

2018 - 2028



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Background



The Snowy Monaro Regional Council (SMRC) region is home to approximately 20,000 people¹. Based on the 2011 census it was anticipated the region would be home to 2,900 people over the age of 70 in 2016², with this number growing to 4,500 by 2027. According to the 2016 census, there were 2,500 people over the age of 70 in the region. Council believes the aged and frail residents of the region need and deserve adequate care and support services, which are currently supplied through the following programs:

- Commonwealth Home Support Program (CHSP)
- Community Transport (CT)
- Home Care Packages (HCP)
- Residential Aged Care (RAC)
- ComPacks

Council delivers a range of services within each program. Pride Living has been engaged by Council to review the operations of its existing residential aged care facilities. Yallambee Lodge in Cooma NSW and Snowy River Hostel in Berridale NSW.

The scope was to provide an assessment of the future need for residential aged care services in the region served by the Council and report on the following matters:

- The current operations of both facilities
- The long-term sustainability and viability of the two facilities currently operated by Council
- The likely capital expenditure required on these facilities in the short and medium term
- Commercially realistic future service delivery options available to Council

- The need for residential aged care facilities in the region
- Options for the provision of aged care services in the region
- Budgetary considerations incorporating both capital and operational expenditure for any alternative models recommended
- A preferred recommendation to meet the future residential aged care needs of the region.



¹ ABS Census 2016 Population ² Department of Health



Executive Summary

Council is in a unique position as it has an obligation to consider the needs of the community as a whole, whereas an individual operator will consider the challenges and opportunities concerning their own frame of reference, and perception.

The review has identified opportunities to enhance and build on existing services. The most important findings relate to community attitude and perception toward the provision of residential aged care services across the region.

Through a number of engagement opportunities, the community told us:

- They have a keen interest in the provision of residential aged care across the region
- They believe there is a significant deficit in the quantum and nature of existing facilities
- While they do not expect Council to solve the problem, they do want Council to provide leadership in finding a sustainable solution
- They want to be part of the solution.

In our view, this reservoir of community goodwill should be harnessed, and the most effective means of doing this is through effective and meaningful communication.

There is a clear need for purpose-designed facilities that cater to the needs of residents with severe and challenging behaviours. We recommend these facilities be co-located at the current Yallambee Lodge site in Cooma.

The call for a residential aged care facility by the residents of Jindabyne is supported by our analysis of the likely demand for those services. In our view, a service of 40 places would meet the medium-term needs and provide a facility that is a sustainable scale.

As Commonwealth Government funding is critical to any facility, we recommend that an application be made in the upcoming ACAR round for both places and Commonwealth Grants totalling \$11,000,000.

The operations of Yallambee Lodge and Snowy River Hostel are subsidised by Council. In our opinion with appropriate staff education, changes to operational practice and the engagement of clinical governance support, the current deficit could be eliminated, and the facilities could operate in surplus.

A philosophical question exists, this being whether the operation of residential aged care is central business to Council? In acknowledgement of this, there are pathways that can be explored under both continued Council ownership and/or a model where Council does not have any direct involvement in residential aged care.

In relation to a future facility in Jindabyne, community support for this service including an unsolicited offer of land by a resident will be maximised by engaging the community as part of a steering committee to promote and progress the validity and viability of a Jindabyne facility. The benefit of Council in this situation is neutral in comparison to an individual operator.

Executive Summary

A unique challenge in the region is the existence of a number of small population centres each with their own need for residential aged care. Operating facilities of small-scale presents specific challenges for viability and sustainability. We believe the future sustainability of all providers is best served by aggregating the services to the greatest degree possible and operating the services under a multicampus model. In this regard, we note there are currently three separate provider organisations. Council could provide a valuable role in facilitating conversations between the providers to promote consolidation where this is appropriate.

While Council continues to operate facilities, it should ensure it has the skill and resources available to provide effective management oversight and governance. Overarching safeguards will support facilities in continuing to meet ongoing compliance and quality of care standards as imposed under the *Aged Care Act 1997*.

All aged care providers face challenges around sustainability; central to this is access to a dedicated and appropriately trained workforce. Expansion of capacity warrants the development of an appropriate workforce strategy. Should the additional capacity recommended be created, we estimate it will create direct employment opportunities for 38 full-time equivalent positions. Managed well this will provide significant economic and social stimulus, particularly to the communities of Cooma and Jindabyne.

Irrespective of ownership, residential aged care services are community assets. The benefits to the community from the operations of the existing and recommended aged care facilities include:

- The promotion of community engagement and support
- Council adopt a civic leadership position to maximise the sustainability of aged care services for all residents

- New services currently unavailable for those with challenging behaviours be created
- Improved access and equity for residents in Cooma
- Direct access and equity for residents in Jindabyne
- Improved financial sustainability within existing facilities
- Provision of civic leadership among the community
- Provides an avenue to engage the community in consultation and decision making
- Ensures long-term sustainability and access to residential aged care for the community
- Addresses the current viability and operational risk issues associated with Council's facilities
- A reduction in the need for Council subsidy contributes to Council's sustainability
- Fulfilment of community expectation regarding Council's role in the provision of aged care services to its community
- The creation of employment and training opportunities
- Creates economic stimulus to the region
 - ♦ \$20M economic activity associated with capital works
 - ♦ Ongoing employment for 76 full-time equivalent positions
 - ♦ Boosts direct regional economic activity by \$10,000,000 pa.



Stakeholder engagement and feedback





Community consultation

Council is committed to community engagement as it believes this improves its decision-making processes for corporate planning, service provision and major projects. Council also recognises its obligations under the *Local Government Act 1993* as they pertain to participation, consultation and engagement.

Council has identified the following values that underpin its approach and commitment to community engagement:

 Council acknowledges its community's desire to participate in decisions that affect them and will provide a means for incorporating their values, interests, needs and desires into the decisions that affect their lives.

- Council believes it can be a more efficient, responsive and successful organisation if it seeks the community's input on plans, strategies and projects.
- Council believes effective community engagement facilitates understanding and improves decision making.
- 4. Community engagement activities will be based on values including trust, inclusion, respect, commitment, flexibility and mutual understanding.
- 5. The following community engagement strategy was adopted for the project.

Initiative	Purpose	Date
Meetings with staff and residents/resident representatives of Yallambee Lodge and Snowy River Hostel	To inform these stakeholders of the context of the review and to hear their views.	A total of 4 meetings were held on 21 March 2018.
Press releases	To inform the community of the review and how they can be involved.	Week commencing 25 March 2018 and ongoing until the review is complete.
Online/written survey	To gauge community understanding of the provision of residential aged care and costs associated with this for all involved.	11 April to 31 May 2018.
Community meetings	To provide community members with the opportunity to provide input, opinion and feedback in an open forum.	Cooma, Bombala and Jindabyne 9 & 10 May 2018.

Details of the consultation processes are contained in Appendix A.

Online and written survey

The survey was designed to provide Council and the consultant's insight into:

- The understanding and exposure of residents to residential aged care services available within the community
- 2. Satisfaction with existing services
- 3. Views on the role of Council in the provision of residential aged care services in the region.

A copy of the survey questions is contained as Appendix B.

The survey results revealed the following:

- 1. There is broad community interest in aged care services, evidenced by 40% (121) of respondents not having any direct connection with the sector.
- 2. Of those who completed the survey, 60% (183) of respondents had direct exposure to residential aged care as a resident, carer or an employee.
- 3. Notwithstanding the high exposure to residential aged care, 72% of respondents rate their understanding of how to access and navigate the system as limited or non-existent.

- 4. Consistent with the limited knowledge of the system, only 20% of respondents understood their entitlements, financial requirement and determinants associated with residential aged care.
- 5. Marginally more people, 22% had a good understanding of the costs involved in residential aged care.
- 6. Table 1 shows the relative satisfaction with residential aged care in the region.

TABLE 1

Satisfaction with residential aged care services	All residential aged care	Yallambee Lodge	Snowy River Hostel
Either somewhat or extremely satisfied	64%	78%	69%
Dissatisfied	26%	13%	16%

- 7. The most commonly identified challenges were seen as:
 - 1. Inadequate availability of places
 - 2. Attracting and retaining appropriately qualified staff
 - 3. Meeting community expectations.
- 8. When asked about the immediacy of personal need, respondents reflected:
 - 1. The dominant preference of 31% is to stay at home
 - Of those who see residential care as being relevant to them, 54% expect to need access to care within 6 years.

Online and written survey



9. Table 2 shows the relative importance (descending order) of factors influencing the choice of a facility by respondents.

10. In descending order of significance, respondents identified the following role for Council in the provision of residential aged care.

TABLE 2

Factor
Staffing
Reputation
Facility infrastructure and surroundings
Cost
Dementia support
Food
Location
Quality of care
Other

TABLE 3

Aspect of Involvement	%
Maintaining quality	19%
Ensuring adequate care provision	18%
Community engagement and support	18%
Other involvement	18%
Direct control over care provision	17%
Developing/expanding facilities	15%

Community meetings

Community meetings ran for 90 minutes each. The format included a brief introduction by Council and Bruce Bailey from Pride Living. Following this, the meetings were open for a question and answer session. Table 4 provides a summary of the meetings:

TABLE 4

	Berridale	Jindabyne	Bombala	Cooma
Date	09/05/2018 4:00pm	09/05/2018 7:00pm	10/05/2018 5:30pm	10/05/2018 7:00pm
Attendees	24	100+	Nil	28
Facilitators overview	Reflecting the existence of a facility, the session focused on general questions about the nature of the review. Attendees were seeking confirmation that the community would not lose as a result of the findings of the review.	Attendees were heavily-invested in the issue of securing a residential aged care facility in Jindabyne. There was broad participation by attendees in the Q & A session. The community wants to be part of the solution.	Meeting did not occur so no findings.	Attendees tended to have a connection with Yallambee Lodge. They valued the current services, and based on personal experience felt the case was unquestionable for increased capacity for high care and dementia specific accommodation.
Mood	More informed, grateful, thankful, pleased, frustrated and concerned.	Frustrated, heard it before, too long.		Thankful for the communication, some concern at the lack of Council support in the room.
Fears	Losing the current facility.	Nothing happens, losing social connection, sell off of existing facilities.		Insufficient capacity and longer-term viability.
Dream	Life continues.	Their own facility.		A dementia specific unit.

Community meetings





The following matters were raised in relation to the future provision of residential aged care services, we have addressed these in this report³:

- 1. Turning Snowy River Hostel in Berridale into a dementia specific facility for the region
- 2. A community-based group to advance the creation of a facility in Jindabyne
- 3. Use of community/crowdfunding model; the community bank approach
- 4. Approaching Snowy Hydro for land
- 5. Residents offer to donate land
- 6. The High View Estate Masterplan in Jindabyne
- 7. Council subsidises libraries, swimming pools and therefore it is not inappropriate for Council to subsidise residential aged care
- 8. Call for solutions to assisted/independent/retirement living.

³ Verbal consent at all meetings was obtained from attendees for photographs

Aged Care landscape

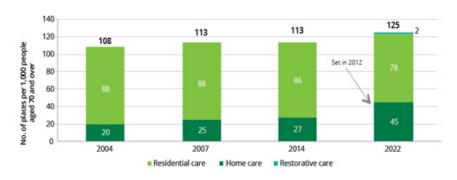
The funding of services for the aged and frail continues to undergo significant change. To appreciate this, and address the issues, it is first necessary to understand the scope of aged care services. Historically, there were three types of services available:

- 1. Home and Community Care (HACC): Support was delivered via NSW Health which provided services to assist people with disability, the aged and frail to remain living at home. Support to carers via respite was also available.
- 2. Home Care: Commonwealth funded assistance within a care recipients' own home through a number of care packages. These packages provided support for case management, nutrition, daily living and care, medication and personal hygiene⁴. Packages were split into three categories, Community Aged Care Packages (CACP), Extended Care at Home (EACH) and Extended Care at Home Dementia (EACHD). These packages were allocated to a provider.
- 3. Residential Aged Care (RAC): The aged and frail requiring more care than could be delivered in a home setting could receive subsidised care in a residential aged care facility. Typically care recipients were people with a high level of care from a medical perspective, or those significantly impacted by dementia.

Reflecting the wishes of the public, government policy is being redirected to provide care recipients with active involvement in their care. This shift in focus supports individuals to remain in their homes longer, which is achieved through the following:

- 1. From 1 July 2015 HACC transitioned to the new service called the Commonwealth Home Support Program (CHSP). This program has seen an improvement in referral pathways via the My Aged Care portal. The program is also supported by a wellness approach in the delivery of services. The stream of services on offer include support with daily living, meals, transport and modification services.
- 2. From 1 July 2015 Home Care is provided through the Home Care Packages (HCP) program on a consumer-directed care (CDC) basis. This model allows the care recipient, rather than a provider to control the support and services provided. There are 4 levels (funding) of packages available (Level 1, Level 2, Level 3 and Level 4). These new packages are allocated direct to the care recipient.
- 3. An increase in the relative number of HCP's as against residential aged care places. The Government manages this through a supply management ratio. The below graph depicts how the ratio of home care packages to residential care places has changed in recent years.

Increase in target provision ratios, 2004-2022



The underlying principles for the future provision of services to older Australians are:

- 1. A culture of respect for consumers
- 2. Support for consumers to exercise choice and independence
- 3. Respect for consumer's privacy⁵.

⁴ CHSP and HCP will merge from 1 July 2020 to create a single system for in home support services for older Australians

⁵ Consumer outcome

Aged Care landscape



From a financial perspective, changes to Government policy are directed to ensuring the system is financially sustainable as demand for services increases due to the ageing population. The government has developed three policy responses to this:

- 1. Reweighting service provision to home care as this is less costly on a per-service basis.
- 2. Pursuing policies that encourage consolidation of providers within the sector, that includes:
 - a. Moving from a system of managed supply to one of managed demand by allocating entitlement to consumers rather than service providers
 - b. Tightening the funding of services
 - c. Increasing compliance requirements
- 3. Increasing recipient contribution through means testing entitlement to government subsidies for care and accommodation.

In the context of the above influences and policies, the operational challenges associated with residential aged care facilities are increasing, as are the risks related to compliance and governance.

The number of approved providers declined by 10% between 2012 (1054) and 2016 (949)⁶. Many commentators suggest that further consolidation within the sector is inevitable.

Snowy Monaro Regional Council (SMRC) is a rural and remote service provider. The Government recognises the specific challenges faced by providers such as SMRC which were considered in a report published by the Aged Care Financing Authority in 2016.

The key findings in this report were:

- Providers operating in rural and remote areas, generally have higher cost pressures and lower financial results
- The impacts of greater geographical isolation affect a number of areas, including:
 - workforce cost to engage and retain staff
 - ♦ travel and freight
 - access to allied health professionals
 - limited internet coverage in some areas, and
 - limited catchment areas resulting in smaller scale facilities/services.
- In residential aged care, during 2014-15 in comparison to other providers, rural and remote providers:
 - received less Commonwealth funding per resident per annum (prpa) from Aged Care Funding Instrument (ACFI) subsidies
 - have significantly higher expenses, particularly labour costs
 - benefit from receipt of the viability supplement
 - receive lower average Refundable Accommodation Deposits (RAD) (\$131,284 lower), and
 - ♦ Have lower overall financial results
- Operating EBITDA⁷, excluding non-operating income, was negative \$2,004 prpa⁸ compared with positive \$8,840 prpa in non-rural and remote areas
- Generally, results are lower the more remote the facility and the smaller the facility
- Results are generally lower for State
 Government Providers who have higher costs, particularly wages.

⁶ Aged Care Financing Authority (ACFI) Annual Report 2017

⁷ Earnings Before Interest, Tax, Depreciation and Amortisation

⁸ Per Resident Per Annum

Aged Care landscape

Table 59 shows that State Government providers are decreasing as a percentage of all providers of residential aged care.

TABLE 5

	20	13	20	16	Chan	ge %
	Gov	Other	Gov	Total	Gov	Total
Providers	109	1034	99	972	-9%	-6%
Services	276	2720	248	2681	-10%	-1%

In June 2018 the Department of Health announced that the next Aged Care Approvals Round (ACAR) would open on 2 July 2018 and close six weeks later on 10 August 2018. The ACAR will give priority to regional, rural and remote areas including \$60,000,000 of capital grants.

Aged care recipient's families and carers

Social isolation is recognised as contributing to a negative health outcome. For the aged and frail this isolation can occur when people are living alone or when they are forced to live in a residential setting outside of their community. For example, residents of Jindabyne who require residential aged care, currently access that care from Berridale, Cooma or further afield. This removes them from support networks and may increase isolation due to the travel required by their family and friends to visit them.

For those receiving home care, isolation can arise from their inability to move outside of their homes; this is particularly relevant to those living outside of the built-up areas.

The benefit of resident care and support being catered for within their local community includes:

- Maintaining connections with family and friends
- Retaining social networks, e.g. clubs, churches etc
- Access to local primary health service providers including General Practitioner, Chemist, Allied Health professionals for continuity of care
- Care staff employed locally share many common experiences and the same community as residents
- Aged care is a fast-growing employment sector and can contribute positively to the local economy.

The best health outcomes for those in care and those in the community is that each village/hub has access to appropriate care in the home and in a residential setting.

Adequate care requires infrastructure and care workers. The Commonwealth Government is developing an Aged Care Workforce Strategy to address the shortage of care workers; this is a particular challenge for communities like the Snowy Monaro region.

⁹ ACFA annual reports 2014 & 2017

Supply and demand



Supply and demand of residential aged care

As the Commonwealth Government is the main funder of residential aged care services, the availability of support reflects the level of funded places. The Department of Health prioritises regions based on its forecast of the number of people in the area over 70 when determining funding for both home and residential care. Typically, the Department uses SA3 data to determine supply ratios.

Table 6 shows the Department forecast population and its planning ratio for the provision of residential aged care places (78 places per 1,000) for the region up until 2027¹⁰.

Table 7 contains Pride Living's estimate of the planning ratio for residential aged care places based on the 2016 census. The actual population of those over 70 in 2016, was significantly less than previously forecast by the Department of Health. While the Commonwealth Government supply ratio indicates the likelihood of the Department of Health allocating places to a provider in a region, it can also act as a surrogate measure of demand.

In researching this report, we were provided feedback on the occupancy of the facilities in the region. By industry standards, except for one facility, all facilities operate at high occupancy. This suggests that the target supply ratio is a reasonable estimate of local demand for residential aged care services in the region.

At an aggregate level, the regions current supply of 179 places suggests it is 23 places below the supply target and therefore marginally undersupplied.

Based on current supply ratios, unless more places are created the expected undersupply will grow to 113 places by 2027.

As the region has a number of distinct population centres, we analysed the population at the Statistical Area 2 level (SA2). At this level there are four population centres in the region:

- 1. Cooma
- 2. Bombala
- 3. Jindabyne and Berridale
- 4. Cooma region

For the purpose of our analysis, we combined the Cooma and Cooma region.

TABLE 6 Department forecasts based on the 2011 Census

Department forecasts	2017	2018	2019	2020	2021	2022	2027
Planning Ratio	242	254	266	277	286	296	350
70+ Population	3106	3262	3405	3545	3673	3800	4470
80+ Population	1475	1558	1629	1702	1788	1874	1906

TABLE 7 Forecasts based on 2016 Census

Based on 2016 census	2017	2018	2019	2020	2021	2022	2027
Total Population	า						
70+ Population	2590	2685	2785	2888	2996	3108	3744
80+ Population	960	987	1015	1043	1073	1103	1148
Places based on supply ratio	202	209	217	225	234	242	292

¹⁰ 2011 forecasts based on Deptartment of Health 2016 forecasts by Pride Living

Supply and demand

Table 8 shows the supply ratio, the operational places and the gap in the period 2017 – 2027 for each of the three SA2 regions.

Bombala

There is an apparent oversupply of 24 places which will reduce to 17 in 2027. When we contacted the operators in this region, they advised they experience strong occupancy. Anecdotally we expect the strong occupancy may indicate reduced access to home care which would require residents to opt for residential care at an earlier stage than would otherwise be appropriate.

Cooma and Cooma region

Based on the target supply ratio there is an apparent need for an additional 17 places in Cooma, with this need growing to 42 by 2027. Anecdotally this was confirmed in the public meetings. According to the March 2017 report of the Australian Aged Care Quality Agency, Sir William Hudson Memorial Centre had occupancy of 93% and a constant waiting list for places in Yallambee Lodge.

Jindabyne and Berridale

As with Cooma, there is an apparent need of 29 places with this forecast to grow to 48 by 2027. While the supply ratio and community sentiment suggest there is a current need for a residential aged care facility in Jindabyne, our enquiry of the Aged Care Assessment Team was unable to confirm this.

TABLE 8

IADEL 0							
	2017	2018	2019	2020	2021	2022	2027
Bombala							
Supply ratio	29	30	31	31	32	32	36
Current places	53	53	53	53	53	53	53
Supply gap	- 24	- 23	- 22	- 22	- 21	- 21	- 17
Cooma							
Cooma	89	92	95	98	102	105	123
Cooma region	40	43	45	48	50	53	71
Supply ratio	129	135	140	146	152	158	194
Current places	112	112	112	112	112	112	112
Supply gap	17	23	28	34	40	46	82
Jindabyne - I	Berrida	ile					
Supply ratio	43	45	46	48	50	52	62
Current places	14	14	14	14	14	14	14
Supply gap	29	31	32	34	36	38	48

Special needs groups

In addition to the general supply/demand balance, there may be special need groups that should be focussed on when assessing the demand for residential aged care places. Tables 11 through 14 show the relative need for places under the Commonwealth Government's special needs categories of:

- 1. Culturally and Linguistically Diverse (CALD)
- 2. Social/financial disadvantage SEIFA
- 3. Veterans
- Aboriginal and Torres Strait Islander ATSI.

Supply and demand



TABLE 911

2016 Census	П	2	m	4	2	9	7	∞	6
Language	German	Italian	Arabic	Dutch	Greek	Czech	Russian	Finnish	Croatian
% of	3.4%	1.6%	0.4%	0.4%	0.3%	0.3%	0.2%	0.2%	0.2%

TABLE 10

2011	Decile 1 Decile	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Eden – South Coast (SA3)	0.00%	%00:0	47.80%	0.00%	%00.0	16.78%	35.42%	0.00%	0.00%	%00.0
New South Wales	10.44%	11.67%	9.25%	8.78%	11.74%	9.12%	%60'.	7.72%	9.28%	14.90%

FABLE 11

LGA 12	Total Veterans (30 June 2017)	Rank in NSW
Snowy Monaro Regional Council (LGA)	153	66/129

The relative ranking of veteran needs does not suggest a potential unmet need for residential care suitable for veterans.

FABLE 12

Rank in NSW	77/129
ATSI over 50 (2016 Census)	92
SA3	Snowy Monaro Regional Council (LGA)

manage challenging behaviours associated with dementia. Individuals requiring these services tend to be referred to Canberra, We consulted the regional Aged Care Assessment Team (ACAT) and were advised there is a lack of facilities with the ability to The relative ranking does not suggest a potential unmet need for residential care services suitable for ATSI people. Queanbeyan and the South Coast.

view has been confirmed in the information provided in the 2018 ACAR which lists Cooma and Jindabyne in the highest priority On the basis of the above data, the case for increased facilities in Cooma and a new facility in Jindabyne is compelling. This category for allocation of places.

¹¹ ABS 2016 12 Department of Veterans Affairs 2017 13 ABS 2016

Overview of existing facilities

Overview of existing facilities within the local government area

There are six residential aged care services¹⁴ in the region. Map 1 shows the Snowy Monaro Region divided into its SA2 regions¹⁵ of:

- Cooma
- Jindabyne Berridale, and
- Bombala

The red stars are the facilities owned by Council. The blue pentagons represent the facilities owned by other providers.

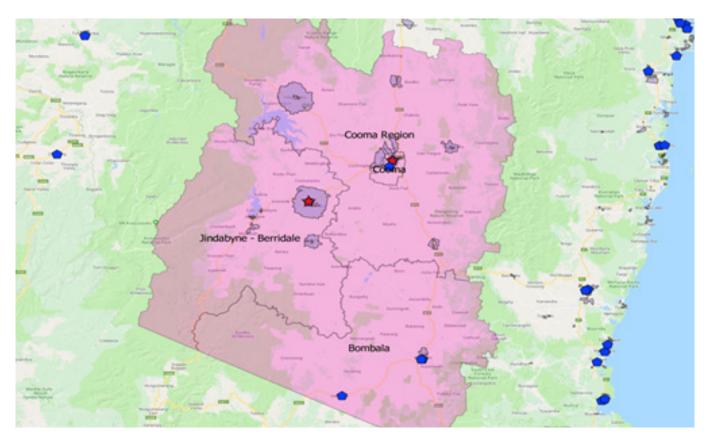
Of the major population centres in the region, only Jindabyne does not have direct access to residential aged care services.

The Modified Monash Model (MMM) is a geographical classification system, using up-to-date population data, which the Government uses to address the maldistribution of medical services across Australia better. In relation to residential aged care, the model is used to classify regions for the purpose of prioritisation of allocation of places (ACAR), and for the payment of the viability supplement¹⁶.

Each of the SA2's are classified as follows:

- Cooma MMM 4
- Jindabyne Berridale MMM 5
- Bombala MMM 5

Regions are classified on a scale of 1 -7. A higher number indicates higher remoteness.



- 14 Includes two multipurpose facilities
- 15 SA2 & SA3 regions are used by the ABS for analysis purposes
- 16 Additional supplement payable to recognise costs associated with scale and remoteness

Overview of existing facilities

TABLE 13

ownership.

Table 13 contains a summary of the facilities within the Snowy Mountains 17 SA3 represented in Map 1 by location, size and

Facilities by location, size and ownership Service name	Suburb	No. Beds	Provider name	Ownership
Delegate multipurpose service	DELEGATE	10	Southern NSW Local Health District	State Government
Southern Cross Currawarna Apartments	BOMBALA	33	Southern Cross Care (NSW & ACT)	Religious
Snowy River Hostel	BERRIDALE	14	Snowy Monaro Regional Council	Local Government
Yallambee Lodge	COOMA	40	Snowy Monaro Regional Council	Local Government
Sir William Hudson Memorial Centre	COOMA	72	Sir William Hudson Memorial Centre Ltd	Community based
Bombala multi-purpose service	BOMBALA	10	Southern NSW Local Health District	State Government

Table 14 provides a summary of key features of these facilities.

TABLE 14

Key Features	Sir William Hudson	Yallambee Lodge	Snowy River Hostel	Currawarna Aged Care (Bombala)	Delegate MPS	Bombala MPS
Challenging behaviours	No	No	No	No	No	No
Respite	2 places	2 places	1 place	1 place	N/A	N/A
Current/ recent financial performance	Loss	Loss	Loss	N/A	N/A	N/A
Occupancy	Advised facility runs below 90% occupancy	Advised facility Operates at 97% Operates at 97% uns below 90% occupancy occupancy occupancy	Operates at 97% occupancy	Not Available	Advised facility runs at 95%+ occupancy	Advised facility runs at 95%+ occupancy

Yallambee Lodge



Facility overview

Constructed in 199518, Yallambee Lodge is a purpose-built facility with a total of 40 residential care places distributed over five (5) cottages that can each accommodate up to eight (8) residents.

Consisting initially of three (3) cottages designed for residents with a low level of acuity. A further two cottages were built in 2004 and 2007 designed to better meet the needs of residents with a higher level of acuity and to accommodate ageing in place¹⁹. Each cottage is self-contained with dining, lounge, kitchen and laundry facilities.

The cottages are linked by a covered and partially enclosed walkway to a central administration, kitchen, dining and entertainment area referred to as the 'core'. Residents dine in the central area at lunch and some (approx. 12) for dinner, and all other meals are served in the cottages.

Security consists of perimeter fencing and a keypad at the main entrance to prevent dementia residents from leaving the premises. Walkways have timer night lighting and buildings are locked by staff in the evenings. At night, staff are based at the core and attend to residents in pairs where possible.

The buildings are in relatively good condition for their age, and recent renovations include vinyl flooring in rooms. Some vinyl flooring needs to be replaced due to buckling from the underfloor heating.

The original cottages have narrow doorways and bathrooms which are difficult to negotiate if lifting/transfer equipment is required and this limits the ability to provide ageing in place or to be adapted for high care residents.

In line with Commonwealth Government policy, the facility will need to meet the needs of residents with much higher care needs in future. An adjacent service station was purchased some years ago with the plan to expand facilities to meet future need.

The resident profile of the facility is skewed towards residents with lower care needs. This is reflected in the care subsidies received by the facility. It may also reflect the lack of facilities designed for high need dementia residents or the relative availibility/access to home care services throughout the region.

¹⁸ Refer Appendix B for further history

^{19 &}quot;Ageing in Place" An organisation that can continue to meet the needs of a resident who transitions from low care to high care

Snowy River Hostel



Facility overview

Snowy River Hostel is a purpose-built facility with a total of 14 residential aged care places inclusive of 1 respite bed.

It opened in 1993 with 10 rooms, with a further 4 added later. The facility is designed for residents with a lower level of acuity²⁰. The 4 newer rooms can accommodate ageing in place²¹. The facility has dining, lounge, on-site kitchen and laundry facilities.

The building is in relatively good condition for its age. Of concern, the internal courtyard and garden area have uneven surfaces; the courtyard structure could benefit from an upgrade to reduce the risk of falls. Residents enjoy a raised moveable garden where they tend to seasonal fruit and vegetables. The domestic kitchen is limited in its function due to the layout and use of domestic appliances. A kitchen upgrade will provide residents the opportunity to eat the produce they have cultivated through having access to a vegetable sink and chlorine bath to sanitize produce in accordance with Standard 3.2.2 Food Safety Practices and General Requirements.

The original rooms have narrow doorways and bathrooms which are difficult to negotiate if lifting/ transfer equipment is required; this limits the ability to provide ageing in place. Carpet flooring throughout the facility would benefit from an upgrade to vinyl to improve health and hygiene while also reducing the risk of falls. Modification to the laundry room through removing a cupboard and replacing this with a new commercial dryer will create efficiencies and assist to streamline laundry services. This improvement as well as an upgrade to ventilation will provide an area to hang resident laundry inside, supporting resident choice in how their garments are handled. This would be useful to residents in colder months where hanging laundry outside is not possible.

The facility does not currently provide care to any residents with challenging behaviours such as wandering. The current environment would not be suitable for a resident with challenging behaviours.

20 Refer to Appendix C for further history

21 "Ageing in Place" An organisation that can continue to meet the needs of a resident who transitions from low care to high care

Increased accommodation supplement

Increased accommodation supplement

While the general state of both facilities is adequate to meet the current needs of residents, both facilities require refurbishment in order to enhance services and meet the future needs of residents with a higher level of acuity.

The Commonwealth Government offers additional recurrent funding (higher accommodation supplement) to organisations who upgrade resident facilities. To qualify for this funding, facilities must undertake a "significant refurbishment". To meet the criteria for funding, total expenditure on significant refurbishment must be \$10,000 per residential place.

TABLE 16

Details of the financial impact and suggested capital works to access this additional funding	Yallambee Lodge	Snowy River Hostel
Required capital expenditure	\$400,000	\$140,000
Supported ratio	39.47%	36.47%
Supported residents to meet the 40% threshold	16 (15)	6 (4)
Marginal accommodation supplement at 40%	\$168,742pa	\$78,740pa
Payback period	2.4 yrs.	1.8 yrs.
Suggested capital expenditure	Renovation of bathrooms and doorways to accommodate manual handling.	Renovation of bathrooms and doorways to accommodate manual handling.
	New vinyl flooring where needed.	Upgrade to the internal courtyard.
	Video and electronic	New vinyl flooring where needed.
	monitoring security system.	Upgrades to kitchen and laundry.
		Video and electronic monitoring security system.

Subject to qualifying criteria, lump sum accommodation deposits (RAD) can be used to meet the cost of these capital works.

Addressing the future need

Addressing the future residential aged care needs of the region

The analysis of current and forecast population against the Government supply management ratio for residential aged care facilities is strongly suggestive that the region is and will continue to be undersupplied unless new capacity is added.

Table 25 provides a summary of current access to residential facilities by population centre and the forecast 10-year supply gap.

TABLE 17

	Berridale	Jindabyne	Bombala/ Delegate	Cooma
Current access to residential aged care services	Yes	No	Yes	Yes
Current capacity	14	Nil	53	112
Current supply ratio	14	29	29	129
Current capacity sufficient for future need (10 yr.)	Yes	No	Yes	No
10 yr. capacity gap		48	-17	82
Facilities suitable for high care residents	Limited	N/A		Requires (8-10 places)
Dementia specific	No	No	No	No

Operating small-scale facilities presents unique financial and operational challenges. In recognition of this, the Commonwealth Government provides a viability supplement to facilities which meet certain location, