, supporting better outcomes and relieving the growing pressure on the hospital system. The Burrangiri facility is at the end of its life cycle and lacks the necessary infrastructure, equipment, and staffing to support clients with complex care needs, as such it is no longer fit for purpose. The contract with the operator, The Salvation Army (TSA) will expire June 2025 which presents an immediate challenge for both the community, CHS and ACTHD.

Limitations

The data regarding Burrangiri has been extracted from the annual performance reports for FY 2022-23 and 2023-24 provided by TSA. The validity of the data has not been verified and there is conflicting data quoted in the performance reports which is not accurate and may lead to inconsistencies.

4. Background

4.1 What Is Respite?

Respite care is defined by the Aged Care Act of 1997 as residential or flexible care (as needed) is provided as an alternate care arrangement with the primary goal of offering a carer or care recipient a short-term break from their usual care arrangement [5]. This includes helping to alleviate the burden on both paid and unpaid caregivers while providing a fresh social or residential environment for those requiring assistance [6].

Respite care is available for individuals with disabilities, mental illnesses, the elderly, and those suffering from dementia. Different types of respite care are [7, 8]:

Emergency respite: partial or full-day respite at residential aged care homes

In-home care: includes overnight care and personal care services, referred to as flexible respite and is provided under the Commonwealth Home Support Programme (CHSP)

Care outside the home:

- Centre Based respite: Day programs and recreational respite, provided under the CHSP. Usually runs from 10am to 3pm.
- Cottage Respite: Overnight or weekend respite at community or an aged care respite facility, provided under the CHSP. Can be accessed for two to three days at a time.
- Residential respite: Provided in an aged care home, needs an ACAT assessment, is available for up to 63 days of subsidised care in a financial year - an extension up to 21 days can be granted, with further ACAT approval.

In the ACT, respite care services are provided by a range of organisations, including Carers ACT, community groups, and RACF's [7]. Respite care in Australia operates within a framework of overlapping health policies and associated programs [9]. State and Territory governments fund a gap in respite services by default and in the ACT, this is done through Burrangiri and public hospitals.

Respite services typically exist alongside or as part of other care initiatives funded through the NDIS and My Aged Care Commonwealth funding, including Home Care Packages, CHSP, Permanent Residential Aged Care, Transition Care Programme, and Short-Term Restorative Care [10]. Accessing these services requires individuals to undergo a formal assessment process that can take up to six weeks, creating a barrier to obtaining emergency or unplanned respite care, which is where Burrangiri in the ACT addresses a critical gap in residential respite services.

4.2 Burrangiri Respite Service

Burrangiri is a 15-bed aged-care respite facility that provides overnight planned and emergency respite, post-hospital convalescent care, and a day centre program. The service's target cohort is older people in the ACT (aged 65 years and over). Burrangiri is not an approved provider of aged care services, thus, patients do not require an ACAT assessment to be admitted to the facility. Since 1989, the ACTHD has contracted TSA to operate Burrangiri and provide a minimum 4,654 overnight bed days and a minimum of 3,336-day visits. Burrangiri's services are contracted until 30 June 2025 at approximately \$1,829,655.48 (GST inclusive) to TSA.

Burrangiri contract stipulates the following services and outputs:

- Overnight respite care
- Post-hospital convalescent care
- Day centre respite program available Monday to Friday

- Information about additional care options and support

Structural Challenges

TSA operates respite services from a 30-year-old facility, Burrangiri, in Rivett which is owned by the ACT Government and is at the end of its life. A Burrangiri facility visit by ACTHD and CHS staff on 15 November 2023 confirmed that the current building is not fit for purpose and has limited value:

- as a respite centre,
- as a facility supporting older patients discharged from hospital, and
- requiring significant government investment for building maintenance costs.

Furthermore, the condition of the building does not meet the expected ACT Government standard with a site assessment rating of 2.5 out of 5. The 2022 Asset Management Plans (AMP) for Burrangiri identified the need for several major structural and electrical upgrades with an estimated cost over \$900,000. These upgrades far exceed the \$90,000 annual maintenance budget for Burrangiri.

Furthermore, these structural limitations have an impact on service provision to admit bariatric patients, clients who are a high falls risk or require isolation, and clients with challenging behaviours for example related to dementia.

Service Challenges

TSA is currently contracted to provide a minimum of 4,654 overnight bed days and a minimum of 3,336-day visits in 15 beds at Burrangiri. For 2023-24, despite the structural challenges, Burrangiri achieved a total of 4,745 bed days although day centre occupancy levels were low at 1,827 against a minimum target of 3,336. TSA provided a total of 314 respite admissions for this reporting period, with approximately 43 per cent of these being hospital avoidance admissions or reduced hospital length of stay, although TSA doesn't specify the validity or source of this measurement.

TSA documented in the reporting period for 2023-24 that hospital admissions accounted for 29 per cent per cent of the total 314 admissions. The remaining 71 per cent of referrals were from the community, either booked privately or through HCP with 24 service providers accessing Burrangiri's respite services. This demonstrates a need for the service.

4.3 Client Demographics and Service Gaps

Age and Gender

The target cohort is older Canberrans, with the average age accessing overnight and day respite in Burrangiri for the reporting period 2023-24 being approximately 80 years. It is worth noting that TSA had a client aged

Out of scope

This highlights challenges faced by younger clients who are not eligible for Residential Aged Care. One of the strengths of the TSA respite service is its flexibility, enabling access for clients who fall between the gaps and cannot access other respite services in the ACT.

Currently, 53 per cent of the cohort were female, and 46 per cent were male. The overwhelming evidence demonstrates that women bear most of the respite burden [9] and as a result are more likely to experience 'greater distress and burden' as a consequence of their caring role [11]. Women are disproportionally more likely to be both carers and cared for in advanced age, as studies show that women live longer than males and because there are various social gendered factors [12].

Specialised Care

The TSA residential client population for 2023-24 at Burrangiri is characterised by a significant need for specialised care, with 57 per cent experiencing cognitive impairment, including 40 per cent diagnosed with dementia, 7 per cent experiencing mental health issues, and 10 per cent suffering from short-term memory

loss (note there are inconsistencies in the performance report where it also states 63 per cent cognitive impairment and 45 per cent for dementia). The layout of the facility does not accommodate a secure space to care for patients who are wandering and may have behaviours associated with dementia. In addition, the Burrangiri facility does not have the infrastructure, equipment, nor the workforce with the required skills to safely care for clients with complex care needs, including bariatric patients. For example, there is very limited space to store mobility aids amongst other layout issues.

In 2023-24, around 21 per cent of clients were admitted without an ACAT assessment. In the same reporting period the need for assistance with activities of daily living (ADLs) and complex clinical care, such as medication administration, diabetes control, feeding and swallowing support, and continence management, increased with 68 per cent of clients requiring medium to high care, 62 per cent medium to high “falls risk” and 95 per cent requiring medication management. These needs increased the staffing costs for TSA. TSA does not have onsite allied health professionals for people requiring allied health assistance following discharge from hospital or during their respite stay. Registered Nurse (RN) provide referrals to external support services.

Culturally and Linguistically Diverse (CALD) population

TSAs CALD clients increased from 78 (29 per cent) in 2022-23 to 104 (33 per cent) in the 2023-24. Older people from CALD backgrounds often face significant barriers accessing and engaging with supports and services, which makes them less likely to utilise available resources [13]. According to AIHW, in Australia in the 2022-23 only 23.7 per cent of CALD populations accessed residential respite care [14]. In contrast, although Burrangiri is more aligned with cottage respite, it provides a service to a high percentage of clients from CALD communities. Its closure could create a barrier to residential respite access for the CALD population, who already experience challenges in navigating healthcare systems due to language barriers, cultural differences, and a lack of culturally appropriate services [13]. The Royal Commission in Aged Care Final Report (2021) highlighted the need to provide high-quality, non-discriminatory care for marginalised groups, such as CALD communities [15]. Older people from CALD communities are a priority population in the ACT Health Services Plan (ACTHSP) [16] which underscores the urgent need for targeted strategies that facilitate access to essential services, ensuring that these individuals receive the care they need.

Aboriginal and Torres Strait Islander peoples

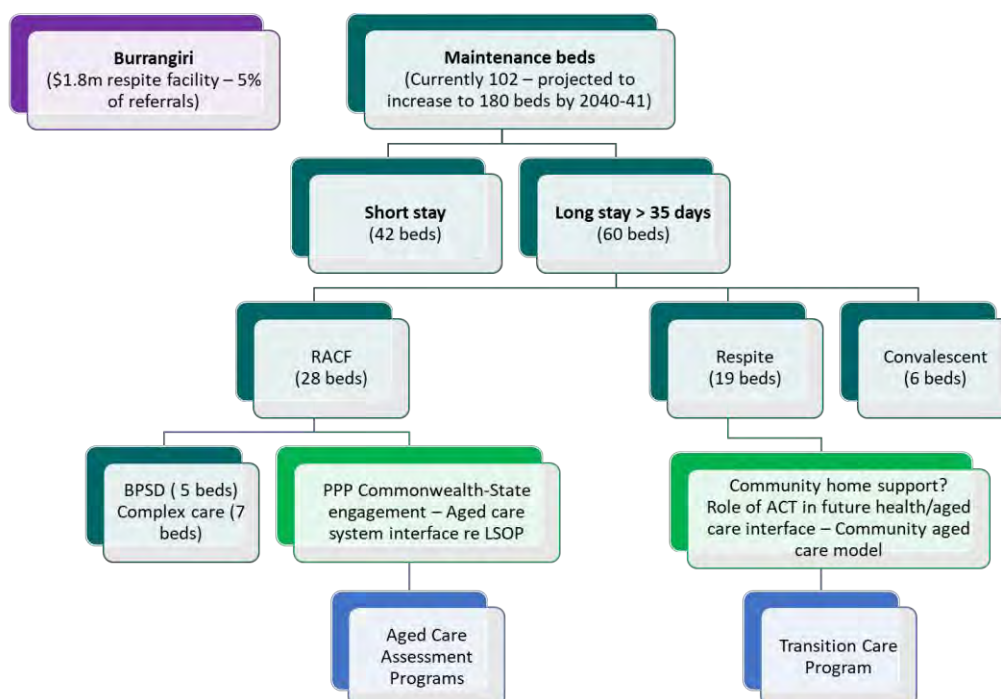
Aboriginal and Torres Strait Islander clients accessing respite services in Burrangiri increased from ■ in 2022-23 to ■ in the 2023-24. Despite its efforts, the TSA service no longer aligns with the Model of Care (MoC) established with ACTHD. TSA was required to provide more to facilitate access to Aboriginal and Torres Strait Islander peoples. To date, this aspect of their service delivery has not been addressed.

4.4 Step Down Respite Care in the ACT

There is a gap in step-down respite care services in the ACT. The TSA performance report stated, 29 per cent of Burrangiri admissions in the 2023-24 were from ACT public hospitals (although in the performance report for 2022-23 TSA states 20 per cent of its admissions are from the hospital whereas only 5 per cent of referrals are received from the hospital which is conflicting). In the 2022-23 period, 28 hospital beds were occupied by maintenance care patients under respite care in hospitals.

This highlights a critical need for accessible respite care options within the community but also implores us to look at how patients accessing respite care in the public hospitals system can be cared for in the community.

Figure 1 below maps the ACT’s maintenance and respite care beds in public hospitals in 2022-23.

Figure 1: Mapping of ACT Service Delivery

(Source: ACT APC Data 2018-19 to 2022-23)

Despite the ACT Government providing \$14.57 million for respite care—comprising \$1.8 million for Burrangiri and \$12.77 million for public hospital bed costs—the demand for respite services continues to rise. The hospital separation trend indicates that the number of maintenance care beds in the public hospitals that are being used for respite is expected to increase to 51 beds by 2040-41, with an estimated cost of \$20.58 million (based on the 2023-24 National Efficient Price [NEP]). For more information on public hospital costs for respite care please refer to [8.1 Appendix A](#).

This escalating demand underscores the necessity for community based residential respite services. The growing need for respite care reflects a critical gap in services, emphasising the importance of addressing this issue to support individuals with care needs and alleviate pressure on the hospital system.

For more information on respite providers in the ACT, please refer to [8.2 Appendix B](#).

4.5 Community Needs & Demographic Projections

The TSA model of care in Burrangiri offers the foundation from which to build a more flexible and accommodating residential respite alternative. The ability to provide care without the needs for a particular assessment to access Commonwealth funding allows the flexibility in service provision. However, questions remain as to the nature of this service. For example, who this service should cater for (low to high care patients) and whether associated allied health services should be provided on an ongoing basis.

Further, future concern also includes geographic access to respite. There are currently no respite services within the Gungahlin region and there are limited services in the far South of Canberra with consultation required to understand the needs. Burrangiri currently operates in the southern suburb of Rivett. Further information about the current service landscape is attached in [8.2 Appendix B](#).

5. Options

The short-term options for the proposed closure of Burrangiri are outlined below.

5.1 Option 1 – Continue operating Burrangiri at the current location with no changes to (Business as Usual)

This option assumes a contract extension for TSA is approved by the ACT Procurement Board for a 2 year period after the 30 June 2025. This is unlikely to be supported without a procurement process. It also assumes that TSA will agree to an extension.

The Burrangiri facility is at the end of its life and is not fit for purpose. It is likely the ACT Government capital expenditure will exceed Budget. The recurrent operating funding is ongoing and excludes capital expenditure (CAPEX). This option accepts the limitations of the facility admit clients to the current Burrangiri Respite Care Facility.

Further Costing for BAU Option one is attached in [8.4 Appendix D under 8.4.1.](#)

5.2 Option 2 - Purchased Beds Model

The TSA contract for Burrangiri respite services expires on 30 June 2025 with the proposed closure of the facility. The \$1.8 million funding allocated to its recurrent operations will be redirected. One short-term solution is to explore a like-for like, purchased beds model through an expedited deed of grants process. This model would involve the purchase of beds from private providers like RACF's, ensuring that patients who would otherwise access services through Burrangiri continue to receive respite care at another facility.

Service Gaps and Risks

Consultations with stakeholders identified a risk associated with aged care providers in the ACT being predominantly focused on clients with low-complexity care needs. This leaves a significant gap in services for individuals requiring complex care, who are not adequately supported by the current system. The funding mechanisms for RACF and the CHSP impact the availability of services. These facilities are governed by stringent Commonwealth standards and a STAR rating. This situation leaves many clients without access to respite options, despite the allocated funding for care.

Two operational approaches are proposed for consideration:

Option 2a: Direct Bed Purchase Model - ACTHD manages the contract, overseeing all performance and financial aspects.

Objective: ACTHD will purchase beds from private providers such as Residential Aged Care Facilities (RACFs), ensuring that clients who would otherwise access services through Burrangiri continue to receive respite care at another facility. If there is more than one provider, contract negotiations will include coordination of referrals by one of the providers.

Outcome: Replacement of bedspace currently provided by Burrangiri would be replaced by bed-space in one or more RACF, directly funded by the ACTHD.

Cost: Estimates suggest costs could exceed the current \$1.8 million funding for 15 beds if comprehensive service delivery and staffing needs for complex clients not currently accepted at Burrangiri are considered.

Option 2b: Brokerage Model - ACTHD adopts a brokerage model, wherein a third party is responsible for managing the day-to-day operations.

Objective: ACTHD would fund an organisation to act as a care finder/ placement service for individuals requiring respite beds. The broker would take referrals for respite from the community and health services and aim to place them in RACH beds. This approach leverages the expertise of experienced operators in aged care, potentially leading to improved service quality and better client outcomes. This model offers flexibility.

Outcomes: A key advantage of the Brokerage Model is its alignment with consumer-directed care, maximising flexibility in home care service delivery. For instance, Trent Thomason, home care manager at Cumberland View Hostel, a Melbourne-based private aged care provider, noted that their 26 home care packages are delivered entirely through a brokerage model [17]. This approach not only reduced overhead costs by eliminating the need for direct care staff but also facilitated genuine choice for clients, allowing them to tailor services to their individual needs. Another advantage of having various facilities in different locations is that it allows people to access respite care closer to home, but this is dependent on the various RACF capacities and willingness to take on these clients.

However, the Brokerage Model also presents challenges. Many clients currently accessing Burrangiri do so without the need for an ACAT assessment, which simplifies the process for individuals in the community seeking respite care. This accessibility is vital, particularly for those who find navigating the existing assessment process difficult and time-consuming. In this context, a reliance on third-party providers raises questions about the level of risk the RACF's would be prepared to absorb, especially if they are unable to conduct thorough assessments themselves. Successful examples of brokerage models can be seen in existing services like the Carer Gateway run by the Australian Government, which connects individuals with a nationwide network of service providers. By calling Carer Gateway, users are guided to local services that can help meet their specific needs [18]. Similarly, aged care brokerage services act as intermediaries, helping seniors or individuals with disabilities find suitable caregivers or agencies tailored to their requirements, such as assistance with daily living activities. This matchmaking service considers factors like location, budget, and specific skills needed, effectively connecting individuals with the right support in a way that suits their preferences. While this model has its advantages, the need for clear communication and alignment of goals remains critical to ensure that quality of care is upheld.

Cost: The funding implications would need to be evaluated based on the contracted services and outcomes. The model could operate within the existing \$1.8 million budget, contingent upon effective service agreements.

People that are eligible for Commonwealth respite (have an ACAT approval) would have their accommodation paid by the Commonwealth with potential for a top up payment as negotiated by the broker. ACTHD would pay for those without an ACAT or people that are otherwise ineligible for Commonwealth respite funding (up to 15 beds to replace those lost at Burrangiri).

Option 2c: Health Outcomes Model - Combination model of 2a and 2b – with flexible arrangements in place

Outcomes-Based Combination Model merges elements of the Direct Management Model (Option 2a) and the Brokerage Model (Option 2b). This flexible approach aims to leverage the strengths of both models while mitigating their weaknesses, ensuring effective delivery of respite care services.

A full anticipated breakdown of the costs is attached at [8.4 Appendix D under 8.4.2](#).

5.3 Options Comparison Tables

Table 2 Option 1: Extend the TSA contract to operate respite care at the Burrangiri facility with no changes to Business as Usual (BAU)	
Benefits <i>Outline the key strengths and advantages</i>	• Continuity of services for current users • Familiarity for staff and clients
Disadvantages <i>List weaknesses and negative consequences</i>	• Facility is at the end of its life and not fit for purpose • Potential safety concerns for clients and staff • Limited ability to meet increasing demand and complexity of care needs •
Timescale <i>What period will the costs and benefits be incurred over</i>	• The model of care is in place. • Immediate continuation of services • Long-term viability is questionable without significant investment • A commissioning process is required to extend the service.
Costs <i>Summarise the costs and assumptions</i>	• Expensive resources to maintain the model of care, workforce and facilities. Recurring funding of approximately \$1.8 million. • No Additional Funding: No new funding allocated for major upgrades or expansions. • Assumes that existing resources and staff can adequately manage increasing demands and that incremental improvements will be sufficient.
Major Risks <i>Summarise the major risks associated</i>	• Overburdened System: Risk of current facilities and staff becoming overwhelmed by patient volumes and complex needs, and a failing facility. • Increased safety incidents due to facility condition • Potential negative impact on client health outcomes • Unmet Needs: Growing demand may outstrip the capacity of existing resources, leading to gaps in care and unmet patient needs.
Performance measurement <i>Determine how the performance of the proposal will be monitored</i>	• KPIs: Patient wait times, bed occupancy rates, staff workload, and patient satisfaction. • Monitoring Systems: Regular reviews of service efficiency, patient outcomes, and staff feedback. • Feedback Mechanisms: Collection of feedback from patients and staff to identify issues and areas for incremental improvement. • Review Schedule: Biannual performance reviews to assess the effectiveness of current practices and incremental changes.

Table 3 Option 2a: Direct Bed Purchase Model - ACTHD manages the contract, overseeing all performance and financial aspects.

Benefits <i>Outline the key strengths and advantages</i>	• Services will be contracted from existing aged care or respite providers. • No interruption to services. • No infrastructure costs for ACTHD
Disadvantages <i>List weaknesses and negative consequences</i>	• RACFs occupancy is high therefore there may not be availability of beds for respite services. • Aged care providers may be selective about the clients they accept.
Timescale <i>What period will the costs and benefits be incurred over</i>	• Short term.
Costs <i>Summarise the costs and assumptions</i>	• Estimates suggest costs could exceed the current \$1.8 million funding for 15 beds if comprehensive service delivery and staffing needs for complex clients not currently accepted at Burrangiri are considered.
Major Risks <i>Summarise the major risks associated</i>	• Service disruption due to staffing issues or transition of services during the contract management. • Inability to adapt quickly to changing client needs if the model of care is not flexible. • RACF capacity – limited bed availability in RACF's, not viable to have all beds in one facility
Performance measurement <i>Determine how the performance of the proposal will be monitored</i>	• Direct measurement of patient outcomes, satisfaction surveys, and operational KPIs. • Regular internal audits to ensure quality of care.

Table 4 Option 2b: Brokerage Model

Benefits <i>Outline the key strengths and advantages</i>	• Leverages expertise of experienced operators, potentially improving service quality. • Relatively simple process, and contract arrangements. • ACAT assessments can be included but not limiting so Commonwealth funding is incorporated. • ACTHD does not need to pay for infrastructure. • Overall quality of care and facilities in RACF is generally higher than can be currently provided at Burrangiri, which may increase the number of people placed, particularly from hospital - provides an avenue to assist with discharge of LSOP. • Single point of contact for operational management • Maintains overnight community respite provided (and could be increased dependent on supply and demand).
Disadvantages <i>List weaknesses and negative consequences</i>	• Success is dependent on RACF capacity. Commonwealth data on this point is imprecise however Local Network officials indicate there are very few available beds. • Unknown capacity for day respite in the sector. • Potential misalignment of goals with the third-party provider. • Reduced control over daily operations and quality of care. • Dependence on third party for staff recruitment and training.
Timescale <i>What period will the costs and benefits be incurred over</i>	• Short term, a compressed commissioning cycle will help to have this as a short-term focused initiative.
Costs <i>Summarise the costs and assumptions</i>	• Costs may include brokerage fees and performance incentives for third-party providers. • The funding implications would need to be evaluated based on the contracted services and outcomes. The model could operate within the existing \$1.8 million budget, contingent upon effective service agreements. • People that are eligible for Commonwealth respite (have an ACAT approval) would have their accommodation paid by the Commonwealth with potential for a top up payment as negotiated by the broker. ACTHD would pay for those without an ACAT or people that are otherwise ineligible for Commonwealth respite funding (up to 15 beds to replace those lost at Burrangiri).
Major Risks <i>Summarise the major risks associated</i>	• Risk of service inconsistency if the third-party provider fails to meet standards. • Misalignment of objectives between parties may lead to suboptimal care delivery. • Capacity - actual bed availability in ACT RACH is constrained already, and if beds are available, they may be dispersed across multiple facilities, increasing management complexities. • Using RACH beds for respite care could limit availability for permanent placements, jeopardising long-term resident accommodations.
Performance measurement <i>Determine how the performance of the proposal will be monitored</i>	• Performance metrics based on third-party evaluations, client satisfaction surveys, and service delivery timelines. • Need for clear contractual agreements on performance expectations.

Table 5 Option 2c: Health Outcomes Model - Combination model of 2a and 2b – with flexible arrangements in place

Benefits <i>Outline the key strengths and advantages</i>	• Flexibility in service delivery, combining strengths of the Direct Management Model (2a) and the Brokerage Model (2b). • Improved access to care by leveraging RACHs as well as community respite. • Scalable model: Potential to adjust services based on demand, offering flexibility as the system evolves. • Faster implementation. • No infrastructure costs for ACTHD. • Variety of service options dependent on need (overnight beds and day programs).
Disadvantages <i>List weaknesses and negative consequences</i>	• Uncertainty in bed availability and capacity limitations due to already high RACF occupancy rates. Commonwealth data on this point is imprecise however Local Network officials indicate there are very few available beds. • Complexity in managing and coordinating multiple service providers, which could lead to fragmented care. • Operational complexity due to balancing both the direct purchase of beds and brokered services can introduce administrative and operational burden for ACTHD.
Timescale <i>What period will the costs and benefits be incurred over</i>	• Short-term to medium-term implementation, with potential for longer-term development based on outcomes.
Costs <i>Summarise the costs and assumptions</i>	• Brokerage fees for third party will apply. • Clients with an ACAT approval, will be eligible for commonwealth respite, with potential for a top up payment as negotiated via a broker. ACTHD will covers costs for non-eligible clients.
Major Risks <i>Summarise the major risks associated</i>	• Limited capacity in RACFs and day respite programs. • Higher operational complexity due to managing a combination of models and providers. • Uncertainty in service quality, as outcomes will not only be on internal management but also third-party providers and a brokerage service. • Additional service costs due to unexpected demand fluctuations may increase the cost per bed or program.
Performance measurement <i>Determine how the performance of the proposal will be monitored</i>	• KPI's including patient outcomes, cost, service utilisation rates, and client satisfaction. • Regular monitoring through audits and feedback mechanisms from both service users and third-party providers. • Contractual performance reviews to ensure service delivery meets ACTHD's standards.

6.Risks and Mitigation Strategies

The potential closure of the Burrangiri facility presents several operational risks that must be effectively managed to ensure a smooth transition. Key risks include service disruption, insufficient purchased bed availability, potential financial overruns, community backlash, and regulatory compliance challenges.

- **Service Disruption:** There is a significant risk of care disruption for current patients, particularly those with complex needs. To mitigate this, detailed patient relocation plans will be developed to ensure continuity of care. Alternative service providers will need to be identified ahead of time, and care agreements will be established before the facility's closure.
- **Insufficient Purchased Bed Availability:** The purchased beds model may not secure enough beds to meet patient demand, potentially leading to a shortage of care options. To address this, a broad outcomes-based process will be utilised to allow for flexibility in care delivery.
- **Lack of RACF applications:** Even if a call for tenders is issued for the 15 respite beds or the \$1.8 million dollar respite funding via a health outcomes-based approach, there is a risk that no RACFs apply or are limited by constraints mentioned in the paper above. Proactive relationship-building with potential RACF will be essential to ensure interest and engagement along with a dedicated communication plan, increasing the likelihood of receiving competitive bids.
- **Timeline constraints - -** There are risks that an expedited grants process (option 2) will not be complete by 1 July 2025, resulting in gaps in service delivery. Close project management and clear timelines will be required to meet this deadline. One potential mitigation for this risk may be to offer a short-term extension to the service agreement to TSA. There may be challenges in obtaining an extended contract with TSA for a shorter period of time (3/6 month extension). The procurement process will need to be navigated, and there's uncertainty about whether the TSA will be interested in the extension, especially if they are in the process of winding down operations at Burrangiri.
- **Community Concern:** The closure may lead to public concern or dissatisfaction, particularly if alternative care options are not clearly communicated. Proactive engagement with the community and transparent communication about the closure and the solutions being implemented will be essential. Public forums and targeted communication strategies will ensure that stakeholders are informed and reassured.
- **Financial Overruns:** Costs associated with the purchased beds model or other short-term solutions could exceed initial estimates, placing a strain on the budget. To mitigate this risk, a detailed cost analysis will be conducted prior to any commitment, and a financial buffer will be incorporated into the budget to accommodate unexpected expenses.
- **Regulatory Compliance:** Maintaining compliance with healthcare regulations during the transition could be challenging, particularly regarding patient safety and service quality. Regular consultations with regulatory bodies and strict adherence to compliance protocols will be prioritised. Audits and reviews will be conducted to ensure that the transition meets all regulatory requirements. This is only a risk if not transitioning to a provider that already is regulated (usually by the Commonwealth).

7. Final Considerations

The trajectory of ACT respite and respite in the larger Australian context seems to point toward a mixture of service specific respite for conditions or even cultural and gender groups, and purpose-built general respite facilities that can cater to the flexible needs of the population. The unpaid amount that carers contribute to the health care system indicates the need for a review of respite services. In addition, further work is required to consider the impact of flexible respite services on the broader healthcare system particularly the subacute/non-acute hospital system and hospital avoidance. This component warrants further exploration of how to achieve a balanced and responsive service for the ACT.

In conclusion, this paper outlines the short-term measures needed to address the potential closure of Burrangiri facility. While this is a short-term solution, further planning is required to address long-term challenges. The second paper (Volume 2) of this series will provide a more comprehensive view of the system-level changes needed, incorporating feedback from the ACT Health System Council and clinical teams.

8. Appendices

8.1 Appendix A – Public Hospital Costs for respite care

1. In 2022-23 there were 102 beds occupied by maintenance care patients in ACT public hospitals. The financial year cost is estimated at \$44.89 million (Based on BAU scenario, NEP and NWAUs)
2. Of the 102 maintenance care beds utilised, it is estimated that 29 beds were occupied by respite care patients. The share of respite care patients is 28%. Based on this share, it is estimated that in 2022-23 \$12.77m (of the total \$44.89 million) relates to respite care patients.
3. The 29 beds also factors 5 per cent reversal of respite care patients from Burrangiri as evidence in their report for the FY 2022-23 (5 per cent of referrals came from hospital although later in the report there's a mention of 20 per cent of admissions being via hospitals which is conflicting). The reversal is based on the premise that patients who are currently transferred to Burrangiri will stop (and will be retained in the hospital as maintenance patients). Additional bed days required at the hospital was estimated
4. By 2040-41, the number of respite care beds required in the hospital is expected to increase to 51. The rate of growth is based on expected rate of growth in separations which was sourced from older and non-Canberrans growth rate projections by the Health Policy Analysis (HPA) Consultants. The 51 beds is estimated to cost \$20.58 million in 2040-41 (based on 2023-24 NEP).
5. A table providing annual projected separations, beds and funding required is provided below:

Table 6: Respite Care in Hospital (includes Burrangiri Reversal)

Financial year	Separations	# of Beds	Funding Req'd (\$m)
2022-23	530	29	12.77
2023-24	525	31	13.26
2024-25	547	33	13.90
2025-26	567	34	13.69
2026-27	586	35	14.11
2027-28	606	36	14.56
2028-29	627	37	15.01
2029-30	648	39	15.49
2030-31	670	40	15.98
2031-32	690	41	16.44
2032-33	712	42	16.91
2033-34	733	43	17.40
2034-35	756	45	17.91
2035-36	779	46	18.43
2036-37	798	47	18.84
2037-38	816	48	19.26
2038-39	835	49	19.69
2039-40	854	50	20.13
2040-41	874	51	20.58

(Source: ACT APC Data 2018-19 to 2022-23 & Economic Projections Sharan, M.)

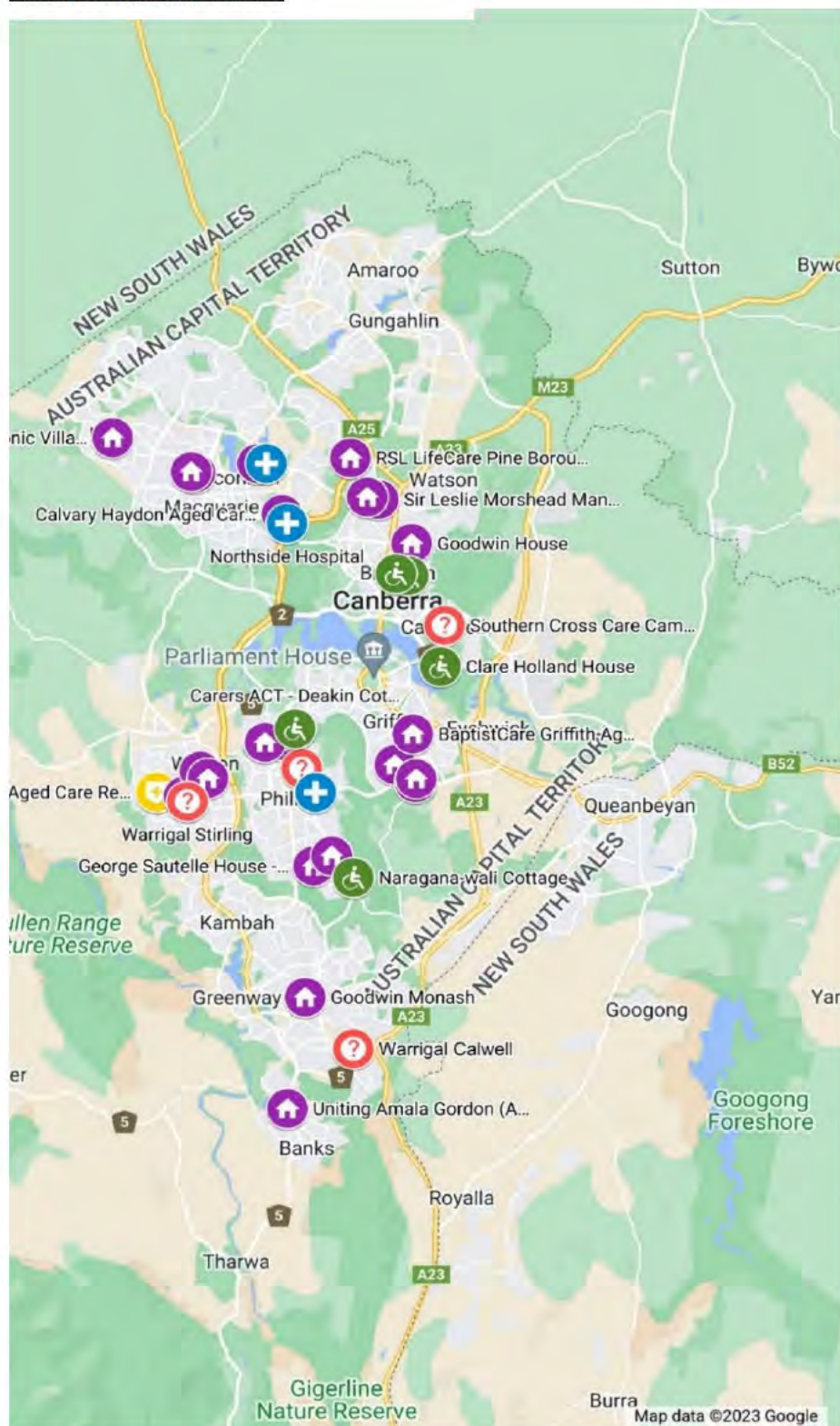
8.2 Appendix B - Respite Care Providers in the ACT

Table 7: Respite Care Providers in the ACT

Respite Services [19]	Services	Provider	Funding
Deakin Cottage, Deakin	Ageing and dementia short stay accommodation Day activities	Carers ACT	CHSP
Naraganawali Cottage, Isaacs	Ageing and dementia short stay accommodation	Carers ACT	CHSP
Burrangiri Aged Care Respite Centre, Rivett	Burrangiri Aged Care Respite Centre is an ACT health site operated by The Salvation Army Aged Care. The centre specialises in providing respite (short-term) care for older Australians. Day or overnight respite	The Salvation Army	ACT Gov
Leo's Place, Canberra	Leo's Place is a non-clinical respite facility for people with a life limiting illness and their carers. The service provides overnight respite, day respite, and carer support.	Palliative Care ACT	ACT Gov. local businesses, philanthropic organisations – John James Foundation and individuals

8.3 Appendix C – Residential Aged Care Facility Service Landscape (ACT)

Figure 2: RACF Mapping in the ACT



As of 30 June 2024, there were 27 operational RACFs run by 17 service providers, the vast majority of which provided some form of respite care. The majority (16) of facilities were in the south of Canberra, with the remaining 11 providers located in the north of Canberra, although no services are in the Gungahlin area [19].

Additionally, there were 37 homecare services run by 26 providers, 5 short term restorative care facilities, 1 transitional care facility.

CHS report that they currently operate approximately 50 maintenance care beds.

8.4 Appendix D – Options costings

8.4.1 Option 1 – Continue operating Burrangiri at the current location as is with no changes to Business as Usual (BAU)

Continuation of the Burrangiri respite care facility operations assumes that the facility will need to meet the increasing demand in the future. While the facility itself maybe an unsustainable option, as previously stated, it is necessary for comparison to alternative options. Key information used to build preliminary model includes:

- 2018-19 to 2022-23 reported occupied bed days from the performance reports,
- 2022-23 daily rate of \$139.05 (rounded to \$140)
- Occupancy rate of 90 percent (assumed)

The 2018-19 to 2022-23 actual bed days data and Health Policy Analysis's projected rate for older and non-older maintenance care patient cohort was used to project bed days for the period 2023-24 to 2040-41. Over the 18-year projection, number of bed days is expected to grow by around 21 percent. The projections indicate that under the BAU option:

- respite care services will require funding of \$19.2 million for the period from 2023-24 to 2040-41 (before inflation)
- number of beds required will increase from 15 in 2022-23 to 22 beds by 2040-41.

A summary for this option 1 for each year is shown in table 8 below.

Table 8: Summary of Projected Activity and Funding Impact - Burrangiri

Financial Year	Occupied Bed days	Beds required per day (rounded up) ¹	Day Attendances (each year)	Total Funds for Burrangiri (\$)
2023-24	4649	15	1685	\$85,3247
2024-25	4749	15	1722	\$87,1571
2025-26	4911	15	1780	\$90,1227
2026-27	5046	16	1829	\$92,6023
2027-28	5184	16	1880	\$95,1502
2028-29	5327	17	1931	\$97,7681
2029-30	5474	17	1984	\$100,4581
2030-31	5624	18	2039	\$103,2220
2031-32	5767	18	2091	\$105,8351
2032-33	5913	18	2144	\$108,5144
2033-34	6062	19	2198	\$111,2615
2034-35	6216	19	2253	\$114,0782

2035-36	6373	20	2310	\$116,9661
2036-37	6501	20	2357	\$119,3063
2037-38	6631	21	2404	\$121,6933
2038-39	6763	21	2452	\$124,1281
2039-40	6899	22	2501	\$126,6116
2040-41	7037	22	2551	\$129,1448

(Source: ACTHD Economic Calculations & Projections, Sharan M.)

Notes:

- Occupancy rate assumed at 90 per cent
- From Briefing notes (attachment A - Burrangiri Background
- Cost at Burrangiri cover recurrent costs only
- Variable component for Independently mobile respite care recipients. Source: DOHA Aged Care Subsidies and Supplements, Rates of daily payments effective on 1 July 2024

8.4.2 Option 2c – Health Outcomes Model - Combination model of 2a and 2b – with flexible arrangements in place

Delivery of respite care services that could become operational within a shorter timeframe (compared to longer term options).

Projected funding impact on the ACT Health is based on projected bed days (overnight) and day attendances for the 2023-24 to 2040-41 period and Carers ACT published full fee-paying client rates. The published rates for 2023-24 are:

- \$ 250 on weekdays (includes overnight)
- \$ 375 on Saturday (includes overnight)
- \$ 500 on Sunday and Public Holidays (includes overnight)

These fees are based on a 24-hour period subject to review and updating in line with the NDIS guide.

Day Program full fee is \$75 per day (8.30am to 5.30pm). Excursions incur extra charges.

Breakdown of costs based on 2023 -24 NEP:

- Daily Cost per Maintenance Care Bed: \$1,200
- Total Maintenance Care Beds: 15
- Annual Cost for 15 Beds: \$1,200 x 15 beds x 365 days = \$6,570,000
- Projected Acute Separations Funded: Approximately 1,237 (based on an Average National Weighted Activity Unit of 0.88 and a price of \$6,032)

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Acknowledgment of Country

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

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Attachment F – Aged respite care grant process timeline

Key Milestones
Oct – Dec 2024
Jan – Feb 2025
Mar – June 2025

Activity	Indicative timeline
Ministerial approval to proceed	Last possible decision by 26/11/24 to make December grant release date but earlier decision is better.
Development and DG clearance of grants package, including: - Engagement with prospective applicants - Development of communications / media plan - Development of application form and assessment criteria - Release to prospective applicants - Establishment of grant assessment panel	November - December 2024. These activities will occur in parallel.
Grant opportunity open on SmartyGrants	Grant opportunity open 16 December 2024 (at the latest) to 29 January 2025
Assessment of applications Commencement of Burrangiri Transition Out Plan (TBC)	February 2025
Grant Assessment Report (package)	March 2025
Notify preferred and non- preferred respondents Negotiations with preferred respondents and award of new grant agreement: • Contract drafting and offer package for delegate agreement Execution of new agreement/s Burrangiri services transition out	March to June 2025
Commencement of new services	1 July 2025



PERFORMANCE REPORT ASSESSMENT

Organisation:	The Salvation Army Property Trust
Program/Schedule Name:	Burrangiri Aged Care Respite Centre
Agreement Number:	2015.27504.990
Reporting Period:	1 July 2022 to 30 June 2023
Business/Policy Unit	Health Policy Partnerships & Programs

All Items reported against?

Yes ☒ No ☐

Information not provided

Insurance

Yes ☐ No ☒

Public Liability Insurance Certificate expired 30 June 2023

Workers Compensation Certificate of Insurance expired 30 June 2023

Financial Reporting

Is a 6mth/12mth financial report required for this reporting period?

Yes ☒ No ☐

Surplus / Deficit (10% variance accepted) Schedule 2.2(a)(xi)

Schedule 2.2(a)(xi)

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Outcomes

Does the report demonstrate that the identified Outcomes are being achieved?

Yes ☒ No ☐

Based on the report provided for the financial year 2022-23, Burrangiri has met the outcomes specified in their agreement with ACT Health Directorate:

- Burrangiri admitted 270 clients with 82 being identified as prevented hospitalisations or reduced hospital stay and 70 clients accessing the respite from community.
- Clients accessed the respite care predominantly to provide primary carers with a break from their usual caring responsibilities.
- Independent older people to have a period of convalescence care post hospitalisation to facilitate their safe return home. Relationships with the public and private hospital social workers allowed Burrangiri to plan for earlier discharge for individuals requiring convalescence care.
- For the Carer, Burrangiri provided respite or a break from the usual care arrangements and reduced level of carer stress.
- Emergency respite has prevented unnecessary hospitalisations or shortened hospital stay especially for the sub-acute clients with dementia whose primary carer has been admitted to hospital and have no support at home.
- Burrangiri has received referrals from community organisations such as Carers ACT, Community Options and Goodwin.

Outputs

Are the agreed Outputs being achieved?

Yes ☐ No ☒

- Agreed outputs are provision of Overnight Respite Care for older people; Post Hospital Convalescent Care; a Day Centre Respite Care Program for older people; and Information about additional care options and support for carers.
- Overnight Respite Care
 - 4601 occupied bed days against a target of 4654.

- This is a difference of 53.
- Post Hospital Convalescent Care
 - not mentioned in the report.
- Day Centre Respite Care Program
 - Had 1668 clients. Attendance remains below the target of minimum of 3336 occupied place days per annum.
 - This is a difference of 1668.
 - Note: Burrangiri report indicates statistics for Day Centre attendance has increased monthly.
- Information about additional care options and support for carers was provided, including on: ACAT assessments; information, and linkages for permanent nursing home beds; and advice regarding on-going health management.
- Total community providers referring to Burrangiri has increased from 11 to 14 providers.
- Note: Burrangiri report specified they received referrals from the Oncology ward at the Canberra Hospital (specifically clients who live interstate and are undergoing treatment in ACT). However, no figures provided.

Performance Indicators

Does the report demonstrate Performance Indicators are being achieved? Yes ☐ No ☒

Quantitative indicators – NOT ACHIEVED

- Overnight respite had 4601 occupied bed days against a target of 4654. However, Burrangiri report specified a bed occupancy rate of 100%.
- Day care occupancy at 1668 attendances against the target of 3336 including 78 referrals.

Qualitative indicators- ACHIEVED

- Customer feedback is obtained through Monthly Customer Experience Surveys (digital) completed on discharge, "Your Matters Matter" feedback completed by the client during their stay and Google review independently submitted on-line.
- Customer Experience Survey results demonstrated that, for the period of January to June 2023, clients reported on average 98% satisfaction with the service and a 91% likelihood that clients would recommend Burrangiri Respite Centre to others.
- Your Matters Matter- 26 complaints in total from 1 July 2022 to 30 June 2023 with the main areas being catering (5), customer service (4), staff (10) and day centre (7).
- Google Reviews publicised a public rating of 4.7 stars, with positive feedback.

Performance Requirements

Does the report demonstrate Performance Requirements are being achieved? Yes ☒ No ☐

- (1) The Organisation must implement strategies to ensure access by Aboriginal and Torres Strait Islander people and those from culturally and linguistically diverse backgrounds.

The Salvation Army has developed an Aboriginal and Torres Strait Islander Cultural Competency and Capability Framework. This framework includes resources for teams including education and training, policies and procedures, and resources on how to engage with our communities. However, the Burrangiri report notes external promotion of services has been impacted by the COVID pandemic. There were 78 CALD clients and **Schedule 2.2(a)(ii)**

- (2) The Organisation will participate in sector activities and collaborate with other organisations.

Burrangiri has participated in the ACT Aged Care Residential Forum virtual meeting; ACT Seniors Expo -trade stand; Dementia Australia training; LDK Seniors Livings community networking event; ACCPA Conference in May 2023; and the regular CSD and Community Sector Update Virtual Meeting as a way of networking and collaboration.

- (3) The Organisation will contribute de-identified data where relevant to ACT or national data collections or surveys.

Burrangiri has not been requested to contribute to collections or surveys.

- (4) The Organisation will take all reasonable measures to ensure employees and volunteers maintain current Working with Vulnerable People registration, appropriate to their position.

All Burrangiri employees and volunteers, as part of our workforce and recruitment policy holds a valid WWVP registration, along with a current NDIS worker check.

Quality Standards

Has the service met compliance with the relevant quality standards/accreditation? Yes ☒ No ☐

Note: Burrangiri is not regulated under come under the Residential Aged Care Quality Standards.

- (1) The Organisation is required to actively use and participate within a validated quality system and works towards quality improvement. Burrangiri is expected to review its practice against this quality system in an on-going process.
- Risk Indicator Dashboard -collects data monthly, around a variety of indicators such as clinical incidents, education compliance, customer experience results, complaints trends, and WHS incidents. Risk level rating and trend monitoring is conducted.
 - Education -Education Tracker and the online Learn portal are monitored on a minimum monthly basis to ensure staff are compliant with mandatory training and competencies. Compliance rates reported in the Risk Indicator Dashboard. Annual training needs analysis conducted.
 - Audits -iAuditor conducts monthly audits to assess compliance against internal policy and procedures legislative requirements, the Aged Care Quality Standards, as well as best practice and evidence-based care.
 - Plan for Continuous Improvement- aids in ensuring a systematic, ongoing effort is in place to improve the quality of accommodation, care, and services.
- (2) At Burrangiri, The Salvation Army uses the Aged Care Quality System (ACQuS). It is used at site level to ensure governance and quality is maintained. This framework supports outcomes when assessed against the self-assessment tool Raising the Standard and the accreditation standards.
- Burrangiri is governed by The Salvation Army Aged Care policy framework which aligns with both legislative requirements and the Aged Care Quality Standards, as well as focusing on best practice and evidence-based care. In addition, Burrangiri also maintains accountability to internal governance systems, ensuring quality and safety when providing care and services (clinical and non-clinical).

Has the service identified any reform as a result of quality improvement? Yes ☐ No ☒

Not specifically stated however, continuous improvement plan is part of an overall quality system to assess how well the systems are working, and the standard of care and services achieved, and is a results-focused activity demonstrated through outputs and outcomes.

Planning or Policy Implications

Does the report identify any Planning or Policy Implications? Yes ☒ No ☐

- Complex discharge planning - clients discharged from public hospitals who are ineligible for ACATs (below 65years of age) or have not been set up for an ACAT review to access supports and care. A proper discharge planning especially for the complex patients need to be established.
- Admissions impacted by the age of building and its layout – several referrals cancelled due to having no ensuite, unable to accommodate bariatric equipment, isolation for clients with infectious diseases. Respite care in the ACT should cater for the changing population needs of the ACT community.
- Number of people with dementia in the ACT has been significantly growing. Future respite care facilities should have the ability to support these individuals.
- Burrangiri has noticed that the clients accessing respite care are now increasingly frail and require more direct care. This requires more equipment, staff, and other resources.

Feedback for response letter (Required)

- Thank you for submitting your report highlighting the value and the extent of the services Burrangiri provides to clients.
- We appreciate the effort made in handling complex discharge planning activities and understand that there has been challenges due to the age of the building and the layout.
- We note that day care occupancy rate is below the target and would like to see an improvement. We are happy to discuss this issue with you.
- Schedule 2.2(a)(xi)
- ACTHD look forward to Burrangiri identifying and implementing strategies to ensure access to services by Aboriginal and Torres Strait Islander people.

To follow up for discussion at service visit (Optional)

Assessment Completed By:

Unit	Officer	Date Completed
CSCGU	Jessica O'Connor	18/09/23
PPP	Gayathri Ranasinghe	21/09/23



ATTACHMENT B

PERFORMANCE REPORT (Item 2(3) Schedule 3)

Organisation:	The Trustee for The Salvation Army (NSW) Property Trust
Program Name:	Burrangiri Aged Care Respite Centre
Agreement Number:	2015.27504.990
Reporting Period:	July 2022 – June 2023

1. Outcomes (Schedule 2)

Please provide a brief statement against how you are achieving the identified Outcomes.

This FY2022-23 Burrangiri admitted 270 clients. 82 of these were identified as prevented hospitalisations or reduced hospital stay. Burrangiri continues to have the flexibility to accept clients without an ACAT as it is not a deemed requirement and thus facilitates providing avenues for hospital clients from wards and or emergency areas for respite care. Other residents are admitted for respite directly from the community. In the last 6 months, Burrangiri admitted 23 clients without an ACAT and organised for many of these clients to have their ACAT assessments completed on site.

Clients accessed respite care predominantly to provide primary carers with a break from their usual care provision, or for independent elderly to have a period of convalescence care post hospitalisation thus facilitating their safe return home. Emergency respite prevents unnecessary hospitalisation or can shorten hospital stay particularly for sub-acute clients with diagnosis of dementia whose primary carer has been admitted hospital but the person they care for has no support at home.

Our continued positive relationship with hospital social workers, both public and private, allows Burrangiri to work with those teams to plan for earlier discharge for those who are not ready to be discharged home, but simply require a period of convalescence – thereby reducing inpatient length of stay. Burrangiri continues to have flexibility to accept clients discharged from hospital. Alas many of these clients without support create challenges for the Burrangiri team in providing an exit plan to follow the respite care period, as many have come with or develop complex discharge plan beyond respite. In addition, for clients whose primary carer requires urgent hospital admission.

Since 1 July 2022, Burrangiri has continued to receive numerous referrals from community service organisations such as Carers ACT, Community Options and Goodwin. Strong relationships with community service providers such as these continues to grow as we accept community admissions. Referrals from community service organisations has more than double in this review period. Total **community providers** referring to Burrangiri has increased from **11 to 14** providers. The total number of clients accessing respite from community by end of June 2023 was 70 people. Burrangiri continues to be responsive to planned and emergency bookings from these providers.

Augmenting these formal relationships and networks, Burrangiri benefits from a large number of “Word of Mouth” referrals from ACT based repeat clients, their families and friends, stemming from a valued reputation built up over the past 34 years.

Burrangiri continues to cater to the needs of older people in the ACT and their carers to access our respite services with 270 admissions accepted in the year.

Finally another significant cohort of ACT admissions are referral from the Oncology ward at The Canberra Hospital specifically clients who live interstate, and are undergoing treatment in ACT. Burrangiri can and does provide non-acute nursing care and safe, supported accommodation from which they can access treated as outpatients.

Despite positive outcomes and an average of over 100% occupancy, Burrangiri continues to encounter challenges:

1. Complex Discharge Planning

Being a facility that does not require ACAT, Burrangiri has the capacity to accept clients with or without an ACAT. This brings some benefits but at the same time presents some exit plan concerns.

In the previous six-monthly report, we raised that we encountered more challenges from complex discharge planning for clients discharged from public hospitals who are ineligible for ACATs (below 65 years of age) or have not been set up for an ACAT review so as to access supports and care (for those over 65 years of age). These challenges consume significant staff time and extend respite bookings as we try to establish care beyond the respite period.

Consequences of unmanaged complex exit plan are:

- a. Risk of re-admission to hospital due to unsafe home environments to return to eg: nil support in place when the respite period ends.
- b. Longer stay in Burrangiri beyond original booking and funding arrangements (multiple handling issues)
- c. Repeated re-admissions to Burrangiri
- d. Extensive & unbudgeted use of Burrangiri staff time in of sourcing some options to support clients for safe return home including organising ACAT, seeking bed availability in various nursing homes or home care services and contracting.
- e. Each of the above being beyond the core respite care function of Burrangiri.

An example of this complex case management undertaken by Burrangiri for which the hospitals are relieved is addition to the above matter, in this financial report, Burrangiri was intensively involved in supporting safe exit plan for

Out of scope

2. **Admissions impacted by the age of building and its layout**

In the last six months several referrals have cancelled due to rooms not having ensuites; the building is unable to accommodate bariatric equipment for which there is an ever increasing demand approx. 200% above requests of 3years ago. Additionally, isolation potential to care for clients with infectious disease is not possible due to shared bathrooms and small rooms. Other challenges in our admissions as follows:

a. **No secured facility to accommodate clients with a diagnosis of dementia/ wandering**

Burrangiri continues to receive referrals from clients with more complex cognitive impairment based needs. 137 out of 270 admissions were clients that had a diagnosis of dementia.

Burrangiri's building layout is not designed with separated secured and non-secured wing. Accommodating a clientele with impaired cognition does cause distress to the other clients particularly whilst staff manage, and other clients interact with that cohort. Examples of challenging behaviors presenting at Burrangiri include wandering; abscond risks; risks of presenting potential physical and verbal aggression to other clients. Some of these clients who cannot be successfully managed need to be discharged early back to carers seeking a respite break and causing lost booked bed days.

3. **Living longer at home and the Complexity of Client's needs**

As government initiatives support elderly independent adults to continue living in their homes longer, clients accessing respite care are now increasingly frail and require more direct care whilst using respite services than 10years ago. Our clinical data indicates that the level of assistance required for activities of daily livings (ADLs) and for complex clinical care (medication management; diabetes management; nutrition & swallowing support; continence management) have all significantly increased.

Accordingly, for this reporting period, data collated notes that

- * more than 50% of our clients have medium to high level care needs;
- * around 65% of clients fall into a medium to high "falls risk" category.
- * more than 90% require medication management/ administration

Understandably, these factors impact staffing levels, where additional staffing costs are incurred to ensure the delivery of appropriate clinical care and to maintain optimal safety for clients.

This has been raised with ACT Health requesting that our nurses be able to access training in hospital that may benefits us to provide convalescence care.

4. **DVA Clients accessing respite from community.**

We continue receiving referrals and inquiries for DVA clients many of whom are our repeat clients. Due to cessation agreements between ACT Health and DVA, respite funding is no longer available thus most of these clients decline to make bookings. This significantly affects our occupancy and revenue from cohort of regular clients.

2. Outputs (Schedule 2)

Please provide a brief update on progress made against your identified Outputs.

Despite the significant challenges we have faced in another year impacted by the COVID-19 Pandemic, we are pleased to report positive metrics, and performance against targets.

a. Overnight Respite Care for the period July 2022 to June 2023:

- 4601 occupied bed days against a target of 4654
- Total referrals received 639.
- 369 referrals did not proceed (details described in “Performance indicator”)
- **270 admissions.** Majority of admissions were from home (126 were returnees), and 56 clients (20%) were admitted from hospital.
- **269 discharges including:**
 - 207 clients returned home with a family support or home care providers.
 - 26 clients discharged to Residential Aged Care
 - 15 clients discharged to another respite facility
 - 21 clients discharge to Hospital
 - 0 clients deceased

For 269 discharges, we have identified Client Needs and Level of Intervention as follows:

- Assistance with ADLs; more than 50% of clients required medium to high levels of ADL assistance. The remainder with a minimum level of ADL’s support.
- Clinical interventions: more than 50% clients had been categorised as client with medium to high level of intervention and this can include assistance with peg feeds; wound drainage; medicated/ medication pumps; VRE and other infection precautions; complex wound care; challenging behaviour management and or safe-guarding to dementia; pain or palliative management.
- 45% clients were identified as having low level of intervention requirements, and they were clients that self-care and managing own medication.
- **Falls Risk;** Almost 60% clients were identified as medium to high falls risk requiring risk management strategies which may include sensor mat, portable call bell, regular safety check, room close to nurse’s station, stand by supervision.
- **Discharge planning;** the majority of clients being discharged had an exit plan in place and did not require any significant level of intervention. They either return home with family as primary support or return home to live alone with home care support in place. The significant challenges with discharge planning that Burrangiri has encountered has been noted in the page earlier “Complex Discharge Planning”.

b. Client Demographic

- The average age of the client accessing respite is over the age of 80.
- The youngest clients over the period 12 months were 44 years and 54 years of age.
- 55% of admissions were female, with 45% male.
- 60% of admissions were clients diagnosed with cognitive impairment which include 137 people with a diagnosis of dementia, the remaining 40% clients have nil cognitive issues.
- 78 were identified as CALD.
- Schedule 2.2(a)(ii) been identified accessing respite in May 2023

Note:

- Of 270 admissions, 6 clients were funded by NDIS, and 70 were funded by their Home Care package
- Schedule 2.2(a)(ii) [REDACTED]
- Referrals received from Hospitals and Community providers were 34 and 45 respectively.
- 175 were directly received from family or clients.

c. Day Centre

MONTHS	July	August	September	October	November	December	6mth Totals	January	February	March	April	May	June	Annual TOTAL
Days D/C open	21	23	20	20	22	15	121	18	20	22	17	22	21	241
Day Centre Clients	17	15	16	14	12	10	84	10	14	17	15	15	20	175
Respite clients attending D/C	15	22	14	14	14	11	90	14	17	14	17	3	18	173
Total Clients attending D/C	32	37	30	28	26	21	174	24	31	31	32	18	38	348
Day Centre Attendance (days)	87	87	87	83	70	46	460	65	87	104	89	121	109	1035
Respite clients D/C Attendance (days)	49	57	80	73	50	48	357	65	40	57	49	6	59	633
Total Day Centre Attendance days	136	144	167	156	120	94	817	130	127	161	138	127	168	1668
Centre Attendance Target days	278	278	278	278	278	278	1668	278	278	278	278	278	278	3336
Attendance days difference to Target	-142	-134	-111	-122	-158	-184	-851	-148	-151	-117	-140	-151	-110	-1668
% difference to Target	-51.08%	-48.20%	-39.93%	-43.88%	-56.83%	-66.19%	-51.02%	-53.24%	-54.32%	-42.09%	-50.36%	-54.32%	-39.57%	-50.00%

Although Burrangiri's client statistics for Day Centre attendances has significantly increased, month by month attendance's remains below target. Burrangiri has a goal and capacity to cater for 15-20 clients per day. Planning and promotional strategies seek to increase community awareness of the Day Centre and to generate new clients. This is currently under way via:

- Working with TSA Enterprise Development team who have created a marketing strategy and promotion material for community advertising – this includes editorials and radio advertising. *Successful.*
- Completion of a clinical assessment document has been implemented for all new clients. This assessment assist screening the suitability of clients desiring to participate in Day Centre. Alerting the team to higher care clients for which the service will need to develop appropriate activities and ensure staff capacity to cater for individual needs. *Successful*
- "Upselling" Day Centre services to respite clients and then follow up with the individual or family to see if they would consider becoming an on going Day Centre clients. Successful in consideration of transport and geographic locations.
- Offer of a free day trial period for prospective new clients. *Successful.*
- Regular newsletter to repeat clients; referrers; extended Day Centre audience.
- "Word a mouth" in the community. Feedback quoted from one of the largest Community Provider' Director: **"your day program has been highly recommended", "We only hear great things about Burrangiri"**. This as a result, Burrangiri will host their visit in September 2023 to show case our Day Centre Program.

- As part of the 2023 promotional strategy an **Accessible Activity Diary** has been created which is formatted like a menu calling on the familiarity of a menu as a promotional tool particularly it is hoped for culturally and linguistically diverse clients. *Successful* (see image below)



Day Centre's Client Demographic:

As of June 2023, Burrangiri Day Centre has 20 regular clients attending over a variety of regular days. Nine of these clients have a diagnosis of dementia for which day respite for their carer is provided by the service. Six clients identify as CALD.

The average age of Day Centre Client is 80 years old being. The oldest is 91 years old and the youngest is 57 both with dementia supported by family in their home with day respite provided at the Day Centre.

Individual clients joining the group are directed towards days that best suit their needs for which we can more readily tailor the program and staffing eg: more dementia clients on Tuesday and Thursdays so we can ensure there are more staff and more agile program to cope with focus issues. Fully cognitive clients on a Monday and Friday so we can provide more intellectually stimulating activities as well as physical exercises program they can follow. All are promoted via the "Day Centre Activities Menu", which is distributed weekly.

d. Information: additional care options and support for clients – what Burrangiri offers clients.

All clients are able to be **on-referred to Salvos Home Care services** as many clients are seeking to be when they are admitted to Burrangiri. The ACT Care Coordinator visits residents and Day Centre clients on-site to commence entry into home care services. This service also extends to providing links for clients or their families for other home care services.

ACAT assessments are organised for those clients requiring completion of this assessment. About 25% of clients require this which is made easier for them by our strong relationships with the ACAT team.

Information and linkages for permanent (nursing home) beds are provided by Burrangiri personnel or we set up meetings with nursing homes so the client can commence their own admission, should that be the decision. Equally we can provide links/ contacts to consultants who can complete these services for families or individuals seeking permanent care options. Approx. 20% of clients require this on-servicing.

Health advice re on-going health management. RN team provide links to external support services such as for support with medical issues such as Parkinsons, diabetes or dementia; allied health; mental health; social activities; advocacy; exercise; GPs; other respite in their local area (both outside and inside the ACT).

Of Note: **Geriatric Rapid Acute Care Evaluation (GRACE)** Service has supported Burrangiri for the past 4-5 years providing significant clinical advice and assessments for our clients during acute issues and in most cases leading to avoidance of hospital transfers.

Equally **Hospital in the Home (HITH)** has client outlain in Burrangiri who receive acute treatment via this team in our non-acute setting.

The Burrangiri Team are cognisant of the importance of assisting clients with their post discharge well-being. The team supports individual clients to meet their ongoing requirements. This requires the weaving of many services for each client for their discharge being 13 pre-discharge clients at any one time. Burrangiri has experienced an increase in the complexity of these care requirements over the past few years.

Burrangiri continuously assist clients and their families/carers regarding discharge planning. We have provided extensive feedback in relation to client's care, engaged in family conferences to discuss discharge plans and suggested options as to whether permanent placement or organising in home care support is advisable and how we can assist on this journey.

Burrangiri maintains a data base of Home Care Providers, and how they may be able to assist clients post discharge. In addition administration maintains an up to date register of nursing home bed availability across the ACT so we can direct clients to the most suitable for them, or simply a site that has vacancies at that time.

In-house Burrangiri offers all care requirements for a 24hour period including 24hr RN service; all meals and catering; care services; medication management; laundry services; fully maintained garden; proximity to shops, cafes and buses. Burrangiri offers safety and security for Day Centre and respite clients.

Burrangiri fits within the broader corporate structures of the Salvation Army Aged Care which facilitates the service with multiple operational systems such as care systems (iCare); banking and finance (Epicor and Finance 1); Audits (iAuditor); ordering systems (Winccs; PFD; etc); WH&S and complaints reporting system (SolvSafety); emails and calendars (Outlook); rostering (Kronos); payroll and HR (WorkDay). In addition, Salvation Army provides all finance processing support; marketing and publicity functions; recruitment and on-boarding services; quality control via audits and reporting processes; staff training.

3. Performance Indicators (Schedule 2)

Please provide a brief update on progress made against your identified Performance Indicators.

Quantitative Indicators

Burrangiri's average bed occupancy for the 2022-23 financial year despite another 2x periods of COVID Lockdown in April and in June which affected admissions; was maintained at over 100%.

The facility 639 referrals for overnight respite care for this review period leading to 270 realised admissions. The remaining figure did not progress for the following reasons:

- 221 clients did not require respite as they were offered permanent nursing home care; the family changed their mind and decide to continue providing care, or the client refused the admission.
- 48 clients were deemed as high care risks prior to admission (eg bariatric; complex terminal care; IV medication requirements; complex aggressive or wandering behaviours) or client had a late notice extension of hospital stay, this greatly affects occupancy at short notice.
- 5 clients deceased prior to admission.
- No bed availability at Burrangiri; clients were subsequently not ready for respite; or they simply did not respond to follow up calls.

Day Centre occupancy remains below the target reaching 1668 attendances against the target figure of 3336 for financial year period. Positively, and prior to the Promotion Programme undertaken; the number of attendances has increased by doubled in the six months of 2023. The Day Centre also continues to receive more referral from 28 (the last six months of 2022) to 50 (in the Jan-June23 period). In total for the whole 12 months period, 78 referrals for Day Centre were received. The demand for day respite services is increasing with the aging population and a desire by that population not to go into permanent care.

Negatively two period of COVID Lockdown in April and June 2023, prevented residential respite clients from accessing the Day Centre activities.

Qualitative Indicators

Burrangiri utilises several platforms to gather and evaluate customer feedback, so that we may continuously improve the delivery of care and services. These include:

- Monthly Customer Experience Surveys (digital) completed on discharge
- "Your Matters Matter" feedback completed by the client during their stay
- Google review independently submitted on-line.

Customer Experience Surveys, completed by residents or their representatives on discharge; the results are collated monthly. Satisfaction questions are:

1. Did staff treat you with respect?
2. Were staff responsive to your needs, including answering nurse call buzzers?
3. Do you get the care and services you needed?
4. Was the information you were given about services easy to understand?
5. Did you participate in making decisions about what care and services you received?
6. Did you get value for money?
7. Do you trust us to do the right thing by you?
8. Did you feel comfortable to be able to give feedback and make complaints?
9. Did you feel that your feedback was taken on board & appropriate action is taken?
10. Did staff follow up when you raise things with them?
11. Are the staff at Burrangiri caring?
12. Did you enjoy the meals that were served here?
13. If you had dietary requirements, were these met?

14. Did the staff know what they are doing?
15. Were you supported by the chaplain, when you chose to be?
16. How likely is it that you would recommend this service to others?

Customer Experience Survey results demonstrated that, for the period of January to June 2023, clients reported on average 98% satisfaction with the service. Results also showed a 91% likelihood that clients would recommend Burrangiri Respite Centre to others. Results are collated in MicroSoft Forms.

Your Matters Matter feedback is logged in the feedback management portal, SolvSafety. Complaints received for the period:

- 1 July 2022 to end June 2023 to were 13 in total.

Common themes of complaints are outlined in the table below. All complaints are resolved in a timely manner by management to ensure client satisfaction, and to prevent recurrence of any issues that may have occurred.

Complaint Theme	2021	2022	2023
Call Bell	1		0
Catering	2	2	5
Cleaning		1	
Client belongings		1	
Clinical Care	1	3	1
Customer Service		5	
Environment	1		
Equipment	1		
Resident/Client Behaviour	2	3	3
Safety	1		2
Staff		4	2
Grand Total	9	13	13

Compliments received for the periods:

- 1 July 2022 to end June 2023 were 26

Common themes of compliments are outlined in the table below.

Compliment Theme	2021	2022	2023
Catering		5	5
Customer Service		11	4
Staff (attentiveness; generosity; care)	11	11	10
Day Centre			7
Grand Total	11	27	26

Google Reviews publicise a public rating of 4.7 stars, with positive feedback. All feedback posted is reviewed and responded to individually by Salvation Army Aged Care Enterprise Development team (Marketing).

As with internal feedback received verbally, any negative feedback identified through Google Review is logged via our internal complaints system SolvSafety (Your Matters Matter) and addressed as appropriate.

4. Performance Requirements (Schedule 2)

Please provide a brief update on progress made against your identified Performance Requirements.

a. The Organisation must implement strategies to ensure access by Aboriginal and Torres Strait Islander people and those from culturally and linguistically diverse backgrounds.

The Salvation Army has developed a comprehensive Aboriginal and Torres Strait Islander Cultural Competency and Capability Framework. The toolkit that sits within this framework provides a host of resources for our teams including education and training, policies and procedures, and resources on how to engage with our communities.

The continued restrictions placed on us by the COVID pandemic including two outbreaks have limited our ability to externally promote the services as we have in previous years. Since June 2023 we have been able to progress with marketing and service awareness through media – radio and print – and some ongoing collaboration with other service providers.

We continue to provide services to a culturally diverse group of clients and have recorded 78 CALD client admissions in the reporting period. There was Schedule 2.2(a)(ii)

b. The Organisation will participate in sector activities and collaborate with other organisations.

The ongoing COVID-19 Pandemic has impacted opportunities for face-to-face collaboration with other organisations, however we have been able to participate in the following, which assists with networking and collaboration:

- ACT Aged Care Residential Forum virtual meeting
- ACT Seniors Expo where we had a trade stand
- Dementia Australia training
- LDK Seniors Livings community networking event
- ACCPA Conference in May 2023
- Regular CSD and Community Sector Update Virtual Meeting

c. The Organisation will contribute de-identified data where relevant to particular ACT or national data collections or surveys.

Burrangiri has not been requested to contribute de-identified data during the year. As a matter of core business the service does collect a significant amount of personal “confidential” information around admissions, discharges, length of stay, medical history, identifiers, etc. Should de-identified data be required this can be arranged and would be completed within over-arching privacy regulations and TSA Policy which is in place for such an event.

In 2022-23 Burrangiri did respond to two requests being:

1. A request from the ACT Government, Health Policy and Strategy Branch for Customer Experience Survey results and,
2. A second request from the Health Policy and Strategy Branch for information relating to prioritising ACT Health referrals, Cost Effectiveness of the Respite Model, and the Burrangiri Value Proposition model.

The data required for both requests was provided in the correct format within the correct time frame.

d. The Organisation will take all reasonable measures to ensure employees and volunteers maintain current Working with Vulnerable People registration, appropriate to their position.

All our employees and volunteers, as part of our workforce and recruitment policy, must hold a valid WWVP registration, along with a current NDIS worker check. Compliance with these renewals is managed by HR systems and ensures we maintain 100% compliance.

5. Quality Standards (Schedule 2)

Do you actively use and participate in assessment against the Quality Standards detailed in Item 6 Schedule 2 in working towards quality improvement?

Burrangiri is governed by The Salvation Army Aged Care policy framework which aligns with both legislative requirements and the Aged Care Quality Standards, as well as focusing on best practice and evidence-based care. In addition, Burrangiri also maintains accountability to internal governance systems, ensuring quality and safety when providing care and services, both clinical and non-clinical. Burrangiri actively participates in assessment against these quality systems on a monthly basis through the following means:

• Risk Indicator Dashboard

The Risk Indicator Dashboard collects data on a monthly basis, around a variety of indicators such as clinical incidents, education compliance, customer experience results, complaints trends, and WHS incidents. The results captured in this dashboard all contribute to a risk-level rating for the service and provides the ability to monitor trends over time. Negative trends require investigation and, if required, an action in the service's Plan for Continuous Improvement. The risk-level of the service is reported on and discussed at the organisation's monthly National Aged Care Risk Forum.

• Education

Compliance with education is captured both through the Education Tracker (face-to-face training) and the online Learn portal (online training). This is monitored on a minimum monthly basis to ensure staff are compliant with mandatory training and competencies, with compliance rates reported in the Risk Indicator Dashboard. Training Needs Analysis are conducted minimum annually with staff, and this, alongside other indicators such as complaints, clinical incidents, etc. inform additional education that may need to be conducted at the service.

• Audits

The service uses the iAuditor system to conduct audits monthly. As shown in the Quality Assurance Program schedule below, audits around the areas of clinical care, infection control, falls management, WHS, advocacy and feedback, etc. are conducted twice annually. These audits were developed to assess compliance against internal policy and procedures, legislative requirements, the Aged Care Quality Standards, as well as best practice and evidence-based care. Any failures within these audits are required to have assigned actions to rectify, and areas for improvement are recorded in the Plan for Continuous Improvement as indicated. Compliance with the Quality Assurance Program is monitored by the organisation's Quality Team.

From 1 July 2022 to end June 2023, Burrangiri continues to complete the below schedule of audits. Noting that Vehicle Safety Checks ceased in April with the sale of the Burrangiri van. Average outcome of other audits completed is 97%.

Aged Care Burrangiri Quality Assurance Program		January	February	March	April	May	June
Audits	Vehicle Safety Checklist	Vehicle Safety Checklist	Vehicle Safety Checklist	Vehicle Safety Checklist	Vehicle Safety Checklist	Vehicle Safety Checklist	Vehicle Safety Checklist
	Service Access & Referral (Respite and Day Centre)	Clinical & Complex Care (Respite Centre)	Medication Management (Respite Centre)	Catering, Cleaning & Laundry (Respite and Day Centre)	Workplace Health & Safety (Respite and Day Centre)	Advocacy & Feedback (Respite and Day Centre)	
Other	Customer Experience Surveys	Customer Experience Surveys	Customer Experience Surveys	Customer Experience Surveys	Customer Experience Surveys	Customer Experience Surveys	Customer Experience Surveys
	Risk Indicators	Risk Indicators	Risk Indicators	Risk Indicators	Risk Indicators	Risk Indicators	Risk Indicators

		July	August	September	October	November	December
Audits	Vehicle Safety Checklist	Vehicle Safety Checklist	Vehicle Safety Checklist	Vehicle Safety Checklist	Vehicle Safety Checklist	Vehicle Safety Checklist	Vehicle Safety Checklist
	Service Access & Referral (Respite and Day Centre)	Clinical & Complex Care (Respite Centre)	Medication Management (Respite Centre)	Catering, Cleaning & Laundry (Respite and Day Centre)	Workplace Health & Safety (Respite and Day Centre)	Advocacy & Feedback (Respite and Day Centre)	
Other	Customer Experience Surveys	Customer Experience Surveys	Customer Experience Surveys	Customer Experience Surveys	Customer Experience Surveys	Customer Experience Surveys	Customer Experience Surveys
	Risk Indicators	Risk Indicators	Risk Indicators	Risk Indicators	Risk Indicators	Risk Indicators	Risk Indicators

PLEASE NOTE: Other spot check audits may be conducted on an ad hoc basis in response to performance appraisals, training needs analysis, staff feedback, consumer/representative feedback, audit results, industry alerts, policy & procedural changes and internal or external reviews. All Audits and Vehicle Safety Checklists are to be completed in Auditor by the end of the month.

• **Plan for Continuous Improvement**

The service maintains a Plan for Continuous Improvement. This aids in ensuring that a systematic, ongoing effort is in place to improve the quality of accommodation, care and services which:

- considers the needs of our clients and residents,
- is part of an overall quality system to assess how well our systems are working, and the standard of care and services achieved, and is a results-focused activity demonstrated through outputs and outcomes.

Have you reviewed your practice against these Quality Standards in this reporting period?

As mentioned above, key indicators, education compliance rates, and audit results are gathered regularly and help to form a risk-level rating, which is presented and discussed at the National Aged Care Risk Forum on a monthly basis.

6. Planning and Policy Implications (Item 2(2) Schedule 3) – maximum 1000 words

N/A.

Signature of Delegate: Diah Octaviana

Position: Centre Manager

Print name of Delegate: Diah Octaviana

Date: Thursday August 31 2023

This Report is to be emailed to psrcontracts@act.gov.au.

Ms Fiona Sanders
 General Manager Community Care The Salvation Army
 The Trustee for The Salvation Army (NSW) Property Trust
 Schedule 2.2(a)(ii)

Dear Ms Sanders

NOTICE OF THE COMMUNITY SECTOR FUNDING RATE OF INDEXATION FOR 2023-24

I am writing to advise you of the 2023-24 Community Sector Funding Rate of Indexation (Indexation) for the Services provided by your Organisation which are funded by the Australian Capital Territory through ACT Health Directorate (ACTHD).

The 2023-24 Indexation rate, as determined by ACT Treasury is 5.25%. Indexation for Services funded through ACTHD as it applies to your Agreement is detailed below.

SFA 2015.27504.990	2023-24 Base Funding GST exclusive	2023-24 Indexation 5.25% GST exclusive	2023-24 GST exclusive
Burrangiri Respite Care Centre	\$1,580,354.55	\$82,968.61	\$1,663,323.16

The Territory will pay the Funding Amount, or part thereof, in accordance with Schedule 4 of your current Agreement.

If you have any queries in relation to this correspondence, please contact the Community Sector Contracts and Grants Unit via email at psrcontracts@act.gov.au.

Yours sincerely

Schedule 2.2(a)(ii)

Tania Weir
 Director
 Community Sector Contracts and Grants Unit
 ACT Health Directorate

31 July 2023



ATTACHMENT B

PERFORMANCE REPORT (Item 2(3) Schedule 3)

Organisation:	The Trustee for The Salvation Army (NSW) Property Trust
Program Name:	Burrangiri Aged Care Respite Centre
Agreement Number:	2015.27504.990
Reporting Period:	July 2023 – December 23

1. Outcomes (Schedule 2)

Please provide a brief statement against how you are achieving the identified Outcomes.

For the reporting period, Burrangiri Respite Centre achieved a total of 2286 bed days against a target of 2327. This is a pleasing result given our two-week closure over the Christmas holiday period, and admissions impacted by COVID outbreaks.

There was a total of 145 respite admissions for this report period, and approximately 40% of these resulted in either a hospital avoidance or reduced hospital length of stay.

Clients predominantly accessed respite care for two reasons: to provide the primary carer with a break from their usual care provision, or for an independent elderly person to receive convalescence care post hospitalisation to then facilitate a safe discharge home. Emergency respite prevents un-necessary hospitalisation or can shorten hospital stay particularly for sub-acute clients with a diagnosis of dementia whose primary carer has been admitted to hospital but the person they care for has no supports at home.

Our continued positive relationship with hospital social workers, both public and private, allows Burrangiri to work with those teams to plan for earlier discharge for those who are not ready to be discharged home, but simply require a period of convalescence – thereby reducing inpatient length of stay. Burrangiri continues to have flexibility to accept clients discharged from hospital. However, many of these clients who have no supports at home or in their local community, create challenges for the Burrangiri team in developing and implementing a suitable discharge plan.

The number of Community Service Providers referring clients to Burrangiri has grown from 14 to 18 during the reporting period, testament to the positive reputation and relationships we have developed. Carer ACT, Life Without Barriers, Annecto, Community Options and Goodwin remain our top 5 referees. For many of the clients referred from these community providers, the costs for their respite stay were covered through their Commonwealth funded Home Care Package, which was of enormous benefit to the client and their families.

Augmenting these formal relationships and networks, Burrangiri benefits from a large number of “Word of Mouth” referrals from across the ACT through repeat clients, their families and friends; stemming from a valued reputation built up over the past 34 years.

In November 2023, we were privileged to host a visit from the ACT Health team from various divisions and facilitated a comprehensive tour of our centre. The visit gave us the opportunity to discuss and provide feedback on both some positive aspects of our service, and of course the challenges we have encountered over the past 34 years in service.

1. Closure during Christmas and New Year

Whilst recognising the high demand for residential respite beds over the Christmas and New Year period, driven by families needing a break from caring, and hospitals attempting to reduce occupancy, we continue to close the facility for a two-week period. Largely this is driven by high labour costs not matched by funding, and staffing shortages due to holiday requests. The closure period also allows us to undertake a thorough industrial clean of the facility, and to undertake any minor maintenance activities. In addition, by bringing our team together prior to re-opening, we can undertake comprehensive mandatory training.

2. Complex Discharge Planning

Generally, our approach is to cap respite admissions to a 3-week period, which allows us to remain responsive to hospital admissions and emergency respite requests. We are increasingly facing challenges from clients with complex discharge needs, which pushes their respite stay to 4 weeks and beyond. Some examples of this are as follows:

- a. *Family seeking permanent care as they are no longer able to care their loved one at home.*

Long waiting list and limited availability for permanent placement has led to frequent admissions or extended stays at Burrangiri. Given the high and often complex care needs of these clients (high falls risk, dementia with challenging behaviours, pain management), we have seen admission/readmission to hospital when care needs exceed our ability to safely manage clients on site.

- b. *Client lives independently but not safe to return home*

We have encountered various reasons that prevent a client to return home when their respite care ends:

- Home Support is not sufficient as care needs have significantly increased due to progressing dementia, or their clinical needs are too complex and require 24/7 nursing care and intervention.
- Nil social support and lives in remote area. Out of scope

- c. *NDIS client but not receiving enough funding to support them at home, or too young to access Residential Aged Care*

Schedule 2.2(a)(ii)

3. Admissions impacted by the age of building and its layout

During the ACT Health visit, we had the opportunity to discuss limitations on service

provision due to the age of the building and its layout. This has increasingly impacted our ability to admit bariatric clients, clients who are high falls risk or require isolation, and clients with significant challenging behaviours related to dementia.

a. The size of the room is too small and can be a hazard when room is cluttered
Particularly for clients that are deemed as a high falls risk. Very limited space for storage of mobility aids, furniture placement in the room, manual handling equipment, positioning of the bed against the wall.

b. Absence of secure wing to accommodate clients with a diagnosis of dementia/ wandering

Burrangiri continues to receive referrals for clients with more complex cognitive impairment. For the reporting period, 58% of clients admitted had some degree of cognitive impairment, and 40% of admissions had a formal diagnosis of dementia.

Burrangiri's building layout does not allow for the delineation of space to accommodate a separate secure wing. Accommodating a client with impaired cognition can also at times cause distress to other clients. Examples of challenging behaviors presenting at Burrangiri include wandering; abscond risks; risks of presenting potential physical and verbal aggression to other clients.

4. Living longer at home and the Complexity of Client's needs

With ongoing government initiatives aimed at supporting elderly independent adults to continue living in their homes for longer, we witness an increasingly frail cohort of clients accessing respite care who also require more direct care than they may have needed a decade ago. Our clinical data indicates that the level of assistance required for activities of daily livings (ADLs) and for complex clinical care (medication management; diabetes management; nutrition & swallowing support; continence management) have all significantly increased.

Accordingly, for this reporting period, data collected notes that:

- 50% of our clients have medium to high level care needs;
- 67% of clients fall into a medium to high "falls risk" category;
- 90% require medication management/ administration, with 10-15% of these having complex medication requirements.

Understandably, these factors impact staffing levels, where additional staffing costs are incurred to ensure the delivery of appropriate clinical care and to maintain optimal safety for clients. Occasionally we will need to add extra staffing in the evening to provide extra support in caring for clients with dementia.

This has been raised with ACT Health requesting that our nursing staff have access to training in hospital that may enhance our skills in meeting the needs of this increasingly complex client cohort.

5. DVA Clients accessing respite from community.

We continue to receive referrals and enquiries for DVA clients - mostly from the family themselves rather than the hospital social worker - for convalescence care. This has continued beyond the cessation date of the ACT Health/DVA agreement.

Unfortunately, the majority of these clients subsequently declined to progress their respite admission due to there being no funding available from DVA, and this then impacts our ability to assist this client cohort.

Occasionally DVA have granted funding on a one-off basis, as was recently experienced by a family after we encouraged them to contact DVA directly. See testimonial below:

"Hi Diah,

I just wanted to personally thank you for caring for my mother. She spent 3 weeks at Burrangiri in Schedule 2.2(a)(ii) She felt comfortable the moment she walked in with me for an orientation visit and actually asked if she could stay, there and then. When I brought her in for her stay, she was very comfortable in her room. She loved the staff as well. I really personally appreciate the level of care that was given as I know she is Schedule 2.2(a)(ii) I know she is high care as I care for her on my own. I wish we had the option for her to come back to stay at Burrangiri when I require a break. I don't understand why it's not a regular option for a veteran to be able to stay. We were both very happy with your facilities and care.

Thank you ,

Kind regards

Schedule 2.2(a)(ii)

2. Outputs (Schedule 2)

Please provide a brief update on progress made against your identified Outputs.

Despite the significant challenges we have faced in another year impacted by the COVID-19 Pandemic, we are pleased to report positive metrics, and performance against targets.

i. Overnight Respite Care for the period July 2023 to December 2023:

- **2286 occupied bed days** against a target of 2327
- **Total referrals received 347.** 42% of referrals resulted in an admission whilst 46% did not proceed (details described in "Performance indicator"). The remaining 12% were confirmed bookings that were subsequently cancelled.
- **Hospital referrals** only accounted for 11% of the total, with referrals from community providers at 14%.
- **145 admissions:** 47% were returnees, with 26% of these returning within 3 months of the original admission. New clients represented 53% of total admissions.
- 11% of the admissions were referred by hospital social workers, 14% by HCCP, 66% were directly referred by a family member, with the remaining being self or GP referrals.
- **160 discharges including:**
 - 81% clients returned home with family support or home care providers.

- 11% clients discharged to either Residential Aged Care or to other respite bed leading for permanent care
- 8% clients discharge to Hospital
- 0 clients deceased

For the 160 clients discharged, we have identified Client Needs and Level of Intervention as follows:

- **Assistance with ADLs:** 68% of clients required medium to high levels of ADL assistance.
- **Clinical interventions:** 61% of clients had been categorised as “client with medium to high level of intervention” and this can include assistance with peg feeds; wound drainage; medicated/ medication pumps; VRE and other infection precautions; complex wound care; challenging behaviour management and or safe-guarding due to dementia; pain or palliative management.
- **Discharge planning:** 23% of clients were identified as having a complex exit plan which included frequent admissions to respite, extended stay or nil exit plan that required intervention from Burrangiri. The remaining 77% clients had a safe exit plan with a support system in place.
- **Falls Risk:** 67% of clients required falls risk management strategies and interventions. This may have included provision of a sensor mat, portable call bell, regular safety check, room close to nurse’s station, stand by supervision etc.

ii. Client Demographic

- The average age accessing respite for this period of reporting was >80, with the youngest at 61-year-old.
- 53% female and 46% male
- 57% of clients admitted had some form of cognitive impairment: 40% with a formal diagnosis of dementia, 7% with mental health issues, and 10% were observed to have short term memory loss.
- 46 clients were identified as CALD.
- Schedule 2.2(a)(ii)

Note:

- Of 145 admissions, █ clients were funded by NDIS, and 57 were funded by their Home Care package
- Schedule 2.2(a)(ii)

iii. Day Centre

MONTHS	July	August	September	October	November	December	6mth Totals
Days open	21	23	21	21	22	14	122
Days closed	10	8	9	10	8	17	62
Referral	3	8	5	7	7	5	35
New clients admitted	2	2	2	0	0	2	8
Client discharged	0	0	0	3	0	2	5
CALD Clients	5	7	7	5	5	5	6
Client with Dementia	9	12	13	14	14	14	14
REGISTERED DC Clients	18	21	23	20	20	22	22
Total Individual Respite Client	9	16	16	20	26	25	112
Total Days Client Attendance (DC)	98	109	114	131	128	74	654
Total Days Client Attendance (Respite)	30	62	56	47	64	55	314
Total Day Centre Attendance days	128	171	170	178	192	129	968
Day Centre Attendance Target days (ACT)	278	278	278	278	278	278	1668
Attendance days difference to Target	-150	-107	-108	-100	-86	-149	-700
% difference to Target	-53.96%	-38.49%	-38.85%	-35.97%	-30.94%	-53.60%	-41.97%

Our goal for Day Centre is to cater for 15-20 clients per day. Our continued planning and promotional strategies seek to increase community awareness of the Day Centre and to generate new clients. This is currently under way via:

- Working with TSA Enterprise Development team to create a marketing strategy and promotion material for community advertising – this includes editorials and radio advertising.
- Working with TSA ED team to create a Day Centre specific promotional Brochure
- Completion of a clinical assessment document which has been implemented for all new clients. This assessment assists in screening the suitability of clients seeking to participate in the Day Centre, alerting the team to higher care clients for which the service will need to develop appropriate activities and ensure staff capacity to cater for individual needs.
- "Upselling" Day Centre services to respite clients and then follow up with the individual or family to see if they would consider becoming an ongoing Day Centre client.
- Offer of a free day trial period for prospective new clients.
- Development of a regular newsletter to clients, referrers, and extended Day Centre audience.
- "Word of mouth" in the community. Feedback quoted from one of the largest Community Providers' Director: **"your day program has been highly recommended", "We only hear great things about Burrangiri"**.
- Feedback from family for their satisfaction of Day Centre Program

"Good afternoon,

I wish to express my gratitude to the management and staff of Burrangiri. It offers such a warm, professional and welcoming environment. Nothing is too much trouble for the staff. It is a home away from home. It is a beautifully situated facility, with lovely light filtering into the lounge areas. It has all the comforts of home including a lovely outside garden which is totally accessible. It is a facility which is small enough to offer personalized time with each resident during their stay.

Our Uncle had 2 weeks respite there earlier this year whilst his wife recovered from surgery. Whilst he has limited speech the staff were wonderful. Nothing was too much trouble. He was well cared for and well fed. The meals are memorable. The Chaplain was wonderful, as communication was limited, she used her iPad for she and Uncle to share memories. This made all the difference to his stay. Unfortunately, it was in COVID times so there were no activities occurring. In recent weeks Uncle has joined the Respite Day Care which means so much to him and the family. He is amongst a small group of people who are offered activities which they enjoy. Being able to socialize outside the home in a safe and caring facility is so beneficial to all. It is a win, win situation, the carer has some respite whilst the loved one has a "day out".

Thank you Burrangiri for providing such care to our loved ones.
Wishing everyone a very Merry Christmas and Best Wishes for 2024."

- As part of the 2023 promotional strategy an **Accessible Activity Diary** has been created which is formatted like a menu calling on the familiarity of a menu as a promotional tool particularly it is hoped to assist those who are culturally and linguistically diverse. (see image below)



Day Centre's Client Demographic:

As of December 2023, Burrangiri Day Centre has 22 regular clients attending over a variety of regular days. Fourteen of these clients have a diagnosis of dementia for which day respite for their carer is provided by the service. [REDACTED] clients were identified as CALD.

The average age of Day Centre Client is 80 years old, with the oldest client at 91 years old and the youngest at 57 (both with dementia supported by family in their home with day respite provided at the Day Centre.)

Individual clients joining the group are directed towards days that best suit their needs for which we can more readily tailor the program and staffing e.g.: more dementia clients on Tuesday and Thursdays so we can ensure there are more staff and a more agile program to cope with focus issues. Fully cognitive clients on a Monday and Friday so we can provide more intellectually

stimulating activities as well as a physical exercise program they can follow. All are promoted via the “Day Centre Activities Menu”, which is distributed weekly.

Challenges faced by our Centre and the Day Centre Team in particular

With the changes in the client demographic, we are continuing to receive referrals for clients living with dementia. Our statistics show that 14/22 of our registered clients are living with Dementia. This is once again a challenge for our team to cater for such clients, given we are not designed as a Dementia Specific Unit, but also given low funding to run the Centre with a sufficient number of team members and equipment to support client needs.

To date we continue to manage the program and improvise our activities in an innovative way, through the purchase of low-cost equipment and tools. In addition, we have implemented our “Brain Gym”, an approach that will support brain stimulation, and improve the health and wellbeing of clients through such a simple activity such as quiz games, soft ball activities, armchair travel, light exercise or day cooking.

We gather many of our materials through kind donations, local op shops, and low-cost purchases. Our team have become remarkably creative and will magically use their skills for improvising and coming up with interesting day program activities.

iv. Information: additional care options and support for clients – what Burrangiri offers clients.

a. Trial Day for Respite care

In response to the varying needs for respite, the increased care needs of clients, and improving options for the primary carer to have a break from caring, we offer a “trial day” for clients whom we may consider as high care needs, to ensure that Burrangiri has the capacity to appropriately cater to their needs. Trial days are offered for 3-4 days to provide opportunity to undertake a thorough nursing assessments and develop an ongoing plan for when trial is successful.

b. **ACAT assessments** are organised for those client's requiring completion of this assessment. About 25% of clients require this which is made easier for them by our strong relationships with the ACAT team.

c. Information and linkages for Home Care Package or Permanent (nursing home) beds

All clients are able to be **on-referred to Salvos Home Care services** as many clients are seeking ongoing care in the home. The ACT Care Coordinator visits residents and Day Centre clients on-site to commence entry into home care services. This service also extends to providing links for clients or their families for other home care services.

Burrangiri also provides some updated bed availability information in various RACF and by having a close connection to one of the Salvation Army RACF in ACT, we can assist a client in getting a permanent bed quickly and a smooth transition should that be the decision of the family. Equally we can provide links/ contacts to consultants who can complete these services for families or individuals seeking permanent care options. Approx. 20% of clients require this on-servicing and about 7% of 145 admissions were assisted in finding placement and smooth transition to their permanent home.

d. **Health advice re on-going health management.** The RN team provide links to external support services such as for support with medical issues including Parkinsons, diabetes

or dementia; allied health; mental health; social activities; advocacy; exercise; GPs; other respite in their local area (both outside and inside the ACT).

Of Note: **Geriatric Rapid Acute Care Evaluation (GRACE)** Service has supported Burrangiri for the past 4-5 years providing significant clinical advice and assessments for our clients during acute issues and in most cases leading to avoidance of hospital transfers.

The Burrangiri Team are cognisant of the importance of assisting clients with their post discharge well-being. The team supports individual clients to meet their ongoing requirements. Burrangiri has experienced an increase in the complexity of these care requirements over the past few years.

Burrangiri continuously assists clients and their families/carers regarding discharge planning. We have provided extensive feedback in relation to client's care, engaged in family conferences to discuss discharge plans and suggested options as to whether permanent placement or organising in home care support is advisable and how we can assist on this journey.

Burrangiri maintains a data base of Home Care Providers, and how they may be able to assist clients post discharge. In addition, our administration team maintains an up-to-date register of nursing home bed availability across the ACT so we can direct clients to the most suitable for them, or simply a site that has vacancies at that time.

In-house Burrangiri offers all care requirements, including 24hr RN service; all meals and catering; care services; medication management; activities: access to chaplaincy; laundry services; fully maintained garden; proximity to shops, cafes and buses. Burrangiri offers safety and security for Day Centre and respite clients.

Burrangiri fits within the broader corporate structures of the Salvation Army Aged Care with access and support for clinical software systems (iCare); banking and finance (Epicor and Finance 1); Audits (iAuditor); ordering systems (Winccs; PFD; etc); WH&S and complaints reporting system (SolvSafety); emails and calendars (Outlook); rostering (Kronos); payroll and HR (iChris and WorkDay). In addition, Salvation Army provides all finance processing support; marketing and publicity functions; recruitment and on-boarding services; quality control via audits and reporting processes; staff training.

3. Performance Indicators (*Schedule 2*)

Please provide a brief update on progress made against your identified Performance Indicators.

Quantitative Indicators

Burrangiri's average bed occupancy for this period of reporting despite another 2x periods of COVID Lockdown in July and November, which affected admissions; was maintained at over 100%.

The facility 347 referrals for overnight respite care for this review period leading to 145 realised admissions. The remaining figure did not progress for the following reasons:

- 161 referrals were not finalized and did not require respite as they were offered permanent nursing home care; the family changed their mind and decide to continue providing care, or

the client refused the admission. (29 of the referrals were requested by Social Workers but not finalised)

- 41 referrals cancelled - client deceased, entered permanent care, transferred to hospital or declined admission due to covid outbreak.

Day Centre occupancy remains a mission to accomplish to improve our occupancy. This report we collected our statistic data for Day Centre attendance, and we had 968 client attendance against 1668 the target figure. There were 2 Covid Outbreaks in July and November, impacting our attendances as overnight respite clients were not able to access the Day Program during the outbreak. We continue to work with Enterprise Development team in boosting our marketing trends for Day Centre.

In total 6 months period, 35 referrals for Day Centre were received. The demand for day respite services is increasing with the aging population and a desire by that population not to go into permanent care. As a result, our client's needs are becoming more complex.

Qualitative Indicators

Burrangiri utilises several platforms to gather and evaluate customer feedback, so that we may continuously improve the delivery of care and services. These include:

- Monthly Customer Experience Surveys (digital) completed on discharge
- "Your Matters Matter" feedback completed by the client during their stay
- Google review independently submitted on-line.

Customer Experience Surveys, completed by residents or their representatives on discharge; the results are collated monthly. Satisfaction questions are:

1. Did staff treat you with respect?
2. Were staff responsive to your needs, including answering nurse call buzzers?
3. Do you get the care and services you needed?
4. Was the information you were given about services easy to understand?
5. Did you participate in making decisions about what care and services you received?
6. Did you get value for money?
7. Do you trust us to do the right thing by you?
8. Did you feel comfortable to be able to give feedback and make complaints?
9. Did you feel that your feedback was taken on board & appropriate action is taken?
10. Did staff follow up when you raise things with them?
11. Are the staff at Burrangiri caring?
12. Did you enjoy the meals that were served here?
13. If you had dietary requirements, were these met?
14. Did the staff know what they are doing?
15. Were you supported by the chaplain, when you chose to be?
16. How likely is it that you would recommend this service to others?

Customer Experience Survey results demonstrated that, for the period of July to December 2023, clients reported on average 98% satisfaction with the service. Results also showed a 91% likelihood that clients would recommend Burrangiri Respite Centre to others.

Your Matters Matter positive and negative feedback is logged in the SolvSafety feedback management portal. Complaints received for the year and themes of complaints are outlined in the table below. All complaints are resolved in a timely manner by management to ensure client satisfaction, and to prevent recurrence of any issues that may have occurred. Increased response from management plus on-going training of staff to encourage reporting complaints has led to an increased level of comfort with lodging complaints hence the higher incident level

in 2023. The resident/client behaviour complaints relate to the impact on others of a wandering client with dementia.

Complaint Theme	2021	2022	2023
Call Bell	1		0
Catering	2	2	7
Cleaning		1	
Client belongings		1	
Clinical Care	1	3	1
Customer Service		5	1
Environment	1		
Equipment	1		
Resident/Client Behaviour	2	3	8
Safety	1		2
Staff		4	3
Grand Total	9	13	22

Compliments received for the period:

- 1 July to 31 Dec 23 were 100

In addition, for a one-month period we undertook a catering specific survey, aimed at gaining more specific feedback on the quality of our food offerings. The results of this survey:

- 36 compliments & 0 complaints

Common themes of compliments are outlined in the table below.

Compliment Theme	2021	2022	2023	2023 (one-off)
Catering		5	20	36 for catering project review Not included with other compliments
Customer Service		11	17	
Staff (attentiveness; generosity; care)	11	11	22	
Day Centre			17	
Grand Total	11	27	76	

Google Reviews publicise a public rating of 4.7 stars, with positive feedback. All feedback posted is reviewed and responded to individually by The Salvation Army Aged Care Enterprise Development team (Marketing).

As with internal feedback received verbally, any negative feedback identified through Google Review is logged via our internal complaints system SolvSafety (Your Matters Matter) and addressed as appropriate.

4. Performance Requirements (Schedule 2)

Please provide a brief update on progress made against your identified Performance Requirements.

a. The Organisation must implement strategies to ensure access by Aboriginal and Torres Strait Islander people and those from culturally and linguistically diverse backgrounds.

The Salvation Army has developed a comprehensive Aboriginal and Torres Strait Islander Cultural Competency and Capability Framework for all employees. The toolkit that sits within this framework provides a host of resources for our teams including education and training, policies and procedures, and resources on how to engage with our communities.

The continued restrictions placed on us by the COVID pandemic including two outbreaks have limited our ability to externally promote the services as we have in previous years. Since June 2023 we have been able to progress with marketing and service awareness through media – radio and print – and some ongoing collaboration with other service providers.

We continue to provide services to a culturally diverse group of clients and have recorded **78 CALD** client admissions in the reporting period. There was Schedule 2.2(a)(ii)

b. The Organisation will participate in sector activities and collaborate with other organisations.

As previously stated, the COVID pandemic has continued to impact opportunities for face-to-face collaboration with other organisations, however we have been able to participate in the following, which assists with networking and collaboration:

- ACT Aged Care Residential Forum virtual meeting
- Dementia Australia training
- LDK Seniors Living community networking event
- Regular CSD and Community Sector Update Virtual Meeting

c. The Organisation will contribute de-identified data where relevant to particular ACT or national data collections or surveys.

Burrangiri has not been requested to contribute de-identified data during the reporting period. The service does collect a significant amount of client information related to admissions, discharges, length of stay, medical history, identifiers, etc. Should de-identified data be required this can be arranged and would be completed within over-arching privacy regulations and TSA Policy.

d. The Organisation will take all reasonable measures to ensure employees and volunteers maintain current Working with Vulnerable People registration, appropriate to their position.

All our employees and volunteers, as part of our workforce and recruitment policy, must hold a valid WWVP registration, along with a current NDIS worker check. Compliance with these renewals is managed by HR systems and ensures we maintain 100% compliance.

5. Quality Standards (Schedule 2)

Do you actively use and participate in assessment against the Quality Standards detailed in Item 6 Schedule 2 in working towards quality improvement?

Burrangiri is governed by The Salvation Army Aged Care policy framework which aligns with both legislative requirements and the Aged Care Quality Standards, as well as focusing on best practice and evidence-based care. In addition, Burrangiri also maintains accountability to internal governance systems, ensuring quality and safety when providing care and services, both clinical and non-clinical. Burrangiri actively participates in assessment against these quality systems on a monthly basis through the following means:

- **Risk Indicator Dashboard**

The Risk Indicator Dashboard collects data on a monthly basis, against a variety of indicators such as clinical incidents, education compliance, customer experience results, complaints trends, and WHS incidents. The results captured in this dashboard all contribute to a risk-level rating for the service and provides the ability to monitor trends over time. Negative trends require investigation and, if required, an action in the service's Plan for Continuous Improvement. The risk-level of the service is reported on and discussed at the organisation's monthly National Aged Care Risk Forum.

- **Education**

Compliance with education is captured both through the Education Tracker (face-to-face training) and the online Learn portal (online training). This is monitored on a monthly basis to ensure staff are compliant with mandatory training and competencies, with compliance rates reported in the Risk Indicator Dashboard. Training Needs Analysis are conducted at a minimum annually with staff, and this, alongside other indicators such as complaints, clinical incidents, etc. inform additional education that may need to be conducted at the service.

- **Audits**

The service uses the iAuditor system to conduct audits monthly. As shown in the Quality Assurance Program schedule below, audits around the areas of clinical care, infection control, falls management, WHS, advocacy and feedback, etc. are conducted bi-annually. These audits were developed to assess compliance against internal policy and procedures, legislative requirements, the Aged Care Quality Standards, as well as best practice and evidence-based care. Any failures within these audits are required to have assigned actions to rectify, and areas for improvement are recorded in the Plan for Continuous Improvement as indicated. Compliance with the Quality Assurance Program is monitored by the organisation's Quality Team.

From 1 July 2023 to December 2023, Burrangiri continues to complete the below schedule of audits.

Burrangiri Quality Assurance Schedule

	January	February	March	April	May	June
Audits (iAuditor)	Service Access & Referral (Respite and Day Centre)	Clinical & Complex Care (Respite Centre) Service Planning & Delivery (Day Centre)	Medication Management (Respite Centre) Infection Control (Respite and Day Centre)	Catering, Cleaning & Laundry (Respite and Day Centre) Falls and Risk Management Spot Audit (Respite Centre)	Workplace Health & Safety (Respite and Day Centre) Leisure & Lifestyle (Respite and Day Centre)	Advocacy & Feedback (Respite and Day Centre)
Other	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators

	July	August	September	October	November	December
Audits (iAuditor)	Service Access & Referral (Respite and Day Centre)	Clinical & Complex Care (Respite Centre) Service Planning & Delivery (Day Centre)	Medication Management (Respite Centre) Infection Control (Respite and Day Centre)	Catering, Cleaning & Laundry (Respite and Day Centre) Falls and Risk Management Spot Audit (Respite Centre)	Workplace Health & Safety (Respite and Day Centre) Leisure & Lifestyle (Respite and Day Centre)	Advocacy & Feedback (Respite and Day Centre)
Other	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators

PLEASE NOTE: Other spot check audits may be conducted on an ad hoc basis in response to performance appraisals, training needs analysis, staff feedback, consumer/representative feedback, audit results, industry alerts, policy & procedural changes and internal or external reviews.

DDC ID: M/D_AC_DDC-06-04-006_V1-3
Approved: 30/02/2024 For review: 03/02/2027

This document is not controlled under the document control system

Page: 1 of 1

• **Plan for Continuous Improvement**

The service maintains a Plan for Continuous Improvement. This aids in ensuring that a systematic, ongoing effort is in place to improve the quality of accommodation, care and services which:

- o considers the needs of our clients and residents,
- o is part of an overall quality system to assess how well our systems are working, and the standard of care and services achieved, and is a results-focused activity demonstrated through outputs and outcomes.

Have you reviewed your practice against these Quality Standards in this reporting period?

As mentioned above, key indicators, education compliance rates, and audit results are gathered regularly and help to form a risk-level rating, which is presented and discussed at the National Aged Care Risk Forum on a monthly basis.

6. Planning and Policy Implications (Item 2(2) Schedule 3) – maximum 1000 words N/A.

Signature of Delegate: Diah Octaviana

Position: Centre Manager

Print name of Delegate: Diah Octaviana

Date: Thursday, February 15, 2024

This Report is to be emailed to psrcontracts@act.gov.au.



Ms Fiona Sanders
 General Manager, Salvation Army Home Care
 The Trustee for The Salvation Army (NSW) Property Trust
 Email: **Schedule 2.2(a)(ii)**

Agreement Name:	BURRANGIRI AGED CARE RESPITE CENTRE
Agreement Number:	2015.27504.990

LETTER OF VARIATION

Dear Ms Sanders

I refer to the Service Funding Agreement ('Agreement') dated 7 July 2016 between the Australian Capital Territory, represented by ACT Health Directorate (the 'Territory') and The Trustee for The Salvation Army (NSW) Property Trust (the 'Organisation') ABN 57 507 607 457.

Clause 14.1 allows for the Agreement to be varied or the Agreement Period extended only by the written agreement of the parties prior to the expiration of the Agreement.

The Territory proposes to vary the Agreement as set out below, with the variation taking effect from 1 July 2024.

Variation/s:

- (1) **Schedule 1** is deleted and replaced with the attachment to this Agreement titled "**Schedule 1**".
- (2) **Schedule 2** is deleted and replaced with the attachment to this Agreement titled "**Schedule 2**".
- (3) **Schedule 3** is deleted and replaced with the attachment to this Agreement titled "**Schedule 3**".
- (4) **Schedule 4** is deleted and replaced with the attachment to this Agreement titled "**Schedule 4**".
- (5) **Schedule 6** is deleted and replaced with the attachment to this Agreement titled "**Schedule 6**".

All other provisions of the Agreement remain unchanged.

In order for this amendment to take effect, please indicate your agreement by signing and returning a scanned copy of this letter to the Territory at the following email address: PSRContracts@act.gov.au.

Upon executing the letter, the Territory will promptly return a fully executed copy to you.

Please note that there will be no legally enforceable change in relationship between the parties or additional payments made until the execution of this letter by a duly authorised officer of the Territory. Please also note that the party who signs the letter last is the party that dates the letter; please do not date the letter when signing.

If you have any queries in relation to this variation, please contact the Community Sector Contracts and Grants Unit by telephone (02) 5124 9878 or via email PSRContracts@act.gov.au.

Yours sincerely

Kate Chambers
Acting Executive Group Manager
Health System Innovation and Performance Division
10 May 2024

Agreement to the variation/s described in this letter signed on: 21 May 2020

SIGNED for and on behalf of the AUSTRALIAN)
CAPITAL TERRITORY in the presence of:)

Schedule 2.2(a)(ii)

Signature of Territory delegate

Schedule 2.2(a)(ii)

Signature of witness

Kate Chambers

Print name

Ayesha Alhassan

Print name

SIGNED for and on behalf of)
THE TRUSTEE FOR THE SALVATION ARMY)
(NSW) PROPERTY TRUST)
ABN 57 507 607 457 in the presence of:

Schedule 2.2(a)(ii)

Signature of director/ authorised officer/
individual*

*DELETE whichever is not applicable (see note below)

Stephen MacIver, National Director Aged Care

Print name and position

Schedule 2.2(a)(ii)

Signature of director/ secretary/ witness*

*DELETE whichever is not applicable (see note below)

Schedule 2.2(a)(ii)

Print name

Signature of second authorised officer*

*only use if Incorporated Association (see note below)

Print name and position



Note:

- Date:** Must be dated on the date the last party signs the Deed or, if signed counterparts of the Deed are exchanged, the date of exchange. Also date the cover page.
- Company:** Must be signed in accordance with section 127 of the *Corporations Act 2001* (Cth), for example, by 2 directors or a director and a secretary. Common seal may be affixed if required under the Recipient's constitution.
- Individual:** Must be signed by the Individual Recipient and witnessed.
- Incorporated Association:** Must be signed in accordance with the Recipient's constitution, which may or may not require the common seal to be affixed. As a minimum, 2 authorised officers must sign.

SCHEDULE 1

AGREEMENT DETAILS AND FURTHER DEFINITIONS

Item 1. TERRITORY

ACT Health Directorate of 2-6 Bowes Street, WODEN ACT 2606

Territory's Agreement Manager means:

Director
Community Sector Contracts and Grants Unit
2-6 Bowes Street
WODEN ACT 2606

GPO Box 825
CANBERRA ACT 2601

Email: PSRContracts@act.gov.au

Item 2. ORGANISATION

The Trustee for The Salvation Army (NSW) Property Trust
261-265 Chalmers Street
REDFERN NSW 2016

Organisation's Agreement Manager means:

Burrangiri Respite Centre Manager
Burrangiri Aged Care Respite Centre
The Trustee for The Salvation Army (NSW) Property Trust

1-7 Rivett Place
RIVETT ACT 2611

PO Box 8065
RIVETT ACT 2611

Email: agedcare.enquiries@salvationarmy.org.au

Item 3. AGREEMENT PERIOD

The period commencing 1 July 2016 and ending 30 June 2025.

Item 4. FURTHER DEFINITIONS

In this Agreement unless the contrary intention appears:

Carer(s) means a person who is caring, in an un-paid capacity, for an older person/people in the community (for example, adult children caring for their older parents in the home).

Critical Incident means a traumatic event or situation, either accidental or deliberate, which causes a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a person. Non life-threatening events may qualify as critical incidents.

DVA means the Australian Government Department of Veterans Affairs.

DVA client means a person who holds a DVA Health Card.

Older person/people means a person/people who are over the age of 60, or for Aboriginal and/or Torres Strait Islander peoples, over 50 years old.

Premises means any premises on which the Organisation operates services under this Service Funding Agreement.

Post hospital convalescent care means a period of medically prescribed convalescence for an eligible client who is recovering from an illness or operation immediately following an acute hospital admission.

Respite care means an alternative care arrangement (either residential or overnight or day centre care), with the primary purpose of giving a carer and/or a care recipient a short-term break from their usual care arrangement.

Short-term means a period of one day up to three weeks, with the option to extend past this in negotiation with the Organisation, client(s) and the Territory.

Item 5. INSURANCES

- (1) The Organisation will effect and maintain public liability coverage of not less than \$20 million in respect of each claim.
- (2) Workers Compensation insurance to the extent required by any law of the Commonwealth or of the State and Territory in which the services under the Agreement are performed.

Item 6. TERRITORY MATERIAL – INTELLECTUAL PROPERTY RIGHTS

Not used.

Item 7. CONFIDENTIAL TEXT

Not used.

Item 8. GROUNDS FOR CONFIDENTIALITY OF CONFIDENTIAL TEXT

Not used.

Item 9. KEY PERSONNEL

Not used.

SCHEDULE 2

THE SERVICES

Item 1. THE SERVICES

- (1) In delivering the Services, the Organisation will comply with all relevant ACT and Commonwealth Legislation, as well as having regard to progressing the broad policy objectives of the ACT Health Directorate and other relevant ACT Government strategic documents, policies and service design initiatives.
- (2) Burrangiri Aged Care Respite Centre (Burrangiri) will deliver the following services:
 - (a) Overnight Respite Care;
 - (b) Post Hospital Convalescent Care;
 - (c) Day Centre Respite Care Program; and
 - (d) Information about additional care options and support.
- (3) Target Group: Older people in the ACT and their carers, including people with dementia and their carers.

Item 2. OUTCOMES

- (1) For the Carer:
 - (a) respite or a break from the usual care arrangements; and
 - (b) reduced level of carer stress.
- (2) For the Client:
 - (a) respite or a break from the usual care arrangements;
 - (b) social participation in the community;
 - (c) enabling people with care needs to continue to live in the community and reducing the risk of premature or inappropriate admission to hospital or long-term residential aged care; and
 - (d) maintenance or improvement of individual functioning following a hospital stay.

Item 3. OUTPUTS

(1) The provision of the following services to carers:

(a) Overnight Respite Care

The Organisation will provide short-term planned and crisis respite care and accommodation for older people.

(b) Post Hospital Convalescent Care

The Organisation will provide short-term post hospital convalescent care.

(c) Day Centre Respite Care Program

The Organisation will provide a day centre respite care program Monday to Friday, to support the primary carers of older people by providing respite during the day. It is expected that the program and appropriate activities will also be available to clients receiving either overnight respite services or post-hospital convalescent care.

(d) Information

The Organisation will provide carers with information about additional care options and support.

(2) A summary of client demographic information where available, including:

- (a) Gender/sex;
- (b) Age;
- (c) Postcode of usual place of residence;
- (d) Any specific medical or complex-care conditions (maintaining confidentiality), for example bariatric clients, clients with dementia, clients with wounds requiring care;
- (e) Aboriginal or Torres Strait Islander background;
- (f) Being of Cultural and Linguistically Diverse (CALD) background; and
- (g) Lesbian, Gay, Bisexual, Transgender, Intersex and Queer and Asexual (LGBTIQA+) status.

(3) A summary of client numbers disaggregated by:

- (a) Number of Overnight Respite Care clients and days used for respite;
- (b) Number of Post-Hospital Convalescent Care clients and days used for respite;
- (c) Number of Day Centre Respite Care clients and days attending Program; and
- (d) Number of carers using the Service.

Item 4. PERFORMANCE INDICATORS

- (1) Quantitative Indicators
 - (a) Minimum of 4654 Occupied bed days per annum for Overnight Respite or Post-Hospital Convalescent Care.
 - (b) Minimum of 3336 Occupied place days per annum for Day Centre Respite Care.
- (2) Qualitative Indicators
 - (a) Conduct an annual service user satisfaction survey, to measure the quality of outcome for service users (both clients and carers).

Item 5. PERFORMANCE REQUIREMENTS

- (1) The Recipient must give consideration to, and implement, culturally safe strategies to promote the inclusion and access of services by Aboriginal and Torres Strait Islander people and those from culturally and linguistically diverse backgrounds.
- (2) The Organisation will participate in sector activities and collaborate with other organisations.
- (3) The Organisation will contribute de-identified data where relevant to particular ACT or national data collections or surveys.
- (4) A Working with Vulnerable People check must be obtained for all employees and volunteers who are likely to work directly with older people and/or children.
- (5) The Recipient must deliver a non-discriminatory service which is trauma informed and sensitive to the social and cultural values of the consumer, the consumers' family, and community.

Item 6. QUALITY STANDARDS

- (1) The Organisation is required to actively use and participate within a validated quality system and works towards quality improvement. Burrangiri is expected to review its practice against this quality system in an on-going process.
- (2) At Burrangiri, The Salvation Army uses the Aged Care Quality System (ACQuS). It is used at site level to ensure governance and quality is maintained. This framework supports outcomes when assessed against the self-assessment tool *Raising the Standard* and also the accreditation standards.

Item 7. CRITICAL INCIDENTS INVOLVING SERVICE USERS

- (1) The Organisation must ensure it has processes in place to manage Critical Incidents. The Territory must be notified of Critical Incidents involving Service Users and occurring within the context of the delivery of the funded service. Notification is to be made within 48 hours of the Organisation becoming aware of the Critical Incident or as soon as reasonably practicable. Notification to be sent to PSRContracts@act.gov.au.
- (2) The Organisation must provide the following details to the Territory:
 - (a) details of the Critical Incident;
 - (b) how the Critical Incident was managed by the Organisation;
 - (c) if the Critical Incident was reported to relevant authorities; and
 - (d) any consequences of the Critical Incident.

SCHEDULE 3

REPORTING

Item 1. FINANCIAL REPORTS

- (1) The Organisation will provide the Territory with:
 - (a) an **Audit Report** by 30 November in each year of the Agreement Period, and by 30 November of the first year after the end of the Agreement Period. The report should comprise a cash/financial statement as at the end of the Agreement Period providing full details of expenditure of the Funding Amount;
 - (b) **Financial Reports** or **Acquittals**, within 30 days of 31 December 2024 and 30 June 2025; and/or
 - (c) any other documentation as the Territory may require, including receipts and any other evidence of expenditure of the Funding Amount.
- (2) For the purposes of this **Item 1**, the following definitions apply:
 - (a) **Acquittal** means report of how the Organisation has used the Funding Amount;
 - (b) **Audit Report** means a report on the Organisation's accounts that has been prepared by a person who is entitled to prepare an audit report under the relevant legislation;
 - (c) **Financial Report** means the annual report of the Organisation that details cash flow, including income and expenditure that has been prepared by an officer of the Organisation.
- (3) For the purposes of this **Item 1**, the Organisation will submit the above Reports in the format as provided by the Territory at **Attachment A**.
 - (a) The Organisation **MUST** provide the Territory with an explanation of variations of 10% (surplus/deficit) of expenditure by program, or at the request of the Territory.

Item 2. PERFORMANCE REPORTS

- (1) The Organisation will submit Performance Reports which report against the **Items** in **Schedule 2**, to be provided to the Territory within 30 days of 31 December 2024 and 30 June 2025.
- (2) The Organisation may report against planning and policy implications annually for each financial year of the Agreement Period, and provide information on:
 - (a) new or unmet needs;
 - (b) service gaps;
 - (c) innovations in service delivery;

- (d) suggestions for policy change; and
 - (e) system issues.
- (3) For the purposes of this **Item 2**, the Organisation will submit the above Reports in the format as provided by the Territory at **Attachment B**.

Item 3. ANNUAL REVIEW

Each year of the Agreement Period, the Territory's and Organisation's Agreement Managers (and such other persons invited by either Agreement Manager) will meet to review the Agreement and the performance of the Services (**Review**) except in the final year of the Agreement Period where the Review will be conducted at least three months before the end of the Agreement Period.

SCHEDULE 4

FUNDING AMOUNT AND PAYMENT

Item 1. FUNDING AMOUNT

For the Services described in **Item 1 Schedule 2**, the following table applies.

SFA 2015.27504.990	Base Funding GST exclusive	2024-25 Indexation GST exclusive	2024-25 Funding GST exclusive
Burrangiri 1 July 2024 to 30 June 2025	\$1,633,323.16	TO BE CONFIRMED	\$1,633,323.16

- (1) The Territory will pay the Funding Amount as follows, in advance by way of electronic funds transfer, for the Services provided by the Organisation, within ten (10) business days of:
 - (a) 30 June;
 - (b) 30 September;
 - (c) 31 December; and
 - (d) 31 March.
- (2) If it is discovered that the Organisation has been overpaid for any of the Services then the Territory must reasonably determine the amount of any overpayments of the Funding Amount and that amount must be repaid to the Territory in accordance with the terms of the Agreement if this Agreement is continuing, and at the Territory's discretion, the next payment due to the Organisation may be temporarily or permanently reduced by the amount overpaid.

Item 2. INDEXATION

- (1) The Territory will pay the Organisation in respect of each financial year of the Agreement Period, the Funding Amount as indexed in accordance with the indexation rate as notified from time to time by the Territory or by the Commonwealth of Australia.
- (2) The Territory will notify the Organisation in writing of the applicable indexation rate.

SCHEDULE 6

TRANSITION OUT

Item 1. To the extent of any inconsistency with **clause 13**, this **Schedule 6** takes precedence.

Item 2. In this **Schedule 6** the following definitions apply:

“Transition Out” means the activities undertaken by the Organisation towards the end of this Agreement, which results in the progressive reduction of Services and the progressive handover of responsibilities to a new organisation (**Incoming Organisation**), while ensuring that there is no interruption to the Services.

“Transition Out Date” means:

- (1) a date three (4) months from the Initial End Date specified in **Item 3 Schedule 1** (noting that the Initial End Date applies for the purposes of this definition even if a Later End Date is agreed by the parties in writing pursuant to **Item 3 Schedule 1**); or
- (2) if this Agreement is earlier terminated and the Organisation is notified that this **Item** will apply, the date as specified in the notice of termination.

“Transition Out Period” means the period commencing on the Transition Out Date and ending at the end of the Agreement Period.

Item 3. The Organisation acknowledges that:

- (1) the objective of the Transition Out Period is to prepare for and undertake the activities, including Transition Out activities, necessary to enable the orderly transition of the Services to the Incoming Organisation; and
- (2) it is essential that there is no interruption to the provision of the Services as a result of the transition from the Organisation to the Incoming Organisation.

Item 4. The Organisation must develop a Transition Out plan prior to the commencement of the Transition Out Period (providing copies to the Territory as and when requested by the Territory), and implement the plan during the Transition Out Period. The Transition Out plan must specify, at a minimum:

- (1) the proposed timeline for transition of Funded Activity within the Transition Out Period;
- (2) indicative transition resourcing as at the date of the Transition Out plan (i.e. staffing and financial resources);
- (3) identification of risks associated with the proposed Transition Out, as related to the Organisation’s delivery of the Services. The Territory acknowledges that the Organisation is not responsible for identifying nor managing risks that the Territory or the Incoming Organisation are best placed to manage;

- (4) an indicative assessment of work product/activities/outputs that can be achieved during the Transition Out Period;
- (5) Service challenges, risks and complexities to date, collating views provided by the Organisation to the Territory throughout the Agreement; and
- (6) overview of the current operating, authorising, demographic and geographic environment, collating views provided by the Organisation to the Territory throughout the Agreement.

Item 5. In addition to **Item 4** above, the Organisation must maintain detailed records of the following matters and, excluding any Organisation Material and subject to any applicable privacy laws, provide them to the Territory (or an Incoming Organisation) if required by the Territory during the Transition Out Period:

- (1) a detailed list of clients and other stakeholders (including contact details) insofar as provision of such information is consistent with the Organisation's obligations under the Health Records (Privacy and Access) Act 1997 and Information Privacy Act 2014; and
- (2) details relevant to the Services, including:
 - (a) passwords and access details necessary for the Incoming Organisation to access Agreement Material; and
 - (b) Agreement Material held by the Organisation, in connection with the Service.

Item 6. The Territory may at any time, by notice to the Organisation, require a reduction in scope of Services being provided by the Organisation during the Transition Out Period.

Item 7. The Territory may at any time during the Transition Out Period, by notice to the Organisation, require additional services to facilitate the transition of the Services to the Incoming Organisation, which may include training to an Incoming Organisation.

Item 8. During the Transition Out Period, the Territory is only liable for:

- (1) payments under the existing payment terms of this Agreement for work conducted during the Transition Out Period; and
- (2) any reasonable costs incurred by the Organisation that are directly attributable to additional services, required by the Territory, to facilitate the transition of the Services to the Incoming Organisation.

The parties acknowledge and agree that the ongoing payment of the Funding Amount over the Transition Out Period covers any costs that may be incurred by the Organisation in connection with any reduction in the scope of Services.

Item 9. During the Transition Out Period, the Organisation must:

- (1) fully co-operate with the Territory and Incoming Organisation to do all things as may be reasonably necessary to ensure the smooth transition of the Services to the Incoming Organisation without interruption;

-
- (2) use its best endeavours to resolve any issues arising out of the transition from the Organisation to the Incoming Organisation;
 - (3) comply with all reasonable directions from the Territory;
 - (4) upon request from the Territory or otherwise at the end of the Transition Out Period return to the Territory (or such other person as directed by the Territory) all Territory Material; and
 - (5) engage in briefings as required by the Territory and any Incoming Organisation with a view to ensuring that the Territory or Incoming Organisation have sufficient information to provide the Funded Activity.



ACT
Government

ACT Health

Ms Fiona Sanders
General Manager Community Care The Salvation Army
The Trustee for The Salvation Army (NSW) Property Trust
Schedule 2.2(a)(ii)

Dear Ms Sanders

NOTICE OF THE COMMUNITY SECTOR FUNDING RATE OF INDEXATION FOR 2024-25

I am writing to advise you of the 2024-25 Community Sector Funding Rate of Indexation (Indexation) for the Services provided by your Organisation which are funded by the Australian Capital Territory through ACT Health Directorate (ACTHD).

The 2024-25 Indexation rate, as determined by ACT Treasury is 3.6%. Indexation for Services funded through ACTHD as it applies to your Agreement is detailed below.

SFA 2015.27504.990	2024-25 Base Funding GST exclusive	2024-25 Indexation 3.6% GST exclusive	2024-25 GST exclusive
Burrangiri Respite Care Centre	\$1,663,323.16	\$59,879.63	\$1,723,202.79

The Territory will pay the Funding Amount, or part thereof, in accordance with Schedule 4 of your current Agreement.

If you have any queries in relation to this correspondence, please contact the Community Sector Contracts and Grants Unit via email at PSRContracts@act.gov.au.

Yours sincerely

Schedule 2.2(a)(ii)

Tania Weir
Director
Community Sector Contracts and Grants Unit
ACT Health Directorate

31 July 2024

Ms Fiona Sanders
General Manager – Community Care
The Trustee for The Salvation Army (NSW) Property Trust
Schedule 2.2(a)(ii)

Dear Ms Sanders

Financial and Performance Reports

Thank you for providing the Performance and Financial Reports for the period 1 July 2023 to 31 December 2023 as required under the Service Funding Agreement 2015.27504.990 between the Australian Capital Territory and The Trustee for The Salvation Army (NSW) Property Trust (The Salvation Army) for the provision of the Burrangiri Aged Care Respite Centre.

ACT Health recognise the valuable services you offer to clients and the community and are pleased to see the inclusion of qualitative elements in the Performance Report.

ACT Health acknowledge the challenges you face regarding complex discharge planning for clients, as well as the challenges related to providing services due to constraints of the building. We are committed to working with you to find ways to address these issues.

ACT Health look forward to collaborating with you to address these challenges and I am pleased to advise you of the acceptance of the Financial and Performance Reports.

Yours sincerely

Schedule 2.2(a)(ii)

Tania Weir
Director
Community Sector Contracts and Grants Unit
ACT Health Directorate

30 August 2024



ATTACHMENT B

PERFORMANCE REPORT (Item 2(3) Schedule 3)

Organisation:	The Trustee for The Salvation Army (NSW) Property Trust
Program Name:	Burrangiri Aged Care Respite Centre
Agreement Number:	2015.27504.990
Reporting Period:	July 2023 – June 2024

1. Outcomes (Schedule 2)

Please provide a brief statement against how you are achieving the identified Outcomes.

The demand of short-term respite has significantly increased, and this is reflected in the bed occupancy for FY2023-2024. For the reporting period, Burrangiri Respite Centre achieved a total of **4745** bed days against a **target of 4654**. This is a pleasing result given our two-week closure over the Christmas holiday period, and admissions still impacted by COVID outbreaks.

There was a total of **314 respite admissions** for this report period, and approximately 43% of these resulted in either a hospital avoidance or reduced hospital length of stay.

Client demographics have significantly changed, clients predominantly accessed respite care to provide the primary carer with a break from their usual care provision, or for an independent elderly person to receive convalescence care post hospitalisation. The latter to facilitate their safe discharge home *but also clients/family seeking permanent home for their loved ones*.

Emergency respite prevents un-necessary hospitalisation or can shorten hospital stay particularly for sub-acute clients with a diagnosis of dementia whose primary carer has been admitted to hospital but the person they care for has no supports at home. For this period of reporting, we have identified about 18% of clients admitted due to emergency from community or hospital combined.

Our continued positive relationship with hospital social workers, both public and private, allows Burrangiri to work with those teams to plan for earlier hospital discharge for those who are not ready to be discharged home safely, but do not require acute care. A simple period of supported convalescence – thereby reducing inpatient length of stay. Burrangiri continues to have flexibility to accept clients discharged from hospital. Many of these clients who have no supports at home or in their local community, on-create challenges for the Burrangiri team who, in response, develop and implement a suitable discharge plan.

The number of community service providers referring clients to Burrangiri has grown in total to 24 providers during the reporting period, testament to the positive reputation and relationships we have developed. Carer ACT, Life Without Barriers, Annecto, Community Options and Goodwin remain our top 5 referees. For many of the clients referred from these

community providers, the costs for their respite stay were covered through their Commonwealth funded Home Care Package, which was of enormous benefit to the client and their families. Funding which would not be available to the same client in hospital

Augmenting these formal relationships and networks, Burrangiri benefits from a large number of “Word of Mouth” referrals from across the ACT through repeat clients, their families and friends; stemming from a valued reputation built up over the past 34 years.

In November 2023, we were privileged to host a visit from the ACT Health team from various divisions and facilitated a comprehensive tour of our centre. The visit gave us the opportunity to discuss and provide feedback on both some positive aspects of our service, and of course the challenges we have encountered over the past 34 years in service.

On Monday 15/07 2024 our General Manager had a confirmed schedule to have a meeting with the ACT Health representative to discuss further on the renewal of our agreement with ACT Health as the current contract will come to an end by June 30 2024. The contract between ACT Health and Burrangiri Respite Centre was extended for another year, which was a great update to close this financial year report.

Our challenges for this period of reporting remain unchanged with some additional issues being recognised as complex exit plan.

1. Closure during Christmas and New Year

Whilst recognising the high demand for residential respite beds over the Christmas and New Year period, driven by families needing a break from caring, and hospitals attempting to reduce occupancy, we continue to close the facility for a two-week period. Largely this is driven by high labour costs not matched by funding, and staffing shortages due to holiday requests. The closure period also allows us to undertake a thorough industrial clean of the facility, and to undertake any minor maintenance activities. In addition, by bringing our team together prior to re-opening, we can undertake comprehensive mandatory training.

2. Complex Discharge Planning

Generally, our approach is to cap respite admissions to a 3-week period, which allows us to remain responsive to hospital admissions and emergency respite requests. We are increasingly facing challenges from clients with complex discharge needs, which pushes their respite stay to 4 weeks and beyond. Some examples of this are as follows:

a. Risk of homelessness or nil exit plan

Being a respite centre with No ACAT requirement, Burrangiri can be accessed by anyone seeking an accommodation that provides full nursing care. For this period of reporting, we identified clients that due to the above issues requires *multiple extensions*.

- Schedule 2.2(a)(ii)

[REDACTED]

- Out of scope

[REDACTED]

Schedule 2.2(a)(ii)

A note from Social Worker thanking Burrangiri

Re: Schedule 2.2(a)(ii)



Jacobs, Nancy <Nancy.Jacobs@act.gov.au>

Schedule 2.2(a)(ii)

 If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Diah.. you are a miracle worker.. battery of magic wand fully charged and flashing!

Thankyou to you and all the team at Burrangiri for your care and advocacy for

It's a huge relief to have a warm permanent home for him. I hope he makes some good connections there.

I'll let all my colleagues know if this success.

Nancy

- Schedule 2.2(a)(ii)

b. Palliative care required but not acute enough for Clare Holland House

Burrangiri has been referred to accommodate the needs for client under palliative care. For this reporting period we identified Schedule 2.2(a)(ii)

With Burrangiri's good connection to many nursing home, the Centre was able to assist in getting a permanent placement and discharged safely to a nursing home.

c. Family seeking permanent care as they are no longer able to care their loved one at home.

Long waiting list and limited availability for permanent placement has led to frequent admissions or extended stays at Burrangiri. Given the high and often complex care needs of these clients (high falls risk, dementia with challenging behaviours, pain management), we have seen admission/readmission to hospital when care needs exceed our ability to safely manage clients on site.

d. Client lives independently but not safe to return home

We have encountered various reasons that prevent a client to return home when their respite care ends:

- Home Support is not sufficient as care needs have significantly increased due to progressing dementia, or their clinical needs are too complex and require 24/7 nursing care and intervention.

- Nil social support and lives in remote area. Out of scope

- e. *NDIS client but not receiving enough funding to support them at home, or too young to access Residential Aged Care*

Schedule 2.2(a)(ii)

3. Admissions impacted by the age of building and its layout

During the ACT Health visit, we had the opportunity to discuss limitations on service provision due to the age of the building and its layout. This has increasingly impacted our ability to admit bariatric clients, clients who are high falls risk or require isolation, and clients with significant challenging behaviours related to dementia.

a. The size of the room is too small and can be a hazard when room is cluttered

This continued to be on going issues. ACT Health team had been advised of the concern on their multiple visits to the site. Particularly for clients deemed a high falls risk. Very limited space for storage of mobility aids, furniture placement in the room, manual handling equipment, positioning of the bed against the wall.

b. Absence of secure wing to accommodate clients with a diagnosis of dementia/ wandering

Burrangiri continues to receive referrals for clients with more complex cognitive impairment. For the reporting period, 63% of clients admitted had some degree of cognitive impairment, and 45% of those percentage had a formal diagnosis of dementia.

Burrangiri's building layout does not allow for the delineation of space to accommodate a separate secure wing. Accommodating a client with impaired cognition can also at times cause distress to other clients. Examples of challenging behaviors presenting at Burrangiri include wandering; abscond risks; risks of presenting potential physical and verbal aggression to other clients.

4. Living longer at home and the complexity of clients' needs

With ongoing government initiatives aimed at supporting elderly independent adults to continue living in their homes for longer, we continue to witness an increasingly frail cohort of clients needing short notice access to respite care. This cohort require more immediate direct care than they may have needed a decade ago. Our clinical data indicates that the level of assistance required for activities of daily livings (ADLs) and for complex clinical care (medication management; diabetes management; nutrition & swallowing support; continence management) have all significantly increased.

Accordingly, for this reporting period, data collected notes that:

- 68% of our clients have medium to high level care needs;
- 62% of clients fall into a medium to high "falls risk" category;

- 95% require medication management/ administration, with 10-15% of these having complex medication requirements, eg: pain management or time-critical medication such as Parkinson medication

Understandably, these factors impact staffing levels, where additional staffing costs are incurred to ensure the delivery of appropriate clinical care and to maintain optimal safety for clients. Occasionally we will need to add extra staffing in the evening to provide extra support in caring for clients with dementia.

This has been raised with ACT Health requesting that our nursing staff have access to training in hospital that may enhance our skills in meeting the needs of this increasingly complex client cohort.

5. **DVA Clients accessing respite from community.**

We continue to receive referrals and enquiries for DVA clients - mostly from the family themselves rather than the hospital social worker - for convalescence care. This has continued beyond the cessation date of the ACT Health/DVA agreement.

Unfortunately, the majority of these clients subsequently declined to progress their respite admission due to there being no funding available from DVA, and this then impacts our ability to assist this client cohort.

Occasionally DVA have granted funding on a one-off basis, as was recently experienced by a family after we encouraged them to contact DVA directly. See testimonial below:

"Hi Diah,

I just wanted to personally thank you for caring for my mother. She spent 3 weeks at Burrangiri in [Schedule 2.2(a)(ii)] She felt comfortable the moment she walked in with me for an orientation visit and actually asked if she could stay, there and then. When I brought her in for her stay, she was very comfortable in her room. She loved the staff as well. I really personally appreciate the level of care that was given as I know she is [Schedule 2.2(a)(ii)]

*[redacted] I know she is high care as I care for her on my own. I wish we had the option for her to come back to stay at Burrangiri when I require a break. **I don't understand why it's not a regular option for a veteran to be able to stay.** We were both very happy with your facilities and care.*

Thank you ,

Kind regards

[Schedule 2.2(a)(ii)]

2. **Outputs (Schedule 2)**

Please provide a brief update on progress made against your identified Outputs.

Despite the significant challenges we have faced in another year impacted by the COVID-19 Pandemic, we are pleased to report positive metrics, and performance against targets.

i. Overnight Respite Care for the period July 2023 to June 2024

- **4745 occupied bed days** against a target of 4654
- **Total referrals received 778.** 40% of referrals resulted in an admission whilst 50% did not proceed or remained as open enquiries (details described in “Performance indicator”). The remaining 10% were confirmed bookings that were subsequently cancelled.
- **From the confirmed admissions of 314;** 71% of referrals were from community, either privately booked or through HCP and the remaining 29 % were Hospital referrals.
- **314 admissions:** New clients represented 57% of total admissions. 43% were returnees, with 23% of these returning within 3 months of the original admission.
- **315 discharges including:**
 - 83% clients returned home with family support or home care providers.
 - 9% clients discharged to either Residential Aged Care or to other respite bed leading for permanent care
 - 8% clients discharge to Hospital
 - 0 clients deceased

For the **315 clients discharged**, we have identified Client Needs and Level of Intervention as follows:

- **Assistance with ADLs:** 68% of clients required medium to high levels of ADL assistance.
- **Clinical interventions:** 61% of clients had been categorised as “client with medium to high level of intervention” and this can include assistance with peg feeds; wound drainage; medicated/ medication pumps; VRE and other infection precautions; complex wound care; challenging behaviour management and or safe-guarding due to dementia; pain or palliative management.
- **Discharge planning:** 79% clients had a safe exit plan with a support system in place. 21% of clients were identified as having a complex exit plan which included frequent admissions to respite, extended stay or nil exit plan that required intervention from Burrangiri.
- **Falls Risk:** 62% of clients required falls risk management strategies and interventions. This may have included provision of a sensor mat, portable call bell, regular safety check, room close to nurse’s station, stand by supervision etc.

ii. Client Demographic

- The average age accessing respite for this period of reporting was >80, with the youngest at 61-year-old.
- **21% clients were admitted with no ACAT** and the remaining have ACAT in place.
- 53% female and 46% male
- 57% of clients admitted had some form of cognitive impairment: 40% with a formal diagnosis of dementia, 7% with mental health issues, and 10% were observed to have short term memory loss.
- 104 clients were identified as CALD.
- Schedule 2.2(a)(ii) [REDACTED]

Note:

- Of 314 admissions, [REDACTED] clients were funded by NDIS, and 110 were funded by their Home Care package

- Schedule 2.2(a)(ii)

iii. Day Centre

DAY CENTRE STATS														
MONTHS	July	August	September	October	November	December	6mth Totals	January	February	March	April	May	June	Annual TOTAL
Days open	21	23	21	21	22	14	122	19	21	19	18	22	19	240
Days closed	10	8	9	10	8	17	62	12	8	11	12	9	11	125
Referral	3	8	5	7	7	5	35	3	8	7	10	24	10	97
New clients admitted	2	2	2	0	0	2	8	2	1	2	3	1	6	23
Client discharged	0	0	0	3	0	2	5	0	3	1	3	3	4	19
CALD Clients	5	7	7	5	5	5	34	6	6	6	5	5	9	71
Client with Dementia	9	12	13	14	14	14		13	12	13	9	11	14	
REGISTERED DC Clients	18	21	23	20	20	22		22	20	22	22	21	24	
Average Age Of DC Clients	80	79	79	79	79	79		79	79	79	81	81	81	80
Total Individual Respite Client	9	16	16	20	26	25	112	22	17	17	14	27	19	228
Total Days Client Attendance (DC)	98	109	114	131	128	74	654	83	68	88	79	105	80	1157
Total Days Client Attendance (Respite)	30	62	56	47	64	55	314	44	65	65	47	86	49	670
Total Day Centre Attendance days	128	171	170	178	192	129	968	127	133	153	126	191	129	1827
Day Centre Attendance Target days (ACT)	278	278	278	278	278	278	1668	278	278	278	278	278	278	3336
Attendance days difference to Target	-150	-107	-108	-100	-86	-149	-700	-151	-145	-125	-152	-87	-149	-1509
% difference to Target	-53.96%	-38.49%	-38.85%	-35.97%	-30.94%	-53.60%	-41.97%	-54.32%	-52.16%	-44.96%	-54.68%	-31.29%	-53.60%	-45.23%

Our goal for Day Centre is to cater for 15-20 clients per day. Our continued planning and promotional strategies seek to increase community awareness of the Day Centre and to generate new clients. This is currently under way via:

- In May 2024, we organized together with TSA Enterprise Development team a photoshoot and video of our Respite and Day Centre program to produce a marketing promotional video tool that we can share with our Referees from Community and Hospital
- Working with TSA Enterprise Development team to create a marketing strategy and promotion material for community advertising – this includes editorials and radio advertising.
- Working with TSA ED team to create a Day Centre specific promotional Brochure
- Completion of a clinical assessment document which has been implemented for all new clients. This assessment assists in screening the suitability of clients seeking to participate in the Day Centre, alerting the team to higher care clients for which the service will need to develop appropriate activities and ensure staff capacity to cater for individual needs.
- "Upselling" Day Centre services to respite clients and then follow up with the individual or family to see if they would consider becoming an ongoing Day Centre client.
- Offer of a free day trial period for prospective new clients.
- Development of a regular newsletter to clients, referrers, and extended Day Centre audience.
- "Word of mouth" in the community. Feedback quoted from one of the largest Community Providers' Director: ***"your day program has been highly recommended", "We only hear great things about Burrangiri"***.

- Feedback from family for their satisfaction of Day Centre Program

"Good afternoon,

I wish to express my gratitude to the management and staff of Burrangiri. It offers such a warm, professional and welcoming environment. Nothing is too much trouble for the staff. It is a home away from home. It is a beautifully situated facility, with lovely light filtering into the lounge areas. It has all the comforts of home including a lovely outside garden which is totally accessible. It is a facility which is small enough to offer personalized time with each resident during their stay.

Our Uncle had 2 weeks respite there earlier this year whilst his wife recovered from surgery. Whilst he has limited speech the staff were wonderful. Nothing was too much trouble. He was well cared for and well fed. The meals are memorable. The Chaplain was wonderful, as communication was limited, she used her iPad for she and Uncle to share memories. This made all the difference to his stay. Unfortunately, it was in COVID times so there were no activities occurring. In recent weeks Uncle has joined the Respite Day Care which means so much to him and the family. He is amongst a small group of people who are offered activities which they enjoy. Being able to socialize outside the home in a safe and caring facility is so beneficial to all. It is a win, win situation, the carer has some respite whilst the loved one has a "day out".

Thank you Burrangiri for providing such care to our loved ones.

Wishing everyone a very Merry Christmas and Best Wishes for 2024."

- As part of the 2023 promotional strategy an **Accessible Activity Diary** has been created which is formatted like a menu calling on the familiarity of a menu as a promotional tool particularly it is hoped to assist those who are culturally and linguistically diverse. (see image below)



Day Centre's Client Demographic:

As of June 2024, Burrangiri Day Centre has 24 current registered clients attending over a variety of regular days. Fourteen of these clients have a diagnosis of dementia for which day respite for their carer is provided by the service. 9 clients were identified as CALD.

The average age of Day Centre Client is 80 years old, with the oldest client at 91 years old and the youngest at 57 (both with dementia supported by family in their home with day respite provided at the Day Centre.)

Individual clients joining the group are directed towards days that best suit their needs for which we can more readily tailor the program and staffing e.g.: more dementia clients on Tuesday and Thursdays so we can ensure there are more staff and a more agile program to cope with focus issues. Fully cognitive clients on a Monday and Friday so we can provide more intellectually stimulating activities as well as a physical exercise program they can follow. All are promoted via the "Day Centre Activities Menu", which is distributed weekly.

Challenges faced by our Centre and the Day Centre Team in particular

With the changes in the client demographic, we are continuing to receive referrals for clients living with dementia. Our statistics show that 14/24 of our registered clients are living with Dementia. This is once again a challenge for our team to cater for such clients, given we are not designed as a Dementia Specific Unit, but also given low funding to run the Centre with a sufficient number of team members and equipment to support client needs.

To date we continue to manage the program and improvise our activities in an innovative way, through the purchase of low-cost equipment and tools. In addition, we have implemented our "Brain Gym", an approach that will support brain stimulation, and improve the health and wellbeing of clients through such a simple activity such as quiz games, soft ball activities, armchair travel, light exercise or day cooking.

We gather many of our materials through kind donations, local op shops, and low-cost purchases. Our team have become remarkably creative and will magically use their skills for improvising and coming up with interesting day program activities.

iv. Information: additional care options and support for clients – what Burrangiri offers clients.

a. Trial Day for Respite care

In response to the varying needs for respite, the increased care needs of clients, and improving options for the primary carer to have a break from caring, we offer a "trial day" for clients whom we may consider as high care needs or client with a diagnosis of dementia that we may see have the potential of demonstrating behaviour of concern, to ensure that Burrangiri has the capacity to appropriately cater to their needs. Trial days are offered for 3-4 days to provide opportunity to undertake a thorough nursing assessment and develop an ongoing plan for when trial is successful.

- b. **ACAT assessments** are organised for those client's requiring completion of this Commonwealth assessment. About **21% of clients admitted did not have ACAT**. For this reporting period, 3% of our clients were assisted and were immediately facilitated to have their ACAT organised on site. This simplified by our strong relationship with the ACAT team and this helped to assist various benefits such as upgrade the level of HCP from 3 to 4, securing a bed in RACF, and getting a new HCP to support at home when discharged from Burrangiri.

c. **Information and linkages for Home Care Package or Permanent (nursing home) beds**

All clients can be **on-referred to Salvos Home Care services** as many clients are seeking ongoing care in the home. The ACT Care Coordinator visits residents and Day Centre clients on-site to commence entry into home care services. This service also extends to providing links for clients or their families for other home care services.

Burrangiri also provides some updated bed availability information in various RACF and by having a close connection to the Salvation Army RACF in ACT (Mountain View), we can assist a client in obtaining a permanent bed quickly and with a smooth transition should that be the decision of the family. Equally we can provide links/contacts to consultants who can complete these services for families or individuals seeking permanent care options. Approx. 20% of clients require this on-servicing and about 7% of 145 admissions were assisted in finding placement and smooth transition to their permanent home.

- d. **Health advice re on-going health management.** The RN team provide links to external support services such as for support with medical issues including Parkinson's, diabetes or dementia; allied health; mental health; social activities; advocacy; exercise; GPs; other respite in their local area (both outside and inside the ACT).
Of Note: **Geriatric Rapid Acute Care Evaluation (GRACE)** Service has supported Burrangiri for the past 4-5 years providing significant clinical advice and assessments for our clients during acute issues and in most cases leading to avoidance of hospital transfers.

The Burrangiri Team are cognisant of the importance of assisting clients with their post discharge well-being. The team supports individual clients to meet their ongoing requirements. Burrangiri has experienced an increase in the complexity of these care requirements over the past few years.

Burrangiri continuously assists clients and their families/carers regarding discharge planning. We have provided extensive feedback in relation to client's care, engaged in family conferences to discuss discharge plans and suggested options as to whether permanent placement or organising in home care support is advisable and how we can assist on this journey.

Burrangiri maintains a data base of Home Care Providers, and how they may be able to assist clients post discharge. In addition, our administration team maintains an up-to-date register of nursing home bed availability across the ACT so we can direct clients to the most suitable for them, or simply a site that has vacancies at that time.

In-house Burrangiri offers all care requirements, including 24hr RN service; all meals and catering; care services; medication management; activities; access to chaplaincy; laundry services; fully maintained garden; proximity to shops, cafes and buses. Burrangiri offers safety and security for Day Centre and respite clients.

Burrangiri fits within the broader corporate structures of the Salvation Army Aged Care with access and support for clinical software systems (iCare); banking and finance (Epicor and Finance 1); Audits (iAuditor); ordering systems (Winccs; PFD; etc); WH&S and complaints reporting system (SolvSafety); emails and calendars (Outlook); rostering (Kronos); payroll

and HR (iChris and WorkDay). In addition, Salvation Army provides all finance processing support; marketing and publicity functions; recruitment and on-boarding services; quality control via audits and reporting processes; staff training.

3. Performance Indicators (*Schedule 2*)

Please provide a brief update on progress made against your identified Performance Indicators.

Quantitative Indicators

Burrangiri's average bed occupancy for this period of reporting despite another 2x periods of COVID Lockdown in July and November, which affected admissions; was maintained at over 100%.

The facility **778 referrals** for overnight respite care for this review period leading to **314 realised admissions**. The remaining figure did not progress for the following reasons:

- **349 referrals were not finalised** and did not require respite as they were offered permanent nursing home care; the family changed their mind and decide to continue providing care, or the client refused the admission. (45 of the referrals were requested by Social Workers but not finalised)
- **80 referrals cancelled** - client deceased, entered permanent care, transferred to hospital or declined admission due to covid outbreak.
- **35 were only enquiries.**

Day Centre occupancy remains a mission to accomplish to improve our occupancy. This report we collected our statistic data for Day Centre attendance, and we had 1827 clients attendance against 3336 the target figure. There were 2 Covid Outbreaks in July and November, impacting our attendances as overnight respite clients were not able to access the Day Program during the outbreak. We continue to work with Enterprise Development team in boosting our marketing trends for Day Centre.

The demand for day respite services is increasing with the aging population and a desire by that population not to go into permanent care. As a result, our client's needs are becoming more complex. For that reason, we continue to receive an increase number for a Day Centre referral and for this period of reporting, **97 referrals** for Day Centre were received.

Qualitative Indicators

Burrangiri utilises several platforms to gather and evaluate customer feedback, so that we may continuously improve the delivery of care and services. These include:

- Monthly Customer Experience Surveys (digital) completed on discharge
- "Your Matters Matter" feedback completed by the client during their stay
- Google review independently submitted on-line.

Customer Experience Surveys, completed by residents or their representatives on discharge; the results are collated monthly. Satisfaction questions are:

1. Did staff treat you with respect?
2. Were staff responsive to your needs, including answering nurse call buzzers?
3. Do you get the care and services you needed?
4. Was the information you were given about services easy to understand?
5. Did you participate in making decisions about what care and services you received?
6. Did you get value for money?

7. Do you trust us to do the right thing by you?
8. Did you feel comfortable to be able to give feedback and make complaints?
9. Did you feel that your feedback was taken on board & appropriate action is taken?
10. Did staff follow up when you raise things with them?
11. Are the staff at Burrangiri caring?
12. Did you enjoy the meals that were served here?
13. If you had dietary requirements, were these met?
14. Did the staff know what they are doing?
15. Were you supported by the chaplain, when you chose to be?
16. How likely is it that you would recommend this service to others?

Customer Experience Survey results demonstrated that, for the period of July 2023 to June 2024, clients reported on average **98.8%** satisfaction with the service. Results also showed a 94% likelihood that clients would recommend Burrangiri Respite Centre to others.

Your Matters Matter positive and negative feedback is logged in the SolvSafety feedback management portal. Feedback is regularly sought from clients on discharge through the above Customer Experience Surveys, and any relevant feedback is entered into the Your Matters Matter portal.

Complaints received for the past year and themes of complaints are outlined in the table below. All complaints are resolved in a timely manner by management to ensure client satisfaction, and to prevent recurrence of any issues that may have occurred. Ongoing training of staff is in place around logging and management of complaints, and a culture of encouraging reporting of complaints is in place.

Feedback Category	July – Dec 2023	Jan – June 2024	Grand Total
Access to services	1	0	1
Client Behaviour	5	4	9
Food and catering	2	1	3
Physical environment & maintenance	0	1	1
Service Delivery	1	0	1
TSA personnel conduct	1	0	1
Grand Total	10	6	16

*Complaints around client behaviour relate to feedback from clients on the impact on others of a wandering client with dementia.

Compliments received for the past year and themes of complaints are outlined in the table below.

Feedback Category	July – Dec 2023	Jan – June 2024	Grand Total
Food and catering	62	46	108
Service Delivery	29	13	42
TSA personnel conduct	2	1	3
Grand Total	93	60	153

Google Reviews publicise a public rating of 4.7 stars, with positive feedback. All feedback posted is reviewed and responded to individually by The Salvation Army Aged Care Enterprise Development team (Marketing).

As with internal feedback received verbally, any negative feedback identified through Google Review is logged via our internal complaints system SolvSafety (Your Matters Matter) and addressed as appropriate.

4. Performance Requirements (Schedule 2)

Please provide a brief update on progress made against your identified Performance Requirements.

a. The Organisation must implement strategies to ensure access by Aboriginal and Torres Strait Islander people and those from culturally and linguistically diverse backgrounds.

The Salvation Army has developed a comprehensive Aboriginal and Torres Strait Islander Cultural Competency and Capability Framework for all employees. The toolkit that sits within this framework provides a host of resources for our teams including education and training, policies and procedures, and resources on how to engage with our communities.

The continued restrictions placed on us by the COVID pandemic including two outbreaks have limited our ability to externally promote the services as we have in previous years. Since June 2023 we have been able to progress with marketing and service awareness through media – radio and print – and some ongoing collaboration with other service providers.

We continue to provide services to a culturally diverse group of clients and have recorded **104 CALD** client admissions in the reporting period. There were [REDACTED] admissions where the client identified as Aboriginal and Torres Strait Islander.

b. The Organisation will participate in sector activities and collaborate with other organisations.

As previously stated, the COVID pandemic has continued to impact opportunities for face-to-face collaboration with other organisations, however we have been able to participate in the following, which assists with networking and collaboration:

- ACT Aged Care Residential Forum virtual meeting
- Dementia Australia training
- LDK Seniors Living community networking event
- Regular CSD and Community Sector Update Virtual Meeting

c. The Organisation will contribute de-identified data where relevant to particular ACT or national data collections or surveys.

Burrangiri has not been requested to contribute de-identified data during the reporting period. The service does collect a significant amount of client information related to admissions, discharges, length of stay, medical history, identifiers, etc. Should de-identified data be required this can be arranged and would be completed within overarching privacy regulations and TSA Policy.

d. The Organisation will take all reasonable measures to ensure employees and volunteers maintain current Working with Vulnerable People registration, appropriate to their position.

All our employees and volunteers, as part of our workforce and recruitment policy, must hold a valid WWVP registration, along with a current NDIS worker check. Compliance with these renewals is managed by HR systems and ensures we maintain 100% compliance.

5. Quality Standards (Schedule 2)

Do you actively use and participate in assessment against the Quality Standards detailed in Item 6 Schedule 2 in working towards quality improvement?

Burrangiri is governed by The Salvation Army Aged Care policy framework which aligns with both legislative requirements and the Aged Care Quality Standards, as well as focusing on best practice and evidence-based care. In addition, Burrangiri also maintains accountability to internal governance systems, ensuring quality and safety when providing care and services, both clinical and non-clinical. Burrangiri actively participates in assessment against these quality systems on a monthly basis through the following means:

• Risk Indicator Dashboard

The Risk Indicator Dashboard collects data on a monthly basis, against a variety of indicators such as clinical incidents, education compliance, customer experience results, complaints trends, and WHS incidents. The results captured in this dashboard all contribute to a risk-level rating for the service and provides the ability to monitor trends over time. Negative trends require investigation and, if required, an action in the service’s Plan for Continuous Improvement. The risk-level of the service is reported on and discussed at the organisation’s monthly National Aged Care Risk Forum.

• Education

Compliance with education is captured both through the Education Tracker (face-to-face training) and the online Learn portal (online training). This is monitored on a monthly basis to ensure staff are compliant with mandatory training and competencies, with compliance rates reported in the Risk Indicator Dashboard. Training Needs Analysis are conducted at a minimum annually with staff, and this, alongside other indicators such as complaints, clinical incidents, etc. inform additional education that may need to be conducted at the service.

• Audits

The service uses the iAuditor system to conduct audits monthly. As shown in the Quality Assurance Program schedule below, audits around the areas of clinical care, infection control, falls management, WHS, advocacy and feedback, etc. are conducted bi-annually. These audits were developed to assess compliance against internal policy and procedures, legislative requirements, the Aged Care Quality Standards, as well as best practice and evidence-based care. Any failures within these audits are required to have assigned actions to rectify, and areas for improvement are recorded in the Plan for Continuous Improvement as indicated. Compliance with the Quality Assurance Program is monitored by the organisation’s Quality Team.

From July 2023 to June 2024, Burrangiri continues to complete the below schedule of audits.



Aged Care Burrangiri Audit Program

	January	February	March	April	May	June
Audits	Service Access & Referral (Respite and Day Centre)	Clinical & Complex Care (Respite Centre) Service Planning & Delivery (Day Centre) WHS Inspection Checklist*	Medication Management (Respite Centre) Infection Control (Respite and Day Centre)	Catering, Cleaning & Laundry (Respite and Day Centre) Falls and Risk Management Spot Audit (Respite Centre)	Workplace Health & Safety (Respite and Day Centre) Leisure & Lifestyle (Day Centre)	Advocacy & Feedback (Respite and Day Centre)
Other	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators

	July	August	September	October	November	December
Audits	Service Access & Referral (Respite and Day Centre)	Clinical & Complex Care (Respite Centre) Service Planning & Delivery (Day Centre) WHS Inspection Checklist*	Medication Management (Respite Centre) Infection Control (Respite and Day Centre)	Catering, Cleaning & Laundry (Respite and Day Centre) Falls and Risk Management Spot Audit (Respite Centre)	Workplace Health & Safety (Respite and Day Centre) Leisure & Lifestyle (Day Centre)	Advocacy & Feedback (Respite and Day Centre)
Other	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators	Customer Experience Surveys Risk Indicators

PLEASE NOTE: Other spot check audits may be conducted on an ad hoc basis in response to performance appraisals, training needs analysis, staff feedback, consumer/representative feedback, audit results, industry alerts, policy & procedural changes and internal or external reviews. All Audits are to be completed by the end of the month.

*WHS Inspection Checklist is to be completed in SolvSafety.

• **Plan for Continuous Improvement**

The service maintains a Plan for Continuous Improvement. This aids in ensuring that a systematic, ongoing effort is in place to improve the quality of accommodation, care and services which:

- considers the needs of our clients and residents,
- is part of an overall quality system to assess how well our systems are working, and the standard of care and services achieved, and is a results-focused activity demonstrated through outputs and outcomes.

Have you reviewed your practice against these Quality Standards in this reporting period?

As mentioned above, key indicators, education compliance rates, and audit results are gathered regularly and help to form a risk-level rating, which is presented and discussed at the National Aged Care Risk Forum on a monthly basis.

6. Planning and Policy Implications (Item 2(2) Schedule 3) – maximum 1000 words N/A.

Signature of Delegate: Diah Octaviana

Position: Centre Manager

Print name of Delegate: Diah Octaviana

Date: Tuesday September 10, 2024

This Report is to be emailed to psrcontracts@act.gov.au.



PERFORMANCE REPORT ASSESSMENT

Organisation:	The Salvation Army Property Trust
Program/Schedule Name:	Burrangiri Aged Care Respite Centre
Agreement Number:	2015.27504.990
Reporting Period:	1 July 2023 to 30 June 2024
Business/Policy Unit	Aging and End of Life Branch (Aged Care) – Stephanie Ellis

All Items reported against?

Yes ☒ No ☐

Information not provided

Insurance

Yes ☒ No ☐

Public Liability and Workers Compensation Certificates of Insurance have expired

Financial Reporting

Is a 6mth/12mth financial report required for this reporting period?

Yes ☒ No ☐

Surplus / Deficit (10% variance accepted) Schedule 2.2(a)(xi)

Schedule 2.2(a)(xi)

Notes: The large variance -48.13% does not take into account revenue from client fees. Again, the significant wage increases resulting from the Work Value Case in 2023 has impacted our result, with these increases not covered by the indexation of the funding grant from ACT Health.

Outcomes

Does the report demonstrate that the identified Outcomes are being achieved?

Yes ☒ No ☐

TSA has demonstrated in their report that most of the identified Outcomes in their Service Funding Agreement (SFA) are being achieved.

Burrangiri has provided:

- For the Carer, a respite or break from usual care arrangements and information about additional care options and support.
- For the Client, a respite or break from usual care arrangements; social participation in the community; support for people with care needs to continue to live in the community; a reduction in the risk of premature or inappropriate admission to hospital; and maintenance or improvement of individual functioning following a hospital stay.

Outputs

Are the agreed Outputs being achieved?

Yes ☒ No ☐

TSA has demonstrated in their report that the majority of the agreed Outputs in their SFA are being achieved – PARTIALLY ACHIEVED.

- Overnight respite care: provided and mentioned in the report (exceeded the target by 91 bed days).
- Post Hospital Convalescent Care: mentioned in the report however not quantified.

- Day Centre Respite Care Program: provided and mentioned in the report.
- Information about additional care options and support: provided and mentioned in the report.
- The number of Community Service Providers referring clients to Burrangiri has grown from 18 to 24 during the reporting period.
- A summary of client demographics was partially provided (information regarding the postcode of residence, specific medical or complex care conditions, LGBTQI+ status has not been provided).
- A summary of client numbers disaggregated by indicators suggested by ACTHD not provided.

Performance Indicators

Does the report demonstrate Performance Indicators are being achieved? Yes ☒ No ☐

TSA's report demonstrates that the agreed qualitative indicators have been achieved in this reporting period. The reported figures for the agreed quantitative indicators are on target for bed days but below target for Day Centre attendance numbers required in the SFA.

Quantitative indicators – PARTIALLY ACHIEVED

- Burrangiri Respite Centre achieved a total of 4745 bed days against a target of 4654 (surplus of 91 bed days), including the two-week closure period over the Christmas holiday.
- Burrangiri noted 314 respite admissions and indicated that approximately 43 per cent resulted in either hospital avoidance or reduced hospital length of stay.
- The Day Centre Respite Centre achieved 1827 client attendance against the 3336 target figure (approximately 55 per cent of goal for attendances achieved).

Qualitative indicators - ACHIEVED

- Customer feedback is obtained through Monthly Customer Experience Surveys (digital) completed on discharge, "Your Matters Matter" feedback completed by the client during their stay and Google reviews independently submitted on-line. Internal feedback received verbally or written Google reviews are logged via the "Your Matters Matter" internal complaints system.
- Customer Experience Survey results demonstrated that clients reported on average 98.8 per cent satisfaction with the service. Results also showed a 94 per cent likelihood that clients would recommend Burrangiri Respite Centre to others.
- "Your Matters Matter" feedback indicated 16 complaints and 153 compliments received in the reporting period. Google Reviews publicised a public rating of 4.7 stars, with positive feedback.

Performance Requirements

Does the report demonstrate Performance Requirements are being achieved? Yes ☒ No ☐

TSA's report demonstrates the performance requirements are being achieved.

- (1) *The Organisation must implement strategies to ensure access by Aboriginal and Torres Strait Islander people and those from culturally and linguistically diverse backgrounds:*

The Salvation Army has developed an Aboriginal and Torres Strait Islander Cultural Competency and Capability Framework. This framework includes resources for teams including education and training, policies and procedures, and resources on how to engage with our communities. However, the Burrangiri report notes external promotion of services was impacted by the COVID pandemic. They nonetheless progressed with marketing and service awareness through media – radio and print – and some ongoing collaboration with other service providers. There were 104 CALD and █ Aboriginal and/or Torres Strait Islander client admissions.

- (2) *The Organisation will participate in sector activities and collaborate with other organisations:*

Burrangiri has participated in ACT Aged Care Residential Forum virtual meeting, Dementia Australia training, LDK Seniors Living community networking event, and regular CSD and Community Sector Update Virtual Meetings.

- (3) *The Organisation will contribute de-identified data where relevant to ACT or national data collections or surveys:*

Burrangiri has not been requested to contribute de-identified data during the reporting period.

- (4) *The Organisation will take all reasonable measures to ensure employees and volunteers maintain current Working with Vulnerable People registration, appropriate to their position:*

All Burrangiri employees and volunteers, as part of their workforce and recruitment policy, must hold a valid WWVP registration, along with a current NDIS worker check. 100 per cent compliance has been maintained.

Quality Standards

Has the service met compliance with the relevant quality standards/accreditation? Yes ☒ No ☐

The report indicates Burrangiri is governed by TSA Aged Care Policy Framework which aligns with both legislative requirements and the Aged Care Quality Standards, as well as focusing on best practice and evidence-based care. In addition, Burrangiri also maintains accountability to internal governance systems to ensure quality and safety when providing care and services (clinical and non-clinical).

The Organisation is required to actively use and participate within a validated quality system and works towards quality improvement. Burrangiri is expected to review its practice against this quality system in an on-going process.

- Risk Indicator Dashboard - collects data monthly, around a variety of indicators such as clinical incidents, education compliance, customer experience results, complaints trends, and WHS incidents. The report indicates negative trends are investigated and if required incorporated as an action in the continuous improvement. Risk level rating and trend monitoring is conducted and discussed at the organisation's monthly National Aged Care Risk Forum.
- Education – "Education Tracker" (face-to-face) and the online Learn portal are monitored on a minimum monthly basis to ensure staff are compliant with mandatory training and competencies. Compliance rates reported in the Risk Indicator Dashboard. The annual training needs analysis was conducted.
- Audits - iAuditor conducts monthly audits to assess compliance against internal policy and procedures legislative requirements, the Aged Care Quality Standards, as well as best practice and evidence-based care.
- TSA's Plan for Continuous Improvement aids in ensuring a systematic, ongoing effort is in place to improve the quality of accommodation, care, and services.

Has the service identified any reform as a result of quality improvement? Yes ☐ No ☒

Not specifically stated, however the report notes that a continuous improvement plan is part of an overall quality system to assess how well the systems are working, the standard of care and services achieved, and is a results-focused activity demonstrated through outputs and outcomes. The report also indicates National Aged Care Risk Forum held monthly discusses quality standards.

Planning or Policy Implications

Does the report identify any Planning or Policy Implications? Yes ☒ No ☐

TSA's report identifies several planning and policy implications:

- The funding deficit of approximately 48 per cent does not account for revenue from Commonwealth aged care revenue or direct client fees. ACTHD is not aware whether TSA is operating Burrangiri at a loss or break even.
- The number of people with dementia in the ACT has been significantly growing. This is reflected at Burrangiri with 40 per cent of clients having a formal dementia diagnosis. Furthermore, 63 per cent of clients admitted had some degree of cognitive impairment. There is no secure wing at Burrangiri to care for clients with challenging behaviours related to dementia. These behaviours (such as wandering around the building) have been shown to be impacting other clients. There were nine complaints regarding this received on the "Your Matters Matter" platform in this reporting period. It is vital to explore if a dementia respite is what is mostly required by the ACT community.
- Challenges are being faced in the Day Centre in relation to the fact that 14 of the 24 regular Day Centre clients live with dementia. Burrangiri is not a dementia-specific facility and staff are struggling to cater to the complex needs of a cohort that is primarily made up of clients living with dementia.
- Closure during Christmas period: Burrangiri closes for two weeks over the Christmas period. This is driven by high labour costs and staff shortages. During this time, TSA can thoroughly clean the facility and staff are able to undertake mandatory training. However, many carers are seeking respite around the holiday season, and respite beds are in high demand.
- Complex discharge planning: There are several issues which complicate discharge planning and push respite needs beyond the approach to cap at 3 weeks. This includes risk of homelessness or nil exit plan, palliative care requirements that are not acute enough for Clare Holland House, families seeking permanent care, lack of safety for independent clients to return home, and insufficient NDIS funding. Proper discharge planning, especially for complex patients, needs to be established.

- Admissions impacted by the age of the building and its layout: Increasingly impacted their ability to admit bariatric clients, clients who are high falls risk or require isolation, and clients with significant challenging behaviours related to dementia. This is due to small sizes of rooms which make it difficult for storage of mobility aids and manual handling equipment and pose significant fall risks. There is also no secure wing to accommodate clients with a diagnosis of dementia/impaired cognition which presents potential physical and verbal aggression and abscond risks.
- Living longer at home and the complexity of clients' needs: Burrangiri has continued to witness that the clients accessing respite care are now increasingly frail and require more direct and immediate care. Their clinical data indicates that the level of assistance required for activities of daily livings (ADLs) and for complex clinical care (medication management; diabetes management; nutrition and swallowing support; continence management) have all significantly increased.
- DVA Clients accessing respite from community: the report suggest Burrangiri is receiving referrals and enquiries for Department of Veteran's Affairs (DVA) clients. Most are not able to be accepted due to lack of funding from DVA, noting the cessation of the ACTHD/DVA agreement. However, this cohort should not be considered moving forward unless the facility/option decided moving forward would be able to come under the Hospital Service Agreement.
- Burrangiri has requested ACT Health to provide access to their staff to train in the hospital to enhance their skills in meeting the needs of this increasingly complex client cohort. This raises the concern regarding the increasing need to train staff to manage the client with complex needs for the future especially with more people preferring homecare over residential aged care (more community referrals anticipated with increasing carer stress).
- Total day centre attendance days have always been less than the targets provided through the contracts. This raises the question of whether there is a reduced demand for day centre respite in general?
- Most of the individuals attending Burrangiri have an ACAT (ca. 80 per cent) and are funded through home care packages (2022-23 and 2023-24) with approximately 80 per cent of the clients returning home, supporting its use as a temporary break from normal care arrangements. Further, most of the referrals received by Burrangiri are from the community (71 per cent in 2023-24) while hospital referrals are limited (29 per cent in 2023-24). This indicates a strong need for community-based respite care.
- Approximately 21 per cent of Burrangiri clients do not have an ACAT assessment or are awaiting one. The average age of clients is 80 years of age.

Feedback for response letter (Required)

- It was pleasing to read the comprehensive report that was submitted, highlighting the value and the extent of the services Burrangiri provides to clients. We are pleased to see your effort to maintain quality and care at Burrangiri reflected in the customer satisfaction results and compliments. Thank you for your continuous commitment to support ACT Health to provide respite care.
- We note the challenges you raise in your report regarding complex discharge planning for clients as well as training for staff to meet the needs of clients with increasingly complex care needs.

To follow up for discussion at service visit (Optional)

Nil.

Assessment Completed By:

Unit	Officer	Date Completed
CSCGU	Kim Conway	12/09/2024
Ageing and End of Life Policy	Tara Bretherton	26/09/2024

ATTACHMENT A**FINANCIAL REPORT
(Item 1(3) Schedule 3)**

Organisation:	The Salvation Army Property Trust Burrangiri Aged Care Respite Centre	
Reporting Period:	January 2024- June 2024 (July — December 20##, January — June 20##)	
A: Total amount of Agreement funds on hand at commencement of reporting period (carry-over funds from previous period):	Schedule 2.2(a)(xi)	
B: Total funding received in this reporting period (ACT Health Funds only): (Reporting Period: July - December or January - June)		
Expenditure Items (e.g. salaries and wages, service delivery, program materials, program events, administration costs, equipment)		Funding Expenditure (GST exclusive)
1. Personnel		Schedule 2.2(a)(xi)
2. Programme Expenses		
3. Occupancy Expenses		
4. Professional Expenses		
5. Other Operational Expenses		
6.		\$
7.		\$
8.		\$
C: Total expenditure of items:	Schedule 2.2(a)(xi)	
D: Total of unexpended funds remaining (A+B—C):		
E: Variance 10% +/-:		

**** The Organisation MUST provide the Territory with an explanation of variations of 10% (surplus/deficit) of expenditure by program. ****

Other funding received (expended only on activities listed in Schedule 2):	\$
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Please list expenditure items and funding source:

The large variance -48.13% does not take into account revenue from client fees. Again, the significant wage increases resulting from the Work Value Case in 2023 has impacted our result, with these increases not covered by the indexation of the funding grant from ACT Health.

I certify that the above program funding was used for the approved purpose(s). To the best of my knowledge and belief, the Statement re covering the program is true and fair.

Signature of Delegate:

Position Centre Manager

Print name of Delegate: Diah Octaviana

Date: 10/09/2024

This Report is to be emailed to psrcontracts@act.gov.au.

Ms Fiona Sanders
General Manager – Community Care
The Trustee for The Salvation Army (NSW) Property Trust
Schedule 2.2(a)(ii)

Dear Ms Sanders

Performance and Financial Reports

Thank you for providing the Performance and Financial Reports for the period 1 January 2024 to 30 June 2024 as required under the Service Funding Agreement 2015.27504.990 between the Australian Capital Territory and The Trustee for The Salvation Army (NSW) Property Trust for the provision of the Burrangiri Aged Care Respite Centre.

It was pleasing to read the comprehensive report that was submitted, highlighting the value and the extent of the services Burrangiri provides to clients. We are pleased to see your effort to maintain quality and care at Burrangiri reflected in the customer satisfaction results and compliments.

We also note the challenges you raise in your report regarding complex discharge planning for clients as well as training for staff to meet the needs of clients, with increasingly complex care needs.

I am pleased to advise you of the acceptance of the Performance and Financial Reports for this period.

Thank for your continuous commitment to support ACT Health to provide respite care and I apologise for the delay in my response.

Yours sincerely

Schedule 2.2(a)(ii)

Tania Weir
Director
Community Sector Contracts and Grants Unit
ACT Health Directorate

24 December 2024

Ms Fiona Sanders
Interim Head of Aged Care
The Salvation Army Australia
Email: Schedule 2.2(a)(ii)

Dear Ms Sanders

Conclusion of Service Funding Agreement for Burrangiri

I am writing about the Services Funding Agreement between the Trustee of the Salvation Army (NSW) Property Trust (TSA) and the Australian Capital Territory (Territory) dated 7 July 2016, the Letter of Variation dated 2022 and the Letter of Variation dated 20 May 2024 (together, Funding Agreement) for the Burrangiri Aged Care Respite Centre.

I would like to recognise that since 1989, TSA has provided essential, quality person- and family-centred day and overnight respite services to older Canberrans at Burrangiri.

As you are aware, the Funding Agreement expires on 30 June 2025. This letter is to provide formal confirmation that the Territory will be ceasing the operation of aged care respite services at Burrangiri and, as such, will not be renewing the Funding Agreement.

ACTHD is committed to working collaboratively with you over the coming months to plan for and ensure a smooth transition out of the provision of the services at Burrangiri.

We will be in contact again shortly regarding specific matters to be considered in relation to the transition out, guided by the terms of the Funding Agreement and the related license. In the interim, please let me know if there are any matters you would like discuss.

I would like to extend my sincere thanks and appreciation to you, Burrangiri Centre management and staff, and TSA more broadly for your ongoing commitment to providing respite care to older Canberrans in the ACT for the last 35 years.

Yours sincerely



Chloe Stoddart
Executive Group Manager
Policy Partnerships and Programs

23 January 2025



ACT
Government

ACT Health

Asset Management Plan



Get in touch with – Online and Design team - onlineanddesign@act.gov.au if you need assistance with relevant image.

Burrangiri

August 2023

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Executive Summary

Item	Detail
Assets in Scope	Building Fabric, Fire, Hydraulic, Electrical, Mechanical, Security, Grounds and Gardens, 83 assets.
Asset Criticality	Critical: Building Fabric and Fire Systems Highly Important: Electrical, Hydraulic, Mechanical, Security
Current Performance	Poor – 17 assets
High Priority (1) Backlog	Replace eaves gutter causing water leaks located above sliding door from west side of the north facing sunroom.
Total Backlog Expenditure Forecast	\$457,594 (until 2030)
Total Maintenance Expenditure 2023-2037	\$1,162,250
Total Capital Expenditure 2023-2037	\$2,081,081
Average Annual Cost	\$216,222

Document Approval

Version Control

Approver Name	Approver Role	Approver Signature	Date	Version
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Amendments

Original Text	Amendment	Approver Signature	Date	Version
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Introduction

Purpose and Context

This asset management plan (AMP) defines the activities that will be implemented, and the resources that will be required, to meet the service delivery expectations and objectives, and consequently the organisational objectives, for Burrangiri. This plan will enable appropriate resource planning, and definition of operational data and funding requirements to meet the lifecycle requirements of the assets. It has been developed to allow for a unified and consistent approach across ACT Health Directorate to how built assets at Burrangiri are managed.

This document sets out:

- The types and volumes of Burrangiri assets in the portfolio.
- The status of these assets in terms of their current and historic performance and their criticality.
- The chosen approach to managing the specific asset types including the planning of work volumes to deliver the business objectives and levels of service.
- The information requirements to support current and future decision making and plans for their development.
- A prioritised list of improvement actions required to address identified gaps and deliver the organisations AMPs with regards to specific asset(s).

This AMP should be maintained as a live document with ownership and updates managed in accordance with ACT Health Directorate Documentation Approval procedure.

This AMP has a particular focus on the upcoming 15-year period, whilst looking beyond that to anticipate the future needs of Burrangiri assets for the ACT Health Directorate. Major CAPEX expenditure that is being planned for the upcoming 15-year period will be captured in this AMP, where the emerging needs in the coming years will be discussed and considered at a high level. Additionally, changes required to historical OPEX expenditure will be presented over this same 15-year period, and OPEX expenditure associated with projects will be projected at a high level beyond that.

Scope

This AMP covers all Burrangiri assets, which include all built assets and personnel required to deliver the relevant service(s), both internally and externally, in service of supporting ACT Health Directorate's overall service delivery obligations.

ACT Health Directorate seeks to identify productivity improvements, increased operational efficiency and improved decision making to achieve its strategic goal of delivering sustainable value.

Glossary of Terms

Term	Definition
Burrangiri	Burrangiri Aged Care Centre
ACTHD	ACT Health Directorate
Asset Management Framework (AMF)	A set of documents, systems and processes acting as a guideline to support asset management objectives to ensure an organisation attains maximum value out of its capital investments. The framework is developed with alignment to industry best practice and organisational objectives.
Asset Management Plan (AMP)	Describes the operating context, governance, scope, and range of activities intended to achieve the agreed organisational objectives and the risk of failing to conduct these activities.
Asset Management Policy	Sets out the principles by which the organisation intends to apply asset management to achieve its organisational objectives. The policy should set out the organisation's commitments and expectations for decisions, activities and behaviour concerning asset management. It should be aligned to and demonstrate support for the organisational objectives and define the Asset Management Strategy.
Asset Management Strategy	Specifies how organisational objectives translate to and align with asset management objectives, the approach for developing asset management plans and any asset management activities that support the achievement of asset management objectives.
Asset Management System	A set of interrelated or interacting elements of an organisation that establish asset management policies and objectives and processes to achieve those objectives. The system elements include the organisation's structure, roles, and responsibilities, planning and operation.
Asset Service Level	A defined, or currently provided, level of service quality for a particular asset-based activity against which performance may be measured. Service Levels could be defined in several dimensions including quality, quantity, reliability, responsiveness, environmental acceptability, or cost.
Built Assets	Built Assets are a category of asset comprising physical assets within the parks such as lookouts, bridges, playgrounds etc. and waterway assets such as piers and jetties etc. This excludes the following other built assets – habitable buildings, roads, dams.

Critical assets	Built assets with a consequence of failure rating is 4 (major) or 5 (extreme) in one or more of the categories of safety, compliance and visitor experience. Those assets that are likely to result in a more significant financial, environmental and social cost in terms of impact on organisational objectives.
(Asset) Lifecycle	The time interval that commences with the identification of the need for an asset and terminates with the decommissioning of the asset or any liabilities thereafter.
Lifecycle costing	A process to determine the sum of all expenses associated with a product or project, including acquisition, installation, operation, maintenance, refurbishment, discarding and disposal costs.
Strategic Asset Management Plan (SAMP)	A plan which outlines the actions to be undertaken to deliver the goals of the Asset Management Strategy. It links the Asset Management Objectives directly with ACT Health Directorate strategic objectives and Strategic Plan 2020-2025 to ensure that the outcomes are understood and are measurable for reporting and improvement purposes.
SFAIRP	So Far As Is Reasonably Practical

Outcomes and Business Drivers

Governance

Organisation	Role
ACTHD	Asset Manager
Tenant	Assistant Executive Officer, Salvation Army

Strategic Alignment

Service Context

Burrangiri serves as an Aged Care Centre. The site currently functions as a respite care centre for geriatric residents providing day and overnight services for patients transitioning from the hospital to home stay. The site currently houses 15 rooms and 2 shared bathrooms.

The AMP documents perform a key role within the overall Health Directorate's Asset Management System by ensuring a clear 'line-of-sight' between the company's activities on the ground, including asset interventions, the Health Directorate's Business Plans and Objectives, and the Health Directorate's Policies. This is highlighted in the diagram below in Figure 1.



Figure 1: Asset Management System

Specifically, the AMPs form a key element of the Health Directorate's overall asset management system, as relevant for each asset class. For further information on the

applicable Policies and Business Objectives the ACT Health Directorate aims to achieve, please refer to the SAMP.

The Asset Management Plan, evidences and justifies inspection, maintenance and renewal regimes that support the delivery of the required outputs (e.g., health and safety, minimal environmental impact, service reliability and availability). It also evidences that this is planned to be achieved, where appropriate, at minimum whole-life, whole-system cost.

Objectives and Performance Measures

The objectives for assets at Burrangiri should be aligned with the overall ACT Health Directorate objectives and tailored for the purpose of the site, provision of aged care programs. The following are proposed as initial objectives and intended to be a starting point. Regular reviews of this Asset Management Plan will see these evolve over time.

Table 1. Performance Measures for Burrangiri.

Area	Objective	Measure	Target
Asset Performance	Site to be compliant with all statutory obligations.	Number of assets at site not meeting building code	0 assets by June 2025
Asset Performance	Capacity of facility that is available for use.	Rooms available/ Rooms planned (15)	Establish the measuring process by June 2024.
Asset Performance	Maintenance activities conducted against plan	Maintenance conducted/Maintenance planned	100% annual target
Asset Cost	Service Delivery is at lowest whole of life cost	Whole of life cost per asset	Establish the measuring process by June 2024.
Asset Risk	Risks for a site are captured and managed with appropriate controls and mitigations	Number of risks recorded on site	Establish the measuring process by June 2024.

Asset Portfolio Description and Inventory

Asset Types and Populations

The following information in Table 2 provides quantification of the number or size of assets on Burrangiri.

Table 2. The following table provides the quantity for each asset class and asset at Burrangiri.

Service	System	Asset	Qty	Unit
Building Fabric	External	External Walls	621	m2
		Roof Surface - Metal Sheeting	1150	m2
	Internal	Floor Covering - Carpet	350	m2
		Floor Covering - Vinyl	700	m2
		Plasterboard ceiling	1000	m2
Electrical Services	Communications System	MDF	1	no.
	Electrical Distribution	Distribution Board	3	no.
		Load Centre	7	no.
		Main Switchboard	1	no.
		Mechanical Services Switchboard	1	no.
		Metering Panel	1	no.
	Emergency & Exit Lighting	Emergency Exit Sign	23	no.
		Emergency light	39	no.
	Lighting - External	Miscellaneous, external	40	no.
		Pole Mounted	4	no.
	Lighting - Internal	Surface Mounted, external	1	no.
		Downlight, internal	100	no.
		Surface Mounted, internal	134	no.
		Suspended Linear Lights	4	no.
		Troffer, internal	15	no.
	Security System	Intruder Detection	1	no.
Fire Services	Fire Alarm System	Fire Indicator Panel	1	no.
		Occupant Warning Speaker	22	no.
		Smoke / Heat Detector	121	no.
	Hose Reel System	Fire Hose Reel	2	no.
	Portable Fire Equipment	Fire Extinguisher	9	no.
Grounds & Gardens	Civil	Louvres - Motor	6	no.
		Retaining Wall	100	m
		Shade sail structure	2	no.
	Hardstand	Hardstand - Asphalt	600	m2
		Hardstand - Concrete	360	m2
Hydraulic Services	Domestic Hot Water	Electric Storage	1	no.
		Gas-Fired Storage	2	no.

Service	System	Asset	Qty	Unit
	Gas System	Pumps - Recirculating	2	no.
		Gas meter	1	no.
		Gas shut off valve	1	no.
	Hydraulic Services	Grease trap	1	no.
	Sanitaryware	Fixtures & Fittings	1	no.
	Water System	Pipework - Hydraulic	1	no.
		Tempering Valve	15	no.
		Water Meter	1	no.
	Mechanical Services	Automatic Controls and Instrumentation	4	no.
		HVAC		
		AC - High Wall	2	no.
		Air Cooled Condensing Unit	3	no.
		Boiler - Heating Water	1	no.
		Cool room refrigeration	1	no.
		Diffuser, Grille or Register	91	no.
		Electric Radiant Heater	32	no.
		Evaporative Cooler	5	no.
		Fan - Ceiling/Window	39	no.
		Fan - Rooftop	7	no.
		Fan Coil Unit	1	no.
		Kitchen Exhaust Hood	1	no.
		Pipework - Air Conditioning	2	no.
Security Systems	CCTV System	Pump - Base Mounted	2	no.
		External Camera	7	no.
	Communications System	NVR or Head-End Equipment	3	no.
		MATV System	2	no.

Critical Systems

Asset criticality forms part of the Health Directorate's risk management methodology. It recognises that some assets or asset groups have differing importance or value or represent different vulnerabilities to the business. Criticality considers the risks of asset failure or non-performance.

The purpose of this part of the asset management plan is to define the criticality of the various assets with a view to enabling the prioritisation and optimising of the asset management regime and any establishment of improvement actions. This section should try to quantify the criticality of the asset class and/or sub-classes in terms of their impact on cost, risk, and performance.

Criticality rankings have provided a guide on the level effort required in developing strategies in accordance with the asset's safety and service risk profile. They have also helped prioritise development of asset class plans.

The operational criticality of ACT Health Directorate locations is provided in Table 3 below. Where Burrangiri has been rated as Highly Important (4) to the ACT Health Directorate.

Table 3. The following table provides the criticality definition and ranking for each ACT Health Directorate site

Score	Assessment	Definition	Proposed Building Criticality
5	Critical	Critical space or area or item of equipment, sensitive purpose, high profile building for example an operating theatre, server room, emergency ward.	Howard Florey House Clare Holland House
4	Highly Important	Space of high importance, required to deliver day-to-day health service but does not directly prohibit emergency care, such as main entrance, single ward.	QEI Family Care Centre HPS Air Monitoring Stations Burrangiri Aged Care Centre Watson Hostel YMH Step Up Step Down Karralika – Fadden Karralika – Isabella Plains Ngunnawal Bush Healing Farm
3	Important	Space delivering a specific service, function or care which could be delayed or postponed. i.e., consulting rooms, administrative functions.	Calvary Multi-Story Carpark Wellways O'Connor
2	Ancillary function	Space with ancillary function with little impact to day-to-day operation, such as long-term storage. May also apply to a building pending major refurbishment or with limited remaining operational life.	
1	No Operational Requirement	Space with no operational requirement which is being prepared for disposal or demolition.	

Following from the site criticality, each asset at the specific site has its own criticality rating. This is determined by how critical the asset is to the sites function through an assessment of risk to the site based on the asset failure or non-performance.

The criticality rating of each asset class and system at Burrangiri is detailed in Table 4 below.

Table 4. The following table lists the criticality of asset class and system to Burrangiri.

Criticality of Asset	Assessment	Service	System
5	Critical	Building Fabric	External
		Fire Services	Fire Alarm System Hose Reel System Portable Fire Equipment
		Electrical Services	Communications System

Criticality of Asset	Assessment	Service	System
	Highly Important		Electrical Distribution
			Emergency & Exit Lighting
			Lighting - External
			Lighting - Internal
			Security System
		Hydraulic Services	Domestic Hot Water
			Gas System
			Hydraulic Services
			Sanitaryware
			Water System
		Mechanical Services	Auto Doors
			HVAC
		Security Systems	CCTV System
			Communications System
3	Important	Building Fabric	Internal
		Grounds & Gardens	Civil
2	Ancillary Function	Building Fabric	Internal
		Grounds & Gardens	Civil
			Hardstand

Asset Condition and Performance

Asset Performance

The performance of the asset is its ability to provide the required level of service. Generally, this can be measured in terms of reliability, availability, capacity, and meeting visitor demands and needs. All of this is critical information for determining the remaining useful life of an asset and more importantly the timing for possible intervention steps to bring levels of service, provided by the asset, back to a desired standard.

Current Asset Performance

Condition assessment and asset performance are inevitably linked. Condition and performance failure can be considered as cause and effect respectively. That is, condition deterioration is a cause of failure, the effect of failure is deficient performance (failure to meet required levels of service).

The following Table 5 provides the condition rating and description that were used to assess the asset performance at Burrangiri.

Table 5. provides the condition ratings and descriptions used for reviewing the assets at Burrangiri.

Condition Rating	Condition Description
5 – Excellent	As new asset. Excellent condition.
4 – Good	Good, Minor defects, wear and non-compliance exist. Little to no impact on operation or intended use. 80% to 60% of asset useful life remaining.
3 – Adequate	Fair, wear and degradation to external surfaces require maintenance, defects or wears to 5%-20% affected. 60% to 30% of asset useful life remaining. Equipment operating on older technology and less efficient compared to modern equivalent.
2 – Marginal	Poor, significant defects, wear and non-compliance exist, rehabilitation of asset required. Component replacement more costly than maintenance. 30% to 20% of asset useful life remaining. Equipment operating on older technology and less efficient compared to modern equivalent.
1 – Approaching End of Useful Life	Very poor, potential structural, operational problems or not operational. Major defects, wear and non-compliance exist. Extensive defect or wear, 20% to 0% of asset useful life remaining. Cost to maintain is no longer viable. Replacement essential. Equipment outdated or redundant technology and less efficient compared to modern equivalent.

Table 6 shows the key assets that were identified and rated as either Marginal or Approaching the end of their useful life. This provides a clear list of assets that will need to be prioritised in the coming years either for replacement or significant maintenance. It should be observed that a majority of these assets are already past their useful lives.

Table 6. provides the list of assets at Burrangiri that have been identified to have the worst condition rating which was a rating of Poor

Condition	Service	System	Asset	Installation Year	Remaining Life
2	Building Fabric	Internal	Floor Covering - Carpet	2005	-8
			Floor Covering - Vinyl	2005	-1
	Electrical Services	Electrical Distribution	Distribution Board	1988	-5
			Main Switchboard	1988	5
			Mechanical Services Switchboard	1988	-5
		Lighting - External	Surface Mounted, external	2008	5
	Grounds & Gardens	Civil	Retaining Wall	1990	17
			Shade sail structure	2005	-3
		Hardstand	Hardstand - Asphalt	1990	-18
			Hardstand - Concrete	1990	-3
	Hydraulic Services	Domestic Hot Water	Gas-Fired Storage	1998	-10
				2003	-5
	Mechanical Services	HVAC	Boiler - Heating Water	1988	-5
			Electric Radiant Heater	2007	-6
			Kitchen Exhaust Hood	1988	-15

Mitigation Measures – Backlog Maintenance Activities

Backlog maintenance is the process of addressing accumulated maintenance tasks that have been delayed or deferred due to a variety of reasons. These tasks include repairs, replacements, or upgrades of the assets at the site. Addressing them is essential to ensure the proper functioning and longevity of the assets on Burrangiri. Activities to address the immediate asset condition concerns and prevent further degradation are identified in the section below. Priority definitions for the Backlog activities are in Table 7 as with the proposed timeframes for resolutions. Table 8 follows from this, with the priority order for Burrangiri assets with the proposed backlog maintenance activities.

Table 7. Priority order for Backlog activities and the timeframe in which the work should be undertaken.

Backlog Work Priority Definitions		Timeframe
1	• Statutory obligation	less than 1 year
	• Immediate health and safety threat	
	• Significant disruption to building/site function/activities	
	• High consequence of failure and/or high consequential cost	
2	• Impact operational capacity	1-2 years
	• Lead to serious deterioration if not addressed	
3	• Minimal functional impact / consequence	3yrs+
	• Aesthetic improvements	
	• Can be safely deferred	

This section highlights the main risks and what strategies need to address the gaps in what is considered to achieve SFAIRP (So Far As Is Reasonably Practical).

Table 8. shows the identified list of assets and their proposed maintenance activities in a priority order based on criticality and condition.

Priority	Services	Asset / Work Task	Work Description
1	Building Fabric	Replace faulty gutter	Replace eaves gutter causing water leaks located above sliding door from west side of the north facing sunroom.
	Electrical Services	Distribution Board RCDs	No RCDs installed to all circuits, recommended to replace DB instead of upgrade with RCDs.
2	Mechanical Services	Hydronic Heating	We have been advised "Hydronic heating has been identified by the users to be replaced. However, proposed alternative mechanical solution may not be suitable (split systems to do whole building).", recommended to engage a mechanical engineer to investigate and find a suitable mechanical solution.
3	Electrical Services	Lighting	We have been advised "LED lighting should be considered to replace old compact fluoro's", recommended to replace with LED lighting as per asset register, no costs here

Lifecycle Planning

Maintenance Approach

The principle of the approach to maintaining and renewing Burrangiri' assets shall be to perform light maintenance interventions early, at the onset of failure, to ensure that the assets are capable of performing as specified. Successful implementation of this simple overarching strategic approach could radically reduce the volume of costly repair activities currently undertaken by ACT Health Directorates after a failure has occurred.

While light maintenance intervention at the onset of faults has its obvious benefits, the condition information currently available for these assets allows ACT Health Directorate to determine what proactive effort in maintenance to extend life is optimal.

Preventative Maintenance

Preventative maintenance is the process of regularly performing maintenance on assets to reduce the likelihood of failures to prolong its lifespan and ensure optimal performance. It involves routine inspections, adjustments, cleaning, lubrication, and repairs to prevent potential issues/failures and minimise wear and tear. Through the implementation of preventative maintenance, the ACT Health Directorate can reduce the repair costs and improve the efficiency and reliability of its assets at Burrangiri.

The following (Table 9 - Table 15) outline the preventative maintenance tasks for the specific asset services and the frequency in which they should be carried out. All preventative maintenance tasks should be carried out from the 2023 calendar year.

Table 9. provides the maintenance tasks for the Building Fabric at Burrangiri

Service	System	Asset	Maintenance Asset Task	Frequency
Building Fabric	External	Roof	Roof access certification	Annual
			Roof gutter clean	Annual

Table 10. provides the maintenance tasks for the Electrical Services at Burrangiri

Service	System	Asset	Maintenance Asset Task	Frequency
Electrical Services	Electrical Distribution	Distribution Board	RCD Push Button Test & DB Clean	Bi-Annual
			RCD Trip Test & DB Clean	Annual
			Thermographic Survey	Annual
		Load Centre	RCD Push Button Test & DB Clean	Bi-Annual
			RCD Trip Test & DB Clean	Annual
			Thermographic Survey	Annual

Service	System	Asset	Maintenance Asset Task	Frequency
	Emergency & Exit Lighting	Main Switchboard	Main Switchboard Service	Annual
		Mechanical Services Switchboard	Service	Annual
		Emergency Exit Sign	Emergency & Exit Lighting Test	Bi-Annual
		Emergency light	Emergency & Exit Lighting Test	Annual
	Security System	Intruder Detection	Service	Bi-Annual
			Service, update and conduct backup tasks	Annual
				5-Yearly

Table 11. provides the maintenance tasks for the Fire Services at Burrangiri

Service	System	Asset	Maintenance Asset Task	Frequency
Fire Services	Fire Alarm System	Fire Indicator Panel	Fire Indicator Panel	Monthly
				Quarterly
				Annual
	Hose Reel System	Smoke / Heat Detector	Test	5-Yearly
		Fire Hose Reel	Fire hose reels inspection & test	Monthly
	Portable Fire Equipment	Fire Extinguisher	Portable Fire Extinguisher Inspection	Bi-Annual
				Annual

Table 12. provides the maintenance tasks for the Hydraulic Services at Burrangiri

Service	System	Asset	Maintenance Asset Task	Frequency
Hydraulic Services	Domestic Hot Water	Electric Storage	Service	Annual
		Gas-Fired Storage	Service	Annual
		Pumps - Recirculating	Service	Quarterly
	Hydraulic Services	Grease trap	General Service	Annual
	Water System	Tempering Valve	Service	Annual

Table 13 provides the maintenance tasks for the Mechanical Services at Burrangiri

Service	System	Asset	Maintenance Asset Task	Frequency
Mechanical Services	Auto Doors	Automatic Controls and Instrumentation	Auto Doors Service	Quarterly Tri-Annually Annual
	HVAC	AC - High Wall	Regular Interval Service	Quarterly Annual
		Air Cooled Condensing Unit	Service	Quarterly Annual
		Boiler - Heating Water	Boiler Service	Monthly Quarterly Annual
			Water treatment closed loops	Bi-Annual
		Cool room refrigeration	Service	2-Monthly
		Evaporative Cooler	Service	Bi-Annual Annual
		Fan - Rooftop	Service	Quarterly
		Fan Coil Unit	Service	Monthly Quarterly Annual
		Kitchen Exhaust Hood	Service	Annual
		Pump - Base Mounted	Service	Quarterly Annual

Table 14. provides the maintenance tasks for the Grounds and Gardens at Burrangiri

Service	System	Asset	Maintenance Asset Task	Frequency
Grounds and Gardens	Hardstand	Hardstand - Asphalt	Repair asphalt surfaces	5-Yearly
		Hardstand - Concrete	Repair concrete surfaces	5-Yearly

Table 15. provides the maintenance tasks for the Pest Control requirements at Burrangiri

Service	System	Asset	Maintenance Asset Task	Frequency
Pest Control	Pest Control	Pest control	Pest control	Quarterly

Cyclic Maintenance

Cyclic Maintenance is regular and planned maintenance activity on an asset to ensure optimal performance, reliability, and longevity. This can include inspections, repairs, replacements, and upgrades that are carried out on a scheduled basis to prevent failure and minimise down time. Table 16 below shows the cyclic maintenance identified for Burrangiri.

Table 16. shows the cyclical maintenance activities identified for Burrangiri

Service	System	Asset	Maintenance Asset Task	Frequency	Start Year
Building Fabric	External	External Walls	Repaint external walls	10-Yearly	2025
	Internal	Internal Walls	Repaint to walls and door surfaces.	10-Yearly	2025
		Ceiling Finishes	Repaint to ceiling surfaces	10-Yearly	2025
Grounds & Gardens	External	Retaining Walls	Repaint retaining walls	10-Yearly	2025
Furniture, Fixtures & Equipment	Internal	Bathroom amenities	Bathroom amenities upgrade	20-Yearly	2025

Reactive Maintenance

Reactive Maintenance (also known as corrective maintenance) is when an asset is fixed or repaired after an issue or failure has occurred. It is generally less efficient and more costly in the long run and can lead to more extensive damage and downtime for equipment, however it may be necessary in certain situations where preventive maintenance is not feasible. Table 17 shows the reactive maintenance activities for Burrangiri and the estimated frequency which these activities will need to be carried out.

Table 17. identifies the reactive maintenance activities required at Burrangiri.

Service	System	Asset	Maintenance Asset Task	Frequency
Grounds & Garden	Civil	Shade Sail Structure	Remove corrosion	5-Yearly
			Replace shade sails	15-Yearly

End of Support Assets

End of support assets are those that are no longer supported by their manufacturer or other organisations. This can be due to several factors including model obsolescence, changes in the operational requirements or changes in regulatory requirements.

No assets were identified as end of support for Burrangiri.

Renewals/Replacements

Renewals and replacement assets are those assets that have passed the end of their useful life and have been completely depreciated. For the purposes of this Asset Management Plan, assets with 20 years of useful life or less at Burrangiri have been identified in Table 18. This provides the ACT Health Directorate with a clear focus over the coming years for revitalisation or replacement. A significant portion of these activities have been identified and will be covered off in the Backlog Maintenance activities.

Table 18. the table provides assets with 20 years or less of useful life remaining which provide the ACT Health Directorate with a focus for revitalisation or replacement. The table is provided in order of priority for each asset class, with the earliest replacement year for each class provided first.

Service	System	Asset	Replacement Year	Criticality Asset	Condition	Remaining Life	Qty	Unit	Included in Backlog	Priority
Building Fabric	External	Roof Surface - Metal Sheetting	2030	5	3	7	1150	m2	No	
	Internal	Floor Covering - Carpet	2015	3	2	-8	350	m2	No	
		Floor Covering - Vinyl	2022	3	2	-1	700	m2	No	
		Plasterboard ceiling	2025	2	3	2	1000	m2	No	
Electrical Services	Communications System	MDF	2038	4	3	15	1	no.	No	
	Electrical Distribution	Distribution Board	2018	4	2	-5	3	no.	Yes	2
		Mechanical Services Switchboard	2018	4	2	-5	1	no.	No	
		Metering Panel	2018	4	3	-5	1	no.	No	
		Main Switchboard	2028	4	2	5	1	no.	No	
		Load Centre	2036	4	4	13	7	no.	No	
	Emergency & Exit Lighting	Emergency Exit Sign	2039	4	4	16	23	no.	No	
		Emergency light	2039	4	4	16	39	no.	No	
	Lighting - External	Miscellaneous, external	2030	4	3	7	20	no.	No	
			2040	4	4	17	20	no.	No	
		Pole Mounted	2013	4	3	-10	4	no.	No	
		Surface Mounted, external	2028	4	2	5	1	no.	No	
	Lighting - Internal	Downlight, internal	2028	4	3	5	60	no.	No	
			2038	4	4	15	40	no.	No	
		Surface Mounted, internal	2028	4	3	5	90	no.	Yes	3
			2033	4	3	10	3	no.	Yes	3
			2038	4	4	15	40	no.	Yes	3
			2039	4	4	16	1	no.	Yes	3
		Troffer, internal	2038	4	4	15	15	no.	Yes	3
		Suspended Linear Lights	2043	4	4	20	4	no.	No	
	Security System	Intruder Detection	2027	4	3	4	1	no.	No	
Fire Services	Fire Alarm System	Occupant Warning Speaker	2026	5	3	3	12	no.	No	

			2035	5	4	12	10	no.	No	
		Smoke / Heat Detector	2026	5	3	3	75	no.	No	
			2031	5	3	8	2	no.	No	
			2035	5	4	12	44	no.	No	
		Fire Indicator Panel	2031	5	3	8	1	no.	No	
	Hose Reel System	Fire Hose Reel	2018	5	3	-5	2	no.	No	
	Portable Fire Equipment	Fire Extinguisher	2028	5	3	5	9	no.	No	
Grounds & Gardens	Civil	Shade sail structure	2020	3	2	-3	2	no.	No	
		Louvres - Motor	2028	2	4	5	6	no.	No	
		Retaining Wall	2040	3	2	17	100	m	No	
	Hardstand	Hardstand - Asphalt	2005	2	2	-18	600	m2	No	
		Hardstand - Concrete	2020	2	2	-3	360	m2	No	
Hydraulic Services	Water System	Water Meter	2008	4	3	-15	1	no.	No	
		Tempering Valve	2038	4	4	15	15	no.	No	
	Domestic Hot Water	Gas-Fired Storage	2013	4	2	-10	1	no.	No	
			2018	4	2	-5	1	no.	No	
		Pumps - Recirculating	2028	4	3	5	1	no.	No	
			2033	4	4	10	1	no.	No	
		Electric Storage	2035	4	5	12	1	no.	No	
	Sanitaryware	Fixtures & Fittings	2025	4	3	2	1	no.	No	
	Gas System	Gas shut off valve	2036	4	4	13	1	no.	No	
		Gas meter	2038	4	4	15	1	no.	No	
	Hydraulic Services	Grease trap	2038	4	4	15	1	no.	No	
Mechanical Services	Auto Doors	Automatic Controls and Instrumentation	2042	4	5	19	4	no.	No	
	HVAC	Kitchen Exhaust Hood	2008	4	2	-15	1	no.	No	
		Electric Radiant Heater	2017	4	2	-6	16	no.	No	
			2023	4	3	0	16	no.	No	
		Boiler - Heating Water	2018	4	2	-5	1	no.	Yes	2
		AC - High Wall	2027	4	3	4	1	no.	No	
			2032	4	4	9	1	no.	No	

		Fan Coil Unit	2026	4	3	3	1	no.	No
		Pipework - Air Conditioning	2028	4	3	5	1	no.	No
		Evaporative Cooler	2032	4	3	9	5	no.	No
		Cool room refrigeration	2033	4	5	10	1	no.	No
		Fan - Ceiling/Window	2034	4	4	11	39	no.	No
		Diffuser, Grille or Register	2037	4	3	14	38	no.	No
		Pump - Base Mounted	2038	4	4	15	2	no.	No
		Air Cooled Condensing Unit	2041	4	5	18	3	no.	No
		Fan - Rooftop	2041	4	4	18	7	no.	No
Security Systems	Communications System	MATV System	2027	4	3	4	2	no.	No
	CCTV System	External Camera	2030	4	4	7	7	no.	No
		NVR or Head-End Equipment	2031	4	3	8	3	no.	No

Proposed Asset Investment Program

Maintenance Expenditure

Table 19 provides a detailed breakdown of all the maintenance costs for Burrangiri, including Cyclic Maintenance (CM), Preventative Maintenance (PM) and Reactive Maintenance (RM) over the next 15-year period.

Table 19. provides the breakdown of maintenance expenditure for Burrangiri over the next 15 years.

Work Type	Service	System	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	
CM	Ceilings	Ceiling Finishes	\$ -	\$ -	\$ 30,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30,000	\$ -	\$ -	
	External	Retaining Walls	\$ -	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,000	\$ -	\$ -	
	Metalwork	Toilet Accessories	\$ -	\$ -	\$ 200,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Walls	External Walls	\$ -	\$ -	\$ 35,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,000	\$ -	\$ -	
		Internal Walls	\$ -	\$ -	\$ 65,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65,000	\$ -	\$ -	
CM Total			\$ -	\$ -	\$ 340,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 140,000	\$ -	\$ -	
PM	Electrical Services	Electrical Distribution	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	
		Emergency & Exit Lighting	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	
		Security System	\$ 300	\$ 150	\$ 150	\$ 150	\$ 150	\$ 300	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 300	\$ 150	\$ 150	\$ 150	
	External	Asphalt Surfaces	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ 5,000
		Concrete Surfaces	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ 5,000
	Fire Services	Fire Alarm System	\$ 6,585	\$ 6,485	\$ 6,485	\$ 6,485	\$ 6,485	\$ 6,585	\$ 6,485	\$ 6,485	\$ 6,485	\$ 6,485	\$ 6,485	\$ 6,585	\$ 6,485	\$ 6,485	\$ 6,485	\$ 6,485
		Hose Reel System	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450
		Portable Fire Equipment	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390
	Hydraulic Services	Domestic Hot Water	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375
		Hydraulic Services	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
		Water System	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750
	Mechanical Services	Auto Doors	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340
		HVAC	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 12,650
	Roof	Roof	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 4,500
	Pest Control	Pest Control	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PM Total			\$ 39,350	\$ 39,100	\$ 39,100	\$ 39,100	\$ 49,100	\$ 39,350	\$ 39,100	\$ 39,100	\$ 39,100	\$ 49,100	\$ 39,350	\$ 39,100	\$ 39,100	\$ 39,100	\$ 49,100	
RM	Outdoor Furniture	Shade Structure	\$ 55,000	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ -	\$ -	
RM Total			\$ 55,000	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ -	\$ -	\$ -	
Grand Total			\$ 94,350	\$ 39,100	\$ 379,100	\$ 39,100	\$ 49,100	\$ 44,350	\$ 39,100	\$ 39,100	\$ 39,100	\$ 49,100	\$ 44,350	\$ 39,100	\$ 179,100	\$ 39,100	\$ 49,100	

CAPEX Expenditure

Table 20 shows the CAPEX costs for each asset class, driven by asset renewal/replacement liabilities derived from current condition, over the next 15 years for Burrangiri. Costs have been indexed from 2023 at 5% per annum.

Table 20. provides the expected CAPEX expenditure for assets on Burrangiri over the next 15 years.

Service	System	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
Building Fabric	External	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 291,094	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Internal	\$ 100,625	\$ -	\$ 55,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,938	\$ -	\$ -	\$ -
Electrical Services	Communications System	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Electrical Distribution	\$ 141,563	\$ -	\$ -	\$ -	\$ -	\$ 100,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46,200	\$ -
	Emergency & Exit Lighting	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Lighting - External	\$ 12,500	\$ -	\$ -	\$ -	\$ -	\$ 586	\$ -	\$ 25,313	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Lighting - Internal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 76,172	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,109	\$ -	\$ -	\$ -
	Security System	\$ -	\$ -	\$ -	\$ -	\$ 3,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fire Services	Fire Alarm System	\$ -	\$ -	\$ -	\$ 43,772	\$ -	\$ -	\$ -	\$ -	\$ 71,225	\$ -	\$ -	\$ -	\$ 37,800	\$ -	\$ -
	Hose Reel System	\$ 3,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Portable Fire Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,516	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grounds & Gardens	Civil	\$ 563	\$ -	\$ -	\$ -	\$ -	\$ 3,516	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Hardstand	\$ 138,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hydraulic Services	Domestic Hot Water	\$ 15,000	\$ -	\$ -	\$ -	\$ -	\$ 3,906	\$ -	\$ -	\$ -	\$ -	\$ 4,688	\$ -	\$ 3,700	\$ -	\$ -
	Gas System	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,313	\$ -
	Hydraulic Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Sanitaryware	\$ -	\$ -	\$ 99,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Water System	\$ 1,875	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mechanical Services	Auto Doors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	HVAC	\$ 219,250	\$ -	\$ -	\$ 17,969	\$ 7,500	\$ 50,000	\$ -	\$ -	\$ -	\$ 145,000	\$ 149,813	\$ 56,672	\$ -	\$ -	\$ 20,188
Security Systems	CCTV System	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 41,344	\$ 22,575	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Communications System	\$ -	\$ -	\$ -	\$ -	\$ 8,550	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total		\$ 633,875	\$ -	\$ 154,000	\$ 61,741	\$ 19,800	\$ 237,695	\$ -	\$ 357,750	\$ 93,800	\$ 145,000	\$ 202,547	\$ 56,672	\$ 41,500	\$ 56,513	\$ 20,188

Total Expenditure

Table 21 Provides the combined costs for all CAPEX and OPEX for each of the asset classes over the next 15 years for Burrangiri.

Table 21. combined CAPEX and OPEX costs for Burrangiri assets over the next 15 years.

Service	System	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
Building Fabric	External	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 291,094	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Internal	\$ 100,625	\$ -	\$ 55,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,938	\$ -	\$ -	\$ -	\$ -
Electrical Services	Communications System	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Electrical Distribution	\$ 145,143	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 103,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580	\$ 3,580
	Emergency & Exit Lighting	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930	\$ 930
	Lighting - External	\$ 12,500	\$ -	\$ -	\$ -	\$ -	\$ 586	\$ -	\$ 25,313	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Lighting - Internal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 76,172	\$ -	\$ -	\$ -	\$ -	\$ 2,109	\$ -	\$ -	\$ -	\$ -
	Security System	\$ 300	\$ 150	\$ 150	\$ 150	\$ 3,900	\$ 300	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 300	\$ 150	\$ 150	\$ 150
Fire Services	Fire Alarm System	\$ 6,585	\$ 6,485	\$ 6,485	\$ 50,257	\$ 6,485	\$ 6,585	\$ 6,485	\$ 6,485	\$ 77,710	\$ 6,485	\$ 6,585	\$ 6,485	\$ 44,285	\$ 6,485	\$ 6,485
	Hose Reel System	\$ 4,200	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450	\$ 450
	Portable Fire Equipment	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 3,906	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390	\$ 390
Grounds & Gardens	Civil	\$ 563	\$ -	\$ -	\$ -	\$ -	\$ 3,516	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Hardstand	\$ 138,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hydraulic Services	Domestic Hot Water	\$ 16,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 5,281	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 1,375	\$ 6,063	\$ 1,375	\$ 5,075	\$ 1,375
	Gas System	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,313	\$ -
	Hydraulic Services	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
	Sanitaryware	\$ -	\$ -	\$ 99,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Water System	\$ 2,625	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750
Mechanical Services	Auto Doors	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340
	HVAC	\$ 231,900	\$ 12,650	\$ 12,650	\$ 30,619	\$ 20,150	\$ 62,650	\$ 12,650	\$ 12,650	\$ 12,650	\$ 157,650	\$ 162,463	\$ 69,322	\$ 12,650	\$ 12,650	\$ 32,838
Security Systems	CCTV System	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 41,344	\$ 22,575	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Communications System	\$ -	\$ -	\$ -	\$ -	\$ 8,550	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Site	(blank)	\$ 59,500	\$ 4,500	\$ 344,500	\$ 4,500	\$ 14,500	\$ 9,500	\$ 4,500	\$ 4,500	\$ 4,500	\$ 14,500	\$ 9,500	\$ 4,500	\$ 144,500	\$ 4,500	\$ 14,500
Grand Total		\$ 728,225	\$ 39,100	\$ 533,100	\$ 100,841	\$ 68,900	\$ 282,045	\$ 39,100	\$ 396,850	\$ 132,900	\$ 194,100	\$ 246,897	\$ 95,772	\$ 220,600	\$ 95,613	\$ 69,288

Backlog Expenditure

Table 22 provides the detailed costing for specific backlog maintenance activities for Burrangiri until 2030.

Table 22. provides the costs for performing Backlog activities for Burrangiri.

Site ID	Backlog Priority	Asset	2023	2024	2025	2026	2027	2028	2029	2030
BUR-08	1	Roof Surface - Metal Sheeting	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 291,093.75
	2	Distribution Board	\$ 62,500.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		Electric Radiant Heater	\$ 44,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	3	Suspended Linear Lights	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	(blank)	External	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -	\$ 5,000.00	\$ -	\$ -
		Shade sail structure	\$ 50,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BUR-08 Total			\$ 161,500.00	\$ -	\$ -	\$ -	\$ -	\$ 5,000.00	\$ -	\$ 291,093.75

ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

ACCESSIBILITY

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If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: www.health.act.gov.au/accessibility

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Client Services and Infrastructure
Site Visit Report

Location:	BURRANGIRI RESPITE CARE
Contact:	Rosie Todd
Time:	9.00am
Date:	Tuesday 05/03/2024

Projects / progress:

Follow up

As per work orders on following page	

Workplace Health and Safety concerns:

Vents in bathrooms to prevent steam exciting

- John Larkin addressing this issue – sourcing parts from overseas

Flyscreens in sunroom

Work order 254907 – placed with ACTPG

Base Building concerns:

Replacement of vinyl in dining room

Kitchen completed

S8 Drug cupboard lock - completed

Security, non-operational: Doors, windows, and fences: some flyscreens may need replacing

Flyscreens – as above

Site cleanliness:

Nil concerns

Planned maintenance (gutter cleans, general maintenance etc):

Wasp nest x 3 removed

Gutter cleaning – Leaves Away scheduled to attend August and April – last attended April

Responsive maintenance:

Nil concerns

Gardening, generally conducted by NGO.

Nil concerns - Gardens and grounds are in good condition

Utilities:

Nil concerns

Emergency Management concerns (wardens first aid or emergency infrastructure, fire extinguishers, access, and egress):

Nil concerns

Additional comments:

Follow up -contract completed on June 30 2024 – to provide a contact of ACT Gov representative looking after the lease - emails Rosie to contact Grace Foulds regarding correspondence to contract

Confirm with aCTPG – Leaves Away attended site to clean gutters

¾ Yearly meeting:

Next site visit scheduled:

Person completing this form:

Signature:

Date:

WORK ORDERS WITH ACTPG

	WO NUMBER	DATE	ISSUE	ACTION	STATUS
1.	232812	04/09/2023	Centre managers door handle not operating latch		Completed
2.	235136	05/10/2024	Screen door and glass door can't be securely locked	Quote has been provided and approved – ACTPG to follow up	completed
3.	238317	21/11/2324	Light in not working in bain maire	Quote provided and denied	Completed
4.	238377	22/11/2023	Lino flooring has come away		Completed
5.	240210	11/12/2023	Air conditioner not working	Quote has been provided and approved – ACTPG to follow up	completed
6.	240341	12/12/2023	Large kitchen fridge no operating properly		Completed
7.	241251	19/12/2023	Exterior fluorescent light not working		Completed
8.	241313	21/12/2023	Unable to latch or lock door – Room 1		Completed
9.	241513	19/12/2024	Graffiti removal required		Completed
10.	241786	04/01/2024	Kitchen ceiling	Quote has been provided and approved – work order been sent – no word on works – ACTPG to follow up	completed
11.	242115	12/01/2024	Ventilation not working in all residential bathrooms	ACTPG to follow up	active
12.	242623	12/01/2024	Fluorescent lights out in laundry	Site attended	completed
13.	242691	23/01/2024	Pantry light switch works intermittently	Site attended	completed
14.	242977	29/01/2024	Sunroom split system aircon	ACTPG to follow up	completed
15.	244688	13/02/2024	Toilet blocked – not flushing properly	Site attended – 13 & 14/02/2024 - plunged, air snaked & eeled	completed
16.	245206	21/02/2023	Power point coming off wall	Site attended – 22/02/2024	completed
17.	246336	28/02/2024	Lock broken on S8 drug cupboard		Completed
18.	246562	04/03/2024	Florescent ceiling light out in RN station		Completed

Schedule 2

DISTRIBUTION OF LICENSOR AND LICENSEE RESPONSIBILITIES IN RELATION TO STATUTORY OUTGOINGS, SERVICE CHARGES AND GENERAL CHARGES

Details of Charges	Percentage of Licensor responsibility (A – ACT Health)	Percentage of Licensee responsibility (B – Ted Noffs)
SECTION 1 - STATUTORY OUTGOINGS		
Land Tax	100%	0%
General rates	100%	0%
Water and Sewerage rates	0%	100%
SECTION 2 - SERVICE CHARGES		
Electricity	0%	100%
Gas	0%	100%
Water Usage	0%	100%
Telephone and Communications	0%	100%
Cleaning - General	0%	100%
Cleaning – Toilet requisites	0%	100%
Cleaning - windows Internal	0%	100%
Cleaning - windows external	0%	100%
Rubbish removal/trade waste bins	0%	100%
Grease trap/triple inceptor – cleaning and emptying	0%	100%
Insurance - Plate glass	0%	100%
Insurance - Public Liability	0%	100%
Landscaping/Gardening	0%	100%
After hours Air-Conditioning	100%	0%
Air-Conditioning Repairs	100%	0%
Security system - Premises	0%	100%
Pest Control	0%	100%
SECTION 3 - GENERAL CHARGES		
Insurance - Building	100%	0%
Fire Brigade Monitoring	100%	0%
Fire Protection & Fire Extinguishers	100%	0%
Security System - Building	0%	100%
Signage - Internal	0%	100%
Painting	0%	100%
Lifts	N/A	N/A
Locks and Keys	0%	100%
Floor coverings	0%	100%



Client Services and Infrastructure

Site Visit Report

Location:	BURRANGIRI RESPITE CARE
Contact:	Rosie Todd (discussed over the phone)
Time:	9.00am
Date:	Thursday 20/06/2024

Projects / progress:

Follow up

As per work orders on following page	

Workplace Health and Safety concerns:

Vents in bathrooms to prevent steam exciting

- John Larkin addressing this issue – sourcing parts from overseas

Flyscreens in sunroom

Work order 254907 – placed with ACTPG

Base Building concerns:

Replacement of vinyl in dining room

Kitchen completed

S8 Drug cupboard lock - completed

Security, non-operational: Doors, windows, and fences: some flyscreens may need replacing

Flyscreens – as above

Site cleanliness:

Nil concerns

Planned maintenance (gutter cleans, general maintenance etc):

Wasp next x 3 removed

Gutter cleaning – Leaves Away scheduled to attend August and April – last attended April

Responsive maintenance:

Nil concerns

Gardening, generally conducted by NGO.

Nil concerns - Gardens and grounds are in good condition

Utilities:

Nil concerns

Emergency Management concerns (wardens first aid or emergency infrastructure, fire extinguishers, access, and egress):

Nil concerns

Additional comments:

Follow up -contract completed on June 30 2024 – to provide a contact of ACT Gov representative looking after the lease - emails Rosie to contact Grace Foulds regarding correspondence to contract

Confirm with aCTPG – Leaves Away attended site to clean gutters

¾ Yearly meeting:

Next site visit scheduled:

Person completing this form:

Signature:

Date:

WORK ORDERS WITH ACTPG

	WO NUMBER	DATE	ISSUE	ACTION	STATUS
1.	232812	04/09/2023	Centre managers door handle not operating latch		Completed
2.	235136	05/10/2024	Screen door and glass door can't be securely locked	Quote has been provided and approved – ACTPG to follow up	Completed
3.	238317	21/11/2324	Light in not working in bain maire	Quote provided and denied	Completed
4.	238377	22/11/2023	Lino flooring has come away		Completed
5.	240210	11/12/2023	Air conditioner not working	Quote has been provided and approved – ACTPG to follow up	Completed
6.	240341	12/12/2023	Large kitchen fridge no operating properly		Completed
7.	241251	19/12/2023	Exterior fluorescent light not working		Completed
8.	241313	21/12/2023	Unable to latch or lock door – Room 1		Completed
9.	241513	19/12/2024	Graffiti removal required		Completed
10.	241786	04/01/2024	Kitchen ceiling	Quote has been provided and approved – work order been sent – no word on works – ACTPG to follow up	Completed
11.	242115	12/01/2024	Ventilation not working in all residential bathrooms	ACTPG to follow up	Completed
12.	242623	12/01/2024	Fluorescent lights out in laundry	Site attended	Completed
13.	242691	23/01/2024	Pantry light switch works intermittently	Site attended	Completed
14.	242977	29/01/2024	Sunroom split system aircon	ACTPG to follow up	Completed
15.	244688	13/02/2024	Toilet blocked – not flushing properly	Site attended – 13 & 14/02/2024 - plunged, air snaked & eeled	Completed
16.	245206	21/02/2023	Power point coming off wall	Site attended – 22/02/2024	Completed
17.	246336	28/02/2024	Lock broken on S8 drug cupboard		Completed
18.	246562	04/03/2024	Florescent ceiling light out in RN station		Completed
19.	246758	06/03/2024	Water leaking and pooling outside		Completed
20.	24677	06/03/2024	Unable to unlock door in room 2		Completed
21.	240210	21/03/2024	Replacement of evaporative cooler		Completed
22.	239726	28/03/2024	Removal of old nozzle and replace with new brass twist nozzle	Planned maintenance Fire protection	Completed
23.	249150	05/04/2024	Leaking ceiling in sunroom		Completed
24.	249322	09/04/2024	Automatic door not shutting		Completed
25.	249389	10/04/2024	Over leaking water		Completed

26.	251522	03/05/2024	Lights in big bathroom flickering		Completed
27.	251816	09/05/2024	Flooring – Room 10 Lino bubbling		Completed
28.	251844	09/05/2024	Carpark lights and room 12 lights		Completed
29.	252348	20/05/2024	Flashing spotlight		Completed
30.	254111	28/05/2024	Removal of graffiti		Completed
31.	253802	03/06/2024	Zip boil unit filter requires replacement		Completed
32.	254542	17/06/2024	Slop hopper not flushing		Completed
33.	254699	18/06/2024	Flooring room 10 – detector to be isolated		Completed
34.	254907	20/06/2024	Flyscreen replacement		issued

Schedule 2

DISTRIBUTION OF LICENSOR AND LICENSEE RESPONSIBILITIES IN RELATION TO STATUTORY OUTGOINGS, SERVICE CHARGES AND GENERAL CHARGES

Details of Charges	Percentage of Licensor responsibility (A – ACT Health)	Percentage of Licensee responsibility (B – Ted Noffs)
SECTION 1 - STATUTORY OUTGOINGS		
Land Tax	100%	0%
General rates	100%	0%
Water and Sewerage rates	0%	100%
SECTION 2 - SERVICE CHARGES		
Electricity	0%	100%
Gas	0%	100%
Water Usage	0%	100%
Telephone and Communications	0%	100%
Cleaning - General	0%	100%
Cleaning – Toilet requisites	0%	100%
Cleaning - windows Internal	0%	100%
Cleaning - windows external	0%	100%
Rubbish removal/trade waste bins	0%	100%
Grease trap/triple inceptor – cleaning and emptying	0%	100%
Insurance - Plate glass	0%	100%
Insurance - Public Liability	0%	100%
Landscaping/Gardening	0%	100%
After hours Air-Conditioning	100%	0%
Air-Conditioning Repairs	100%	0%
Security system - Premises	0%	100%
Pest Control	0%	100%
SECTION 3 - GENERAL CHARGES		
Insurance - Building	100%	0%
Fire Brigade Monitoring	100%	0%
Fire Protection & Fire Extinguishers	100%	0%
Security System - Building	0%	100%
Signage - Internal	0%	100%
Painting	0%	100%
Lifts	N/A	N/A
Locks and Keys	0%	100%
Floor coverings	0%	100%



Client Services and Infrastructure
Site Visit Report

Location:	BURRANGIRI RESPITE CARE
Contact:	Rosie Todd
Time:	11.00am
Date:	TUESDAY 06/08/2024

Projects / progress:

Follow up

Replacement of Flyscreens work order	
Replacement of automatic doors	

Workplace Health and Safety concerns:

Nil

Base Building concerns:

Nil

Security, non-operational: Doors, windows, and fences: some flyscreens may need replacing

Front Auto Doors – MSR recently attended site for maintenance – advised quote for replacement would be provided – follow up to see who has placed the request

Site cleanliness:

No concerns

Planned maintenance (gutter cleans, general maintenance etc):

Rosie to send email to Steven Jamson regarding upgrade the fire panel from 3G to 4G – email sent 06/08/2024

Responsive maintenance:

Follow ups as above

Gardening, generally conducted by NGO.

Garden in good condition

Utilities:

No issues – John Larkin attended site last week for maintenance

Emergency Management concerns (wardens first aid or emergency infrastructure, fire extinguishers, access, and egress):

Emergency plan completed with emergency meeting points established

Additional comments:

- No flooring issues

Person completing this form: _____

Signature: _____

Date: _____

WORK ORDERS WITH ACTPG

	WO NUMBER	DATE	ISSUE	ACTION	STATUS
1.	232812	04/09/2023	Centre managers door handle not operating latch		Completed
2.	235136	05/10/2024	Screen door and glass door can't be securely locked	Quote has been provided and approved – ACTPG to follow up	completed
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15.	244688	13/02/2024	Toilet blocked – not flushing properly	Site attended – 13 & 14/02/2024 - plunged, air snaked & eeled	completed
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19.	246758	06/03/2024	Water leaking and pooling outside		completed
20.	24677	06/03/2024	Unable to unlock door in room 2		completed
21.	240210	21/03/2024	Replacement of evaporative cooler		completed
22.	239726	28/03/2024	Removal of old nozzle and replace with new brass twist nozzle	Planned maintenance Fire protection	completed
23.	249150	05/04/2024	Leaking ceiling in sunroom		completed
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29.	252348	20/05/2024	Flashing spotlight		completed
30.	254111	28/05/2024	Removal of graffiti		completed
31.	253802	03/06/2024	Zip boil unit filter requires replacement		completed
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33.	254699	18/06/2024	Flooring room 10 – detector to be isolated		completed

Schedule 2

DISTRIBUTION OF LICENSOR AND LICENSEE RESPONSIBILITIES IN RELATION TO STATUTORY OUTGOINGS, SERVICE CHARGES AND GENERAL CHARGES

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Telephone and Communications	0%	100%
Cleaning - General	0%	100%
Cleaning – Toilet requisites	0%	100%
Cleaning - windows Internal	0%	100%
Cleaning - windows external	0%	100%
Rubbish removal/trade waste bins	0%	100%
Grease trap/triple inceptor – cleaning and emptying	0%	100%
Insurance - Plate glass	0%	100%
Insurance - Public Liability	0%	100%
Landscaping/Gardening	0%	100%
After hours Air-Conditioning	100%	0%
Air-Conditioning Repairs	100%	0%
Security system - Premises	0%	100%
Pest Control	0%	100%
SECTION 3 - GENERAL CHARGES		
Insurance - Building	100%	0%
Fire Brigade Monitoring	100%	0%
Fire Protection & Fire Extinguishers	100%	0%
Security System - Building	0%	100%
Signage - Internal	0%	100%
Painting	0%	100%
Lifts	N/A	N/A
Locks and Keys	0%	100%
Floor coverings	0%	100%



Client Services and Infrastructure

Site Visit Report

Location: **Burrangiri Aged Respite Care Centre**

Contact: Rosie Todd

Time: 3:30pm

Date: 21/11/2024

Projects / progress:

Follow up

Shade Sale	Date TBC
Painting works	Scheduled for Christmas
Flooring Room 9	Pikes Flooring 26-27

Workplace Health and Safety concerns:

When was your last emergency evacuation drill? Unknown

The evacuation point at the back of the building has a steep hill that could cause issues. Clients can be evacuated to the front of the building. This is a temporary arrangement until the childcare is finished. The automatic front doors are broken causing clients to have difficulty accessing the building. Temporary measures in place for clients to use the after-hours access door. Clients with mobility issues still need to use the front doors. Urgent work order underway. The contractor is waiting on parts and they will repair the door as soon as the parts arrive.

Base Building concerns:

Nil

Security, non-operational: Doors, windows, and fences:

No issues! The flyscreen replacement went well. This work has been completed.

Site cleanliness:

Nil

Planned maintenance (gutter cleans, general maintenance etc):

Painting during shutdown.

The client advised that they are happy with the contractors attending site for general maintenance.

Responsive maintenance:Nothing else to report**Gardening, generally conducted by NGO.**No concerns! Client mentioned that the watering system upgrade went well. John from Don't Panic fixed the irrigation issue.**Utilities: Gardens and grounds are in good condition**Old Electrical box at the front of the building could be removed. Client advised that they believe this is no longer functional. 2140874.**Emergency Management concerns (wardens first aid or emergency infrastructure, fire extinguishers, access, and egress, Bushfire Operational Plan - training):**No concerns!**Additional comments:**No additional comments.2 monthly meeting: Starting 22/11/2024Next site visit scheduled: Due 22 Jan 2025 – To be scheduledPerson completing this form: Max Ferguson

Signature: _____

Date: _____

Actions requiring follow up:

Concern	Action Required	Comments	Completed
Front Door	No action required	Contractor waiting on parts. Job completed 25/11/2024	25/11/2024

WORK ORDERS WITH ACTPG

WO NUMBER	ISSUE	ACTION	STATUS
--------------	-------	--------	--------

1	266737	Staff Toilet Blocked	No action	Completed
2	266245	URGENT ! Automatic Doors Have A burning Smell	No action	Completed
3	264566	Cover/ Casing on exterior light perished, broken	No action	Completed
4	264221	Room 9 Vinyl Floor	Scheduled for 27/28 Dec	Issued
5	263966	Freezer in kitchen pantry not minus	No action	Completed
6	254907	replacement of flyscreens	No action	Completed
	241513	Graffiti Removal Required	No action	Completed



I acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

 Please consider the environment before printing this email.

From: Culhane, Michael (Health) <Michael.Culhane@act.gov.au>
Sent: Wednesday, 30 August 2023 1:52 PM
To: Browne, Tania (Health) <Tania.Browne@act.gov.au>
Subject: FW: Burrangiri update

OFFICIAL

Further to our kitchen discussion and the email earlier today, here is the last email from Rebecca in case you can't find it.

MC

From: Cross, Rebecca (Health) <Rebecca.Cross@act.gov.au>
Sent: Friday, 7 July 2023 9:36 AM
To: Culhane, Michael (Health) <Michael.Culhane@act.gov.au>
Cc: Browne, Tania (Health) <Tania.Browne@act.gov.au>; Travers, Maria (Health) <Maria.Travers@act.gov.au>; Knox, Melissa (Health) <Melissa.Knox@act.gov.au>; Hudson, Robyn (Health) <Robyn.Hudson@act.gov.au>; Lopa, Liz (Health) <Liz.Lopa@act.gov.au>
Subject: RE: Burrangiri update

OFFICIAL

Thanks Michael

This is very helpful. I am not exactly sure what is meant by "However, additional time is required to complete the commissioning process". I'd prefer to extend for 12 months, complete the options paper, and consider whether we can more quickly upgrade and repurpose this facility. It might then be that we insource the provision, which would mean no time needs to be allowed for commissioning a service (assuming that is what the comment on commissioning refers to?). If we need a further extension we can consider it down the track.

I assume this is being considered as part of our broader planning for community infrastructure, but have copied Liz in any case.

Many thanks
 Rebecca

From: Culhane, Michael (Health) <Michael.Culhane@act.gov.au>
Sent: Thursday, 6 July 2023 7:33 PM
To: Cross, Rebecca (Health) <Rebecca.Cross@act.gov.au>
Cc: Browne, Tania (Health) <Tania.Browne@act.gov.au>; Travers, Maria (Health) <Maria.Travers@act.gov.au>; Knox,

Melissa (Health) <Melissa.Knox@act.gov.au>

Subject: FW: Burrangiri update

OFFICIAL

Rebecca

Here is the state of play on Burrangiri. Thanks to Mel I suspect for the summary.

MC

From: Browne, Tania (Health) <Tania.Browne@act.gov.au>

Sent: Thursday, 6 July 2023 5:05 PM

To: Culhane, Michael (Health) <Michael.Culhane@act.gov.au>

Cc: Travers, Maria (Health) <Maria.Travers@act.gov.au>; Knox, Melissa (Health) <Melissa.Knox@act.gov.au>

Subject: Burrangiri update

OFFICIAL

Hi Michael, update about Burrangiri for Rebecca, as requested.

Background

- Since 1990, the ACT Health Directorate (ACTHD) has contracted the Salvation Army ACT/NSW (TSA) to operate a 15-bed respite centre, Burrangiri.
 - Burrangiri's services are contracted until 30 June 2024 with a 2022–23 base funding component of approximately \$1.5 M (GST exclusive).
- Burrangiri provides overnight planned and emergency respite, post-hospital convalescent care, and a day center program, for elderly people.
 - no permanent residents; not an approved provider of CW funded aged care.
 - Average LoS is about three weeks.
 - Self-assessed against internal TSA quality framework – unclear if this includes clinical quality care.

Issues

- There are limits to the patient cohort that can currently be supported by Burrangiri. The facility is currently funded and staffed to support relatively low-needs, older Canberrans. CHS have previously raised concerns about the staffing skill mix to care for patients with higher acuity.
- As Burrangiri is not a secure facility and has minimum staffing levels, it is unsuitable for high tier dementia patients.
- Burrangiri is also unable to take bariatric patients due to narrow doorways, small bathroom/toilet spaces and lack of room for lifting equipment.
 - To do so, the building would require an interior refit to accommodate new beds, lifting equipment, and wider doorways.
 - This is a potentially significant service limitation as almost three-quarters of Canberrans aged 65 years and older are classified as overweight or obese (37.2 per cent and 34.9 per cent respectively).
- Burrangiri's building is ageing and requires maintenance and significant work to bring it to modern standards. A larger, modernized building would allow Burrangiri to take a larger range of patients and offer step-up step-down supports.
- Recently, a small proportion of Burrangiri's clientele have been younger, aged between 40 and 65 years. They have been using the service because:
 - they have palliative care needs, cannot access Clare Holland House due to lack of vacancies, and are not unwell enough to be admitted to hospital; or

- o they have early onset dementia or a neurological condition such as Parkinson's disease or motor neurone disease, live at home or are awaiting permanent care, and their carer requires respite.
- There is also an unmet need for options for long stay patients who no longer have a clinical need to be in hospital; and unmet need for supports to help people of all ages to transition from hospital to home.

Current work

- ACTHD has recently met with HSPE, ICED and CHS to explore current state and future service models to inform the commissioning process.
- A scoping paper is being drafted to identify current respite services, unmet need and considering the possibility of revising Burrangiri's current services to include: a greater age range (18 years and over); clients with more complex conditions including bariatric patients; step-up, step-down services; and to assist long stay patients to transition out of hospital.
- However, additional time is required to complete the commissioning process, therefore it is proposed to extend the SFA for up to two years.
- In addition, ICED need to understand proposed changes to inform ongoing maintenance program and/or planning for refurbishment or relocation.

Happy to discuss, Tania

Tania Browne

Senior Director, Health Service Policy

Health Policy and Strategy Branch | ACT Health Directorate

Ph: (02) 512 47215 | Mob: Schedule 2.2(a) | Email rania.browne@act.gov.au

4 Bowes Street, Phillip, ACT, 2606

health.act.gov.au



I acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

From: Cross, Rebecca
Sent: Wednesday, 23 October 2024 16:04
To: Jacobi, Skye; Hudson, Robyn
Cc: Dufty, Tania; Travers, Maria; Keene, Toby; Loft, Catherine; ACTHD, DDG - Policy and Transformation; DGACTHealth
Subject: RE: Short Term Options Paper respite services at Burrangiri

OFFICIAL

Thanks Skye

The paper is very helpful, and it's great to see such high quality collaboration between our teams. It would be useful to be walked through the different options in more detail, as that might help me understand which one we recommend to the Minister as a preferred approach. I'd also like to better understand the realistic timing, and key risks, for each option.

I'll ask Jenny to find sufficient time for us to discuss in detail.

R

From: Jacobi, Skye <Skye.Jacobi@act.gov.au>
Sent: Wednesday, 23 October 2024 9:00 AM
To: Cross, Rebecca <Rebecca.Cross@act.gov.au>; Hudson, Robyn <Robyn.Hudson@act.gov.au>
Cc: Dufty, Tania <Tania.Dufty@act.gov.au>; Travers, Maria <Maria.Travers@act.gov.au>; Keene, Toby <Toby.Keene@act.gov.au>; Loft, Catherine <Catherine.Loft@act.gov.au>; ACTHD, DDG - Policy and Transformation <DDGHealth-PT@act.gov.au>; DGACTHealth <DGACTHealth@act.gov.au>
Subject: Short Term Options Paper respite services at Burrangiri

OFFICIAL

Hi Rebecca and Robyn,

Toby and I met with Rebecca and the Infrastructure leads a couple of weeks ago to discuss the short-term plans for Burrangiri. At this time we committed to finalising a paper on the short-term options for this service. Please find our paper attached which has been a great collaboration between the HSIP and PPP teams.

Subject to your comments we will prepare a cover brief to go over the top of this to the incoming Minister to assist rapid engagement and decision on the next steps. Our teams have also been considering the timeframes for going out to market which are detailed at the link below. The timeframes are extremely tight and we will need Ministerial direction fairly quickly.

 [Burrangiri commissioning timeline - at 22 Oct.docx](#)

If we were concerned about delays a fallback option would be to approach the Salvation Army about extending the existing contract for 3-6 months but this in itself adds a high level of additional workload for the Directorate which we would need to resource.

Let us know if you would like to arrange a time to discuss this further.

Thanks,

Skye

Skye Jacobi | Executive Group Manager
Health System Innovation and Performance
 Phone: Schedule 2.2(a)(ii) | Email: skye.jacobi@act.gov.au
ACT Health Directorate



I acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

 *Please consider the environment before printing this email.*



ACT Government funded Respite

Short-term options paper

Volume 1, version
v0.3

Date: 22 October 2024



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Organisation

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Document Acceptance and Release

This document Version 0.3.dated 22 October 2024 of the *Short-term options paper Volume 1* is a managed document. This document is authorised for internal release once all signatures have been obtained.

ACCEPTED <i>for internal release</i>	Skye Jacobi		Date:	
ACCEPTED <i>for internal release</i>	Maria Travers		Date:	

Document Development History

Build Status:

Version	Date	Reason
1	09 October 2024	First Version
2	11 October 2024	Second Version
3	17 October 2024	Consolidating feedback from PPP, HSPD Contracts and Grants for consideration by EBM.
4	22 October 2024	Third Version

1. Abbreviation List

Table 1: Abbreviations used throughout this Options Paper

Abbreviation	Description
ACTHD	ACT Health Directorate
ACAT	Aged Care Assessment Team
ACT	Australian Capital Territory
ACTHSP	ACT Health Services Plan 2022-2030
ADL	Activities of Daily Living
AMP	Asset Management Plans
APC	Admitted Patient Care
BAU	Business as Usual
CALD	Culturally and Linguistically Diverse
CAPEX	Capital Expenditure
CHS	Canberra Health Services
CHSP	Commonwealth Home Support Programme
DVA	Department of Veterans' Affairs
ED	Emergency Department
FY	Financial Year
HACS	Hospital Acquired Complications
HCP	Home Care Package
LSOP	Long Stay Older Patients
MoC	Model of Care
NATSIFAC	National Aboriginal and Torres Strait Islander Flexible Aged Care
NDIS	National Disability Insurance Scheme
NEP	National Efficient Price
NWAU	National Weighted Activity Unit
RACF	Residential Aged Care Facility
RCAC	Royal Commission in Aged Care
RN	Registered Nurse
TSA	The Salvation Army

2. Executive Summary

This options paper aims to address the pressing short-term challenge from the potential closure of Burrangiri facility. The facility is located in Rivett (ACT) and is owned by ACT Health Directorate (ACTHD). The Salvation Army (TSA) is funded by ACT Government to operate respite care services for older Canberrans and/or their carers without requiring a Commonwealth-based health assessment, such as a National Disability Insurance Scheme (NDIS) or Aged Care Assessment Team (ACAT) assessment. This options paper is the first of a two-part series and addresses respite care impacts following the potential closure of Burrangiri facility.

This paper (volume 1) outlines immediate, short-term options for respite care in the ACT whilst the next paper (volume 2) will focus on longer-term aged care, respite, convalescent and sub-acute strategies for Older Canberrans to address issues such as long stay older patient (LSOP). In 2022-23, the ACT public hospitals provided around 102 beds per day for maintenance category (non-acute) [2] patients who did not require clinical care in an acute hospital. This second paper will be developed in collaboration with ACTHD, the ACT Health Systems Council, Canberra Health Services (CHS) and other stakeholders.

The ACT's older population continues to grow with most of this change occurring by 2030. More older people are living with chronic conditions, dementia and increasing frailty [1]. One of the challenges this presents is an increasing need for respite care options in the community for older Canberrans. Respite care is residential or flexible care provided as an alternate care arrangement with the primary goal of offering a carer or care recipient a short-term break from their usual care arrangement. Whilst the Commonwealth Government is responsible for respite care, the ACT Government funds The Salvation Army (TSA) to provide respite services in the Burrangiri facility. This is a 15-bed facility that provides overnight, post-hospital convalescent care, and a day centre program for older people in the ACT and their carers, including people with dementia and their carers.

Respite care is best delivered in the least restrictive setting that will promote independence, reduce the risk of functional decline and reduce occurrence of potential inpatient complications due to adverse events or HACs, such as infections, often associated with admission to hospital. Irrespective of this, some respite care is being provided in ACT public hospitals when patients are clinically ready for discharge. In 2022-23, around 28 beds per day were occupied by people waiting for respite care in the community.

This paper has been informed by analysis of ACT public hospital Admitted Patient Care (APC) and Emergency Department (ED) data over a 5-year period to 2022-23 and TSA's annual performance reports for the Financial Years (FY) 2022-23 and 2023-24. To further support the data analysis, consultation with stakeholders within the ACT and interstate health services has been included to inform this options paper.

This paper focuses on the considerations associated with the ageing Burrangiri facility which provides respite care. The building footprint is no longer fit for purpose due to the need for structural upgrades to conform with current building codes for temporary residential respite or day care respite programs.

The short-term options for residential respite care following the potential closure of the Burrangiri facility are:

1. Continue operating Burrangiri at the current location with no changes to Business as Usual (BAU) – this is dependent on an extension of the TSA contract for 2 years.
2. Purchased beds via a:
 - a) Direct Management Model - ACTHD manages the contract, overseeing all performance and financial aspects of the contract.
 - b) Brokerage Model - ACTHD contracts a broker, whereby a third party is responsible for managing client placement applications and compliance with ACTHD Models of Care requirements.

- c) Health Outcomes Model – ACTHD go to market seeking submissions for flexible respite services which could result in a combination of 2a (direct management model) and 2b (brokerage model).

The longer-term strategies will require a broader, systems-thinking approach to develop sustainable solutions that meet the needs of the community. This includes a health services planning approach with a comprehensive evaluation of the aged care landscape. This will explore innovative funding avenues for long-term investments in aged care, including potential repurposing of the Rivett site, engaging with and considering proposals with the federal government aimed at supporting capital projects, and new and innovative models of care or programs.

The paper is limited by the information available at a point in time and does not consider the potential outcomes of the National Health Reform Agreement negotiations, nor the Aged Care reforms being led by the Commonwealth including changes to Aged Care legislation. There is a need to revisit this work in the future to consider the impact of these and other reforms including evaluation of successfully implemented options.

3. Introduction

3.1 Purpose

System thinking allows us to view the closure of this facility as a component of a larger healthcare challenge. While this paper focuses on immediate residential respite solutions, we recognise that these actions are part of a more complex healthcare ecosystem.

At present, the full scope of the long-term health and aged care systems remains undefined. However, further work in this space through various projects such as ACTHD Commissioning, ACTHD Dementia Health Experts Network, the ACT Health System Council, CHS and through negotiations with the Commonwealth will allow us to develop a cohesive strategy that addresses both short-term needs and long-term sustainability. This paper provides short-term solutions to address the urgent needs arising from the potential closure of Burrangiri facility while also considering the long-term, system-level implications.

It addresses the following areas of focus:

- Implications of closing the Burrangiri facility on the ACT community, and
- Implications of closing the Burrangiri facility on the public hospital system.

3.2 Rationale

The respite, aged care and healthcare landscape in the ACT is changing, driven by a growing older population and increasing complexity in healthcare needs. ACT's older population (referred to as older Canberrans in this proposal), those aged 65 years and over or 50 years and over for Aboriginal and Torres Strait Islanders peoples, is expected to grow by 87.9 per cent from 62,087 in 2022 (13.6 per cent of total ACT population) to 116,659 in 2041 (17.6 per cent of total ACT population) [3]. Notably, the proportion of the population over the age of 85 years will increase from 7,293 in 2022 (1.6 per cent of the total ACT population) to 21,169 in 2041 (3.1 per cent of the total ACT population), coinciding with a higher prevalence of chronic illnesses, dementia, and greater frailty among this demographic [4] [3].

Whilst preventive measures and the provision of care close to home remain a priority, further work is required to strengthen the ACT health and aged care systems ability to meet the specific access and clinical needs of older Canberrans in the community.

Currently, despite existing outreach programs, the number of maintenance and long-stay patients in the public hospital system is increasing. For the purposes of this paper, long-stay patients are defined as individuals who have been hospitalised for over 35 days, requiring care but no longer needing active treatment. Some of these patients fall under ACT Government responsibility while others are within the Commonwealth's jurisdiction, such as those awaiting placement in residential aged care facilities (RACF).

There is a need to assess, scope and define solutions, to improve health services for older Canberrans, supporting better outcomes and relieving the growing pressure on the hospital system. The Burrangiri facility is at the end of its life cycle and lacks the necessary infrastructure, equipment, and staffing to support clients with complex care needs, as such it is no longer fit for purpose. The contract with the operator, The Salvation Army (TSA) will expire June 2025 which presents an immediate challenge for both the community, CHS and ACTHD.

Limitations

The data regarding Burrangiri has been extracted from the annual performance reports for FY 2022-23 and 2023-24 provided by TSA. The validity of the data has not been verified and there is conflicting data quoted in the performance reports which is not accurate and may lead to inconsistencies.

4. Background

4.1 What Is Respite?

Respite care is defined by the Aged Care Act of 1997 as residential or flexible care (as needed) is provided as an alternate care arrangement with the primary goal of offering a carer or care recipient a short-term break from their usual care arrangement [5]. This includes helping to alleviate the burden on both paid and unpaid caregivers while providing a fresh social or residential environment for those requiring assistance [6].

Respite care is available for individuals with disabilities, mental illnesses, the elderly, and those suffering from dementia. Different types of respite care are [7, 8]:

Emergency respite: partial or full-day respite at residential aged care homes

In-home care: includes overnight care and personal care services, referred to as flexible respite and is provided under the Commonwealth Home Support Programme (CHSP)

Care outside the home:

- Centre Based respite: Day programs and recreational respite, provided under the CHSP. Usually runs from 10am to 3pm.
- Cottage Respite: Overnight or weekend respite at community or an aged care respite facility, provided under the CHSP. Can be accessed for two to three days at a time.
- Residential respite: Provided in an aged care home, needs an ACAT assessment, is available for up to 63 days of subsidised care in a financial year - an extension up to 21 days can be granted, with further ACAT approval.

In the ACT, respite care services are provided by a range of organisations, including Carers ACT, community groups, and RACF's [7]. Respite care in Australia operates within a framework of overlapping health policies and associated programs [9]. State and Territory governments fund a gap in respite services by default and in the ACT, this is done through Burrangiri and public hospitals.

Respite services typically exist alongside or as part of other care initiatives funded through the NDIS and My Aged Care Commonwealth funding, including Home Care Packages, CHSP, Permanent Residential Aged Care, Transition Care Programme, and Short-Term Restorative Care [10]. Accessing these services requires individuals to undergo a formal assessment process that can take up to six weeks, creating a barrier to obtaining emergency or unplanned respite care, which is where Burrangiri in the ACT addresses a critical gap in residential respite services.

4.2 Burrangiri Respite Service

Burrangiri is a 15-bed aged-care respite facility that provides overnight planned and emergency respite, post-hospital convalescent care, and a day centre program. The service's target cohort is older people in the ACT (aged 65 years and over). Burrangiri is not an approved provider of aged care services, thus, patients do not require an ACAT assessment to be admitted to the facility. Since 1989, the ACTHD has contracted TSA to operate Burrangiri and provide a minimum 4,654 overnight bed days and a minimum of 3,336-day visits. Burrangiri's services are contracted until 30 June 2025 at approximately \$1,829,655.48 (GST inclusive) to TSA.

Burrangiri contract stipulates the following services and outputs:

- Overnight respite care
- Post-hospital convalescent care
- Day centre respite program available Monday to Friday
- Information about additional care options and support

Structural Challenges

TSA operates respite services from a 30-year-old facility, Burrangiri, in Rivett which is owned by the ACT Government and is at the end of its life. A Burrangiri facility visit by ACTHD and CHS staff on 15 November 2023 confirmed that the current building is not fit for purpose and has limited value:

- as a respite centre,
- as a facility supporting older patients discharged from hospital, and
- requiring significant government investment for building maintenance costs.

Furthermore, the condition of the building does not meet the expected ACT Government standard with a site assessment rating of 2.5 out of 5. The 2022 Asset Management Plans (AMP) for Burrangiri identified the need for several major structural and electrical upgrades with an estimated cost over \$900,000. These upgrades far exceed the \$90,000 annual maintenance budget for Burrangiri.

Furthermore, these structural limitations have an impact on service provision to admit bariatric patients, clients who are a high falls risk or require isolation, and clients with challenging behaviours for example related to dementia.

Service Challenges

TSA is currently contracted to provide a minimum of 4,654 overnight bed days and a minimum of 3,336-day visits in 15 beds at Burrangiri. For 2023-24, despite the structural challenges, Burrangiri achieved a total of 4,745 bed days although day centre occupancy levels were low at 1,827 against a minimum target of 3,336. TSA provided a total of 314 respite admissions for this reporting period, with approximately 43 per cent of these being hospital avoidance admissions or reduced hospital length of stay, although TSA doesn't specify the validity or source of this measurement.

TSA documented in the reporting period for 2023-24 that hospital admissions accounted for 29 per cent per cent of the total 314 admissions. The remaining 71 per cent of referrals were from the community, either booked privately or through HCP with 24 service providers accessing Burrangiri's respite services. This demonstrates a need for the service.

4.3 Client Demographics and Service Gaps

Age and Gender

The target cohort is older Canberrans, with the average age accessing overnight and day respite in Burrangiri for the reporting period 2023-24 being approximately 80 years. It is worth noting that TSA had a client aged 61 years, who was post-hospital discharge and had a respite stay of 47 days due to insufficient NDIS funding to support them at home. This highlights challenges faced by younger clients who are not eligible for Residential Aged Care. One of the strengths of the TSA respite service is its flexibility, enabling access for clients who fall between the gaps and cannot access other respite services in the ACT.

Currently, 53 per cent of the cohort were female, and 46 per cent were male. The overwhelming evidence demonstrates that women bear most of the respite burden [9] and as a result are more likely to experience 'greater distress and burden' as a consequence of their caring role [11]. Women are disproportionately more likely to be both carers and cared for in advanced age, as studies show that women live longer than males and because there are various social gendered factors [12].

Specialised Care

The TSA residential client population for 2023-24 at Burrangiri is characterised by a significant need for specialised care, with 57 per cent experiencing cognitive impairment, including 40 per cent diagnosed with dementia, 7 per cent experiencing mental health issues, and 10 per cent suffering from short-term memory loss (note there are inconsistencies in the performance report where it also states 63 per cent cognitive impairment and 45 per cent for dementia). The layout of the facility does not accommodate a secure space

to care for patients who are wandering and may have behaviours associated with dementia. In addition, the Burrangiri facility does not have the infrastructure, equipment, nor the workforce with the required skills to safely care for clients with complex care needs, including bariatric patients. For example, there is very limited space to store mobility aids amongst other layout issues.

In 2023-24, around 21 per cent of clients were admitted without an ACAT assessment. In the same reporting period the need for assistance with activities of daily living (ADLs) and complex clinical care, such as medication administration, diabetes control, feeding and swallowing support, and continence management, increased with 68 per cent of clients requiring medium to high care, 62 per cent medium to high “falls risk” and 95 per cent requiring medication management. These needs increased the staffing costs for TSA. TSA does not have onsite allied health professionals for people requiring allied health assistance following discharge from hospital or during their respite stay. Registered Nurse (RN) provide referrals to external support services.

Culturally and Linguistically Diverse (CALD) population

TSAs CALD clients increased from 78 (29 per cent) in 2022-23 to 104 (33 per cent) in the 2023-24. Older people from CALD backgrounds often face significant barriers accessing and engaging with supports and services, which makes them less likely to utilise available resources [13]. According to AIHW, in Australia in the 2022-23 only 23.7 per cent of CALD populations accessed residential respite care [14]. In contrast, although Burrangiri is more aligned with cottage respite, it provides a service to a high percentage of clients from CALD communities. Its closure could create a barrier to residential respite access for the CALD population, who already experience challenges in navigating healthcare systems due to language barriers, cultural differences, and a lack of culturally appropriate services [13]. The Royal Commission in Aged Care Final Report (2021) highlighted the need to provide high-quality, non-discriminatory care for marginalised groups, such as CALD communities [15]. Older people from CALD communities are a priority population in the ACT Health Services Plan (ACTHSP) [16] which underscores the urgent need for targeted strategies that facilitate access to essential services, ensuring that these individuals receive the care they need.

Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander clients accessing respite services in Burrangiri increased from 1 in 2022-23 to 2 in the 2023-24. Despite its efforts, the TSA service no longer aligns with the Model of Care (MoC) established with ACTHD. TSA was required to provide more to facilitate access to Aboriginal and Torres Strait Islander peoples. To date, this aspect of their service delivery has not been addressed.

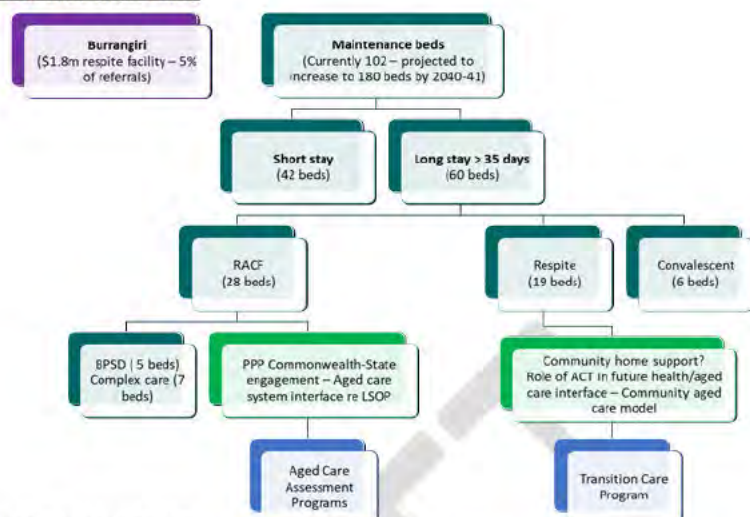
4.4 Step Down Respite Care in the ACT

There is a gap in step-down respite care services in the ACT. The TSA performance report stated, 29 per cent of Burrangiri admissions in the 2023-24 were from ACT public hospitals (although in the performance report for 2022-23 TSA states 20 per cent of its admissions are from the hospital whereas only 5 per cent of referrals are received from the hospital which is conflicting). In the 2022-23 period, 28 hospital beds were occupied by maintenance care patients under respite care in hospitals.

This highlights a critical need for accessible respite care options within the community but also implores us to look at how patients accessing respite care in the public hospitals system can be cared for in the community.

Figure 1 below maps the ACT’s maintenance and respite care beds in public hospitals in 2022-23.

Figure 1: Mapping of ACT Service Delivery



(Source: ACT APC Data 2018-19 to 2022-23)

Despite the ACT Government providing \$14.57 million for respite care—comprising \$1.8 million for Burrangiri and \$12.77 million for public hospital bed costs—the demand for respite services continues to rise. The hospital separation trend indicates that the number of maintenance care beds in the public hospitals that are being used for respite is expected to increase to 51 beds by 2040-41, with an estimated cost of \$20.58 million (based on the 2023-24 National Efficient Price [NEP]). For more information on public hospital costs for respite care please refer to [Appendix A](#).

This escalating demand underscores the necessity for community based residential respite services. The growing need for respite care reflects a critical gap in services, emphasising the importance of addressing this issue to support individuals with care needs and alleviate pressure on the hospital system.

For more information on respite providers in the ACT, please refer to [Appendix B](#).

4.5 Community Needs & Demographic Projections

The TSA model of care in Burrangiri offers the foundation from which to build a more flexible and accommodating residential respite alternative. The ability to provide care without the needs for a particular assessment to access Commonwealth funding allows the flexibility in service provision. However, questions remain as to the nature of this service. For example, who this service should cater for (low to high care patients) and whether associated allied health services should be provided on an ongoing basis.

Further, future concern also includes geographic access to respite. There are currently no respite services within the Gungahlin region and there are limited services in the far South of Canberra with consultation required to understand the needs. Burrangiri currently operates in the southern suburb of Rivett. Further information about the current service landscape is attached in [Appendix B](#).

5. Options

The short-term options for the proposed closure of Burrangiri are outlined below.

5.1 Option 1 – Continue operating Burrangiri at the current location with no changes to (Business as Usual)

This option assumes a contract extension for TSA is approved by the ACT Procurement Board for a 2 year period after the 30 June 2025. This is unlikely to be supported without a procurement process.

The Burrangiri facility is at the end of its life and is not fit for purpose. It is likely the ACT Government capital expenditure will exceed Budget. The recurrent operating funding is ongoing and excludes capital expenditure (CAPEX). This option accepts the limitations of the facility admit clients to the current Burrangiri Respite Care Facility.

Further Costing for BAU Option one is attached in [Appendix D under 9.1.1](#).

5.2 Option 2 - Purchased Beds Model

The TSA contract for Burrangiri respite services expires on 30 June 2025 with the proposed closure of the facility. The \$1.8 million funding allocated to its recurrent operations will be redirected. One short-term solution is to explore a like-for like, purchased beds model through an expedited deed of grants process. This model would involve the purchase of beds from private providers like RACF's, ensuring that patients who would otherwise access services through Burrangiri continue to receive respite care at another facility.

Service Gaps and Risks

Consultations with stakeholders identified a risk associated with aged care providers in the ACT being predominantly focused on clients with low-complexity care needs. This leaves a significant gap in services for individuals requiring complex care, who are not adequately supported by the current system. The funding mechanisms for RACF and the CHSP impact the availability of services. These facilities are governed by stringent Commonwealth standards and a STAR rating. This situation leaves many clients without access to respite options, despite the allocated funding for care.

Two operational approaches are proposed for consideration:

Option 2a: Direct Management Model - ACTHD manages the contract, overseeing all performance and financial aspects.

Objective: To operate the respite care facility via a contract, ensuring all performance and financial aspects, are managed via a contract agreement.

Outcome: Replacement of bedspace currently provided by Burrangiri would be replaced by bed-space in one or more RACF, directly funded by the ACTHD.

Cost: Estimates suggest that operating the facility directly may require significant investment in staffing and infrastructure, with potential costs exceeding the current \$1.8 million funding if comprehensive service delivery and staffing needs are considered.

Option 2b: Brokerage Model - ACTHD adopts a brokerage model, wherein a third party is responsible for managing the day-to-day operations.

Objective: ACTHD would fund an organisation to act as a care finder/ placement service for individuals requiring respite beds. The broker would take referrals for respite from the community and health services and aim to place them in RACH beds. This approach leverages the expertise of experienced operators in aged care, potentially leading to improved service quality and better client outcomes. This model offers flexibility.

Outcomes: A key advantage of the Brokerage Model is its alignment with consumer-directed care, maximising flexibility in home care service delivery. For instance, Trent Thomason, home care manager at Cumberland View Hostel, a Melbourne-based private aged care provider, noted that their 26 home care packages are delivered entirely through a brokerage model [21]. This approach not only reduced overhead costs by eliminating the need for direct care staff but also facilitated genuine choice for clients, allowing them to tailor services to their individual needs. Another advantage of having various facilities in different locations is that it allows people to access respite care closer to home, but this is dependent on the various RACF capacities and willingness to take on these clients.

However, the Brokerage Model also presents challenges. Many clients currently accessing Burrangiri do so without the need for an ACAT assessment, which simplifies the process for individuals in the community seeking respite care. This accessibility is vital, particularly for those who find navigating the existing assessment process difficult and time-consuming. In this context, a reliance on third-party providers raises questions about the level of risk the RACF's would be prepared to absorb, especially if they are unable to conduct thorough assessments themselves. Successful examples of brokerage models can be seen in existing services like the Carer Gateway run by the Australian Government, which connects individuals with a nationwide network of service providers. By calling Carer Gateway, users are guided to local services that can help meet their specific needs [22]. Similarly, aged care brokerage services act as intermediaries, helping seniors or individuals with disabilities find suitable caregivers or agencies tailored to their requirements, such as assistance with daily living activities. This matchmaking service considers factors like location, budget, and specific skills needed, effectively connecting individuals with the right support in a way that suits their preferences. While this model has its advantages, the need for clear communication and alignment of goals remains critical to ensure that quality of care is upheld.

Cost: While this brokerage model may lower overhead costs by not employing direct care staff, the funding implications would need to be evaluated based on the contracted services and outcomes. The model could still operate within the existing \$1.8 million budget, contingent upon effective service agreements.

People that are eligible for Commonwealth respite (have an ACAT approval) would have their accommodation paid by the Commonwealth with potential for a top up payment as negotiated by the broker. ACTHD would pay for those without an ACAT or people that are otherwise ineligible for Commonwealth respite funding (up to 15 beds to replace those lost at Burrangiri).

Option 2c: Health Outcomes Model - Combination model of 2a and 2b – with flexible arrangements in place

Outcomes-Based Combination Model merges elements of the Direct Management Model (Option 2a) and the Brokerage Model (Option 2b). This flexible approach aims to leverage the strengths of both models while mitigating their weaknesses, ensuring effective delivery of respite care services.

A full anticipated breakdown of the costs is attached at [Appendix D under 9.1.2](#).

Commented [SS1]: Comment from Stephanie: suggest you add the example of Carers ACT as a local example, and the benefits/challenges

SS- Carers ACT uses Carers Gateway, they are the delivery partners for it in ACT.

5.3 Options Comparison Tables

Table 2 Option 1: Extend the TSA contract to operate respite care at the Burrangiri facility with no changes to Business as Usual (BAU)	
Benefits <i>Outline the key strengths and advantages</i>	• Continuity of services for current users • Familiarity for staff and clients
Disadvantages <i>List weaknesses and negative consequences</i>	• Facility is at the end of its life and not fit for purpose • Potential safety concerns for clients and staff • Limited ability to meet increasing demand and complexity of care needs •
Timescale <i>What period will the costs and benefits be incurred over</i>	• The model of care is in place. • Immediate continuation of services • Long-term viability is questionable without significant investment • A commissioning process is required to extend the service.
Costs <i>Summarise the costs and assumptions</i>	• Expensive resources to maintain the model of care, workforce and facilities. Recurring funding of approximately \$1.8 million. • No Additional Funding: No new funding allocated for major upgrades or expansions. • Assumes that existing resources and staff can adequately manage increasing demands and that incremental improvements will be sufficient.
Major Risks <i>Summarise the major risks associated</i>	• Overburdened System: Risk of current facilities and staff becoming overwhelmed by patient volumes and complex needs, and a failing facility. • Increased safety incidents due to facility condition • Potential negative impact on client health outcomes • Unmet Needs: Growing demand may outstrip the capacity of existing resources, leading to gaps in care and unmet patient needs.
Performance measurement <i>Determine how the performance of the proposal will be monitored</i>	• KPIs: Patient wait times, bed occupancy rates, staff workload, and patient satisfaction. • Monitoring Systems: Regular reviews of service efficiency, patient outcomes, and staff feedback. • Feedback Mechanisms: Collection of feedback from patients and staff to identify issues and areas for incremental improvement. • Review Schedule: Biannual performance reviews to assess the effectiveness of current practices and incremental changes.

Table 3 Option 2a: Direct Management Model

Benefits <i>Outline the key strengths and advantages</i>	• Services will be contracted by existing aged care or respite providers. • No interruption to services. • No infrastructure costs for ACTHD
Disadvantages <i>List weaknesses and negative consequences</i>	• RACFs occupancy is high therefore there may not be availability of beds for respite services. • Aged care providers may be selective about the clients they accept.
Timescale <i>What period will the costs and benefits be incurred over</i>	• Short term.
Costs <i>Summarise the costs and assumptions</i>	• Estimates suggest that operating the facility directly may require significant investment in staffing and infrastructure, with potential costs exceeding the current \$1.8 million funding if comprehensive service delivery and staffing needs are considered.
Major Risks <i>Summarise the major risks associated</i>	• Service disruption due to staffing issues or transition of services during the contract management. • Inability to adapt quickly to changing client needs if the model of care is not flexible. • RACF capacity – limited bed availability in RACF's, not viable to have all beds in one facility
Performance measurement <i>Determine how the performance of the proposal will be monitored</i>	• Direct measurement of patient outcomes, satisfaction surveys, and operational KPIs. • Regular internal audits to ensure quality of care.

Table 4 Option 2b: Brokerage Model

Benefits <i>Outline the key strengths and advantages</i>	• Leverages expertise of experienced operators, potentially improving service quality. • Reduces administrative burden on ACTHD. • Relatively simple process, and contract arrangements. • ACAT assessments can be included but not limiting so Commonwealth funding is incorporated. • ACTHD does not need to pay for infrastructure. • Overall quality of care and facilities in RACF is generally higher than can be currently provided at Burrangiri, which may increase the number of people placed, particularly from hospital - provides an avenue to assist with discharge of LSOP. • Single point of contact for operational management • Maintains overnight community respite provided (and could be increased dependent on supply and demand).
Disadvantages <i>List weaknesses and negative consequences</i>	• Success is dependent on RACF capacity. Commonwealth data on this point is imprecise however Local Network officials indicate there are very few available beds. • Unknown capacity for day respite in the sector. • Potential misalignment of goals with the third-party provider. • Reduced control over daily operations and quality of care. • Dependence on third party for staff recruitment and training.
Timescale <i>What period will the costs and benefits be incurred over</i>	• Short term, a compressed commissioning cycle will help to have this as a short term focused initiative.
Costs <i>Summarise the costs and assumptions</i>	• Potentially lower operational costs due to reduced direct staffing when compared to Option 2b. • Costs may include brokerage fees and performance incentives for third-party providers.
Major Risks <i>Summarise the major risks associated</i>	• Risk of service inconsistency if the third-party provider fails to meet standards. • Misalignment of objectives between parties may lead to suboptimal care delivery. • Capacity - actual bed availability in ACT RACH is constrained already, and if beds are available, they may be dispersed across multiple facilities, increasing management complexities. • Using RACH beds for respite care could limit availability for permanent placements, jeopardising long-term resident accommodations.
Performance measurement <i>Determine how the performance of the proposal will be monitored</i>	• Performance metrics based on third-party evaluations, client satisfaction surveys, and service delivery timelines. • Need for clear contractual agreements on performance expectations.

6. Risks and Mitigation Strategies

The potential closure of the Burrangiri facility presents several operational risks that must be effectively managed to ensure a smooth transition. Key risks include service disruption, insufficient purchased bed availability, potential financial overruns, community backlash, and regulatory compliance challenges.

- **Service Disruption:** There is a significant risk of care disruption for current patients, particularly those with complex needs. To mitigate this, detailed patient relocation plans will be developed to ensure continuity of care. Alternative service providers will need to be identified ahead of time, and care agreements will be established before the facility's closure.
- **Insufficient Purchased Bed Availability:** The purchased beds model may not secure enough beds to meet patient demand, potentially leading to a shortage of care options. To address this, a broad outcomes-based process will be utilised to allow for flexibility in care delivery, and contingency plans will be developed.
- **Lack of RACF applications:** Even if a call for tenders is issued for the 15 respite beds or the \$1.8 million dollar respite funding via a health outcomes-based approach, there is a risk that no RACFs apply or are limited by constraints mentioned in the paper above. Proactive relationship-building with potential RACF will be essential to ensure interest and engagement along with a dedicated communication plan, increasing the likelihood of receiving competitive bids.
- **Timeline constraints** - - There are risks that an expedited grants process (option 2) will not be complete by 1 July 2025, resulting in gaps in service delivery. Close project management and clear timelines will be required to meet this deadline. One potential mitigation for this risk may be to offer a short-term extension to the service agreement to TSA. There may be challenges in obtaining an extended contract with TSA for a shorter period of time (3/6 month extension). The procurement process will need to be navigated, and there's uncertainty about whether the TSA will be interested in the extension, especially if they are in the process of winding down operations at Burrangiri.
- **Community Concern:** The closure may lead to public concern or dissatisfaction, particularly if alternative care options are not clearly communicated. Proactive engagement with the community and transparent communication about the closure and the solutions being implemented will be essential. Public forums and targeted communication strategies will ensure that stakeholders are informed and reassured.
- **Financial Overruns:** Costs associated with the purchased beds model or other short-term solutions could exceed initial estimates, placing a strain on the budget. To mitigate this risk, a detailed cost analysis will be conducted prior to any commitment, and a financial buffer will be incorporated into the budget to accommodate unexpected expenses.
- **Regulatory Compliance:** Maintaining compliance with healthcare regulations during the transition could be challenging, particularly regarding patient safety and service quality. Regular consultations with regulatory bodies and strict adherence to compliance protocols will be prioritised. Audits and reviews will be conducted to ensure that the transition meets all regulatory requirements. This is only a risk if not transitioning to a provider that already is regulated (usually by the Commonwealth).

7. Final Considerations

The trajectory of ACT respite and respite in the larger Australian context seems to point toward a mixture of service specific respite for conditions or even cultural and gender groups, and purpose-built general respite facilities that can cater to the flexible needs of the population. The unpaid amount that carers contribute to the health care system overwhelmingly justifies a review of how better to cater respite. Further, the alleviating holistic nature that flexible respite can exude on the larger health care system as part of the subacute/non-acute care conversation. This also warrants further exploration of how to achieve a balanced and responsive service for the ACT.

In conclusion, this paper outlines the short-term measures needed to address the potential closure of Burrangiri facility. While this is a short-term solution, further planning is required to address long-term challenges. The second paper (Volume 2) of this series will provide a more comprehensive view of the system-level changes needed, incorporating feedback from the ACT Health System Council and clinical teams.

8. Appendices

8.1 Appendix A – Public Hospital Costs for respite care

1. In 2022-23 there were 102 beds occupied by maintenance care patients in ACT public hospitals. The financial year cost is estimated at \$44.89 million (Based on BAU scenario, NEP and NWAUs)
2. Of the 102 maintenance care beds utilised, it is estimated that 29 beds were occupied by respite care patients. The share of respite care patients is 28%. Based on this share, it is estimated that in 2022-23 \$12.77m (of the total \$44.89 million) relates to respite care patients.
3. The 29 beds also factors 5 per cent reversal of respite care patients from Burrangiri as evidence in their report for the FY 2022-23 (5 per cent of referrals came from hospital although later in the report there's a mention of 20 per cent of admissions being via hospitals which is conflicting). The reversal is based on the premise that patients who are currently transferred to Burrangiri will stop (and will be retained in the hospital as maintenance patients). Additional bed days required at the hospital was estimated
4. By 2040-41, the number of respite care beds required in the hospital is expected to increase to 51. The rate of growth is based on expected rate of growth in separations which was sourced from older and non-Canberrans growth rate projections by the Health Policy Analysis (HPA) Consultants. The 51 beds is estimated to cost \$20.58 million in 2040-41 (based on 2023-24 NEP).
5. A table providing annual projected separations, beds and funding required is provided below:

Table 5: Respite Care in Hospital (includes Burrangiri Reversal)

Financial year	Separations	# of Beds	Funding Req'd (\$m)
2022-23	530	29	12.77
2023-24	525	31	13.26
2024-25	547	33	13.90
2025-26	567	34	13.69
2026-27	586	35	14.11
2027-28	606	36	14.56
2028-29	627	37	15.01
2029-30	648	39	15.49
2030-31	670	40	15.98
2031-32	690	41	16.44
2032-33	712	42	16.91
2033-34	733	43	17.40
2034-35	756	45	17.91
2035-36	779	46	18.43
2036-37	798	47	18.84
2037-38	816	48	19.26
2038-39	835	49	19.69
2039-40	854	50	20.13
2040-41	874	51	20.58

(Source: ACT APC Data 2018-19 to 2022-23 & Economic Projections Sharan, M.)

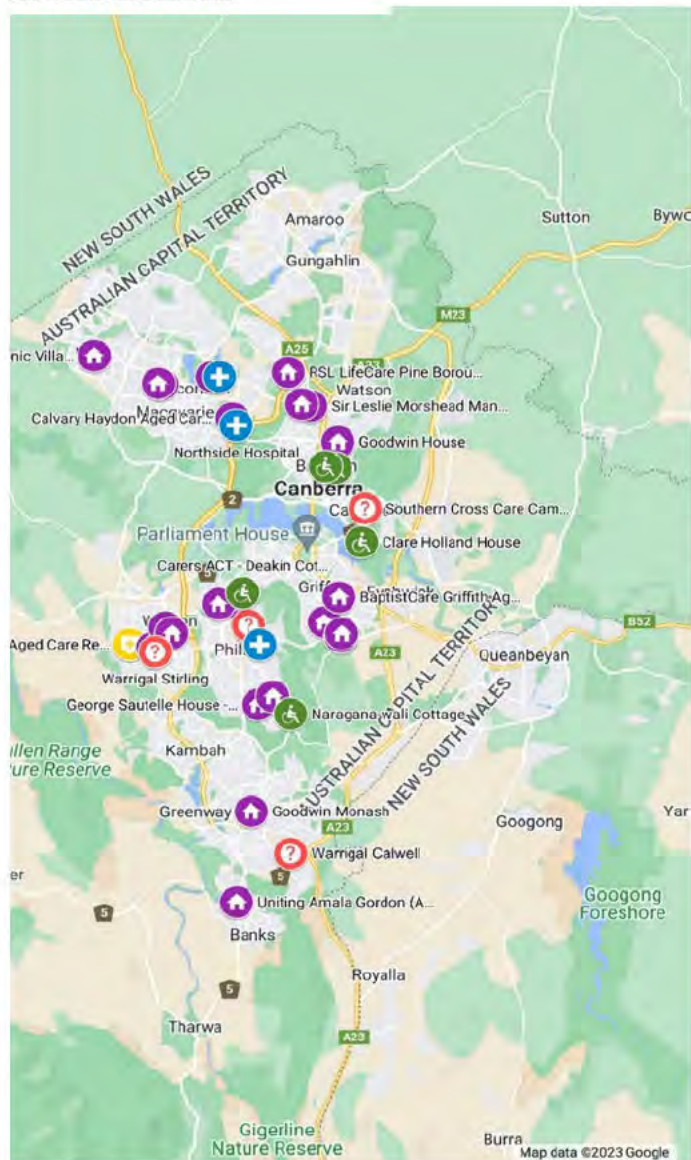
8.2 Appendix B - Respite Care Providers in the ACT

Table 6: Respite Care Providers in the ACT

Respite Services [23]	Services	Provider	Funding
Deakin Cottage, Deakin	Ageing and dementia short stay accommodation Day activities	Carers ACT	CHSP
Naraganawali Cottage, Isaacs	Ageing and dementia short stay accommodation	Carers ACT	CHSP
Burrangiri Aged Care Respite Centre, Rivett	Burrangiri Aged Care Respite Centre is an ACT health site operated by The Salvation Army Aged Care. The centre specialises in providing respite (short-term) care for older Australians. Day or overnight respite	The Salvation Army	ACT Gov
Leo's Place, Canberra	Leo's Place is a non-clinical respite facility for people with a life limiting illness and their carers. The service provides overnight respite, day respite, and carer support.	Palliative Care ACT	ACT Gov. local businesses, philanthropic organisations – John James Foundation and individuals

8.3 Appendix C – Residential Aged Care Facility Service Landscape (ACT)

Figure 2: RACE Mapping in the ACT



As of 30 June 2024, there were 27 operational RACFs run by 17 service providers, the vast majority of which provided some form of respite care. The majority (16) of facilities were in the south of Canberra, with the remaining 11 providers located in the north of Canberra, although no services are in the Gungahlin area [23].

Additionally, there were 37 homecare services run by 26 providers, 5 short term restorative care facilities, 1 transitional care facility.

CHS report that they currently operate 50 maintenance care beds between the University of Canberra Hospital and the Canberra Hospital.

8.4 Appendix D – Options costings

8.4.1 Option 1 – Continue operating Burrangiri at the current location as is with no changes to Business as Usual (BAU)

Continuation of the Burrangiri respite care facility operations assumes that the facility will need to meet the increasing demand in the future. While the facility itself maybe an unsustainable option, as previously stated, it is necessary for comparison to alternative options. Key information used to build preliminary model includes:

- 2018-19 to 2022-23 reported occupied bed days from the performance reports,
- 2022-23 daily rate of \$139.05 (rounded to \$140)
- Occupancy rate of 90 percent (assumed)

The 2018-19 to 2022-23 actual bed days data and Health Policy Analysis's projected rate for older and non-older maintenance care patient cohort was used to project bed days for the period 2023-24 to 2040-41. Over the 18-year projection, number of bed days is expected to grow by around 21 percent. The projections indicate that under the BAU option:

- respite care services will require funding of \$19.2 million for the period from 2023-24 to 2040-41 (before inflation)
- number of beds required will increase from 15 in 2022-23 to 22 beds by 2040-41.

A summary for this option 1 for each year is shown in table 7 below.

Table 7: Summary of Projected Activity and Funding Impact - Burrangiri

Financial Year	Occupied Bed days	Beds required per day (rounded up) ¹	Day Attendances (each year)	Total Funds for Burrangiri (\$)
2023-24	4649	15	1685	\$85,3247
2024-25	4749	15	1722	\$87,1571
2025-26	4911	15	1780	\$90,1227
2026-27	5046	16	1829	\$92,6023
2027-28	5184	16	1880	\$95,1502
2028-29	5327	17	1931	\$97,7681
2029-30	5474	17	1984	\$100,4581
2030-31	5624	18	2039	\$103,2220
2031-32	5767	18	2091	\$105,8351
2032-33	5913	18	2144	\$108,5144
2033-34	6062	19	2198	\$111,2615
2034-35	6216	19	2253	\$114,0782

2035-36	6373	20	2310	\$116,9661
2036-37	6501	20	2357	\$119,3063
2037-38	6631	21	2404	\$121,6933
2038-39	6763	21	2452	\$124,1281
2039-40	6899	22	2501	\$126,6116
2040-41	7037	22	2551	\$129,1448

(Source: ACTHD Economic Calculations & Projections, Sharan M.)

Notes:

- Occupancy rate assumed at 90 per cent
- From Briefing notes (attachment A - Burrangiri Background)
- Cost at Burrangiri cover recurrent costs only
- Variable component for Independently mobile respite care recipients. Source: DOHA Aged Care Subsidies and Supplements, Rates of daily payments effective on 1 July 2024

8.4.2 Option 2c – Health Outcomes Model - Combination model of 2a and 2b – with flexible arrangements in place

Delivery of respite care services that could become operational within a shorter timeframe (compared to longer term options).

Projected funding impact on the ACT Health is based on projected bed days (overnight) and day attendances for the 2023-24 to 2040-41 period and Carers ACT published full fee-paying client rates. The published rates for 2023-24 are:

- \$ 250 on weekdays (includes overnight)
- \$ 375 on Saturday (includes overnight)
- \$ 500 on Sunday and Public Holidays (includes overnight)

These fees are based on a 24-hour period subject to review and updating in line with the NDIS guide.

Day Program full fee is \$75 per day (8.30am to 5.30pm). Excursions incur extra charges.

Breakdown of costs based on 2023 -24 NEP:

- Daily Cost per Maintenance Care Bed: \$1,200
- Total Maintenance Care Beds: 15
- Annual Cost for 15 Beds: \$1,200 x 15 beds x 365 days = \$6,570,000
- Projected Acute Separations Funded: Approximately 1,237 (based on an Average National Weighted Activity Unit of 0.88 and a price of \$6,032)

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Acknowledgment of Country

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

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Ministers: Stephen-Smith

Date: 20 January 2025

Topic: Cessation of aged care respite services at Burrangiri

- The ACT Government has made the difficult decision to close the Burrangiri Aged Care Respite Centre facility from 30 June 2025.
- The 35-year-old Rivett facility is now at the end of its life, and the current building is no longer fit for purpose to support the delivery of quality aged care respite services.
- The ACT Government recognises the valuable contribution The Salvation Army has made to aged care services in the Territory since it commenced operating the service in 1989.
- The ACT Government thanks The Salvation Army and their hard-working staff at Burrangiri for their commitment to providing quality care to older Canberrans for over the past three decades.
- A review was recently undertaken to understand if the facility could be renovated. The review found that substantial structural work would be required to upgrade the centre to bring the building up to the unique modern standards and requirements needed for respite centres and our ageing community.
- The ACT Government is committed to continuing to engage with The Salvation Army and the not-for-profit health sector to explore opportunities and ensure positive outcomes for older Canberrans seeking respite care services.
- Aged care respite services at Burrangiri will continue to be available in the first half of 2025, with the ACT Health Directorate working with the Salvation Army to ensure a smooth transition out and stand down of the facility by 30 June 2025.
- This does change does not impact the delivery of other aged care services delivered by the Salvation Army at other sites across Canberra.
- The future plans for the site are under consideration, however the site will remain government owned.
- The ACT Government acknowledges that the respite and aged care landscape in the ACT is changing, driven by an ageing population and the role of the Federal Government in the provision of aged care services and supports.**Background: Burrangiri Aged Care Respite Facility**
- Burrangiri is a 15-bed aged-care respite facility that provides overnight planned and emergency respite, post-hospital convalescent care, and a day centre program.
- The target cohort is older people in the ACT (aged 65 years and over and Aboriginal or Torres Strait Islander people aged 50 years or over).
- Burrangiri is not a Commonwealth Government-approved provider of aged care services, thus, patients do not require an ACAT assessment to access respite care at the facility.
- Respite services typically exist alongside or as part of other care initiatives funded through the Commonwealth Government such as My Aged Care and NDIS.

ENDS

Comms action officer: Blake Reeves

Action officer:

Cleared by

EBM:

EGM:

DDG:

MO:
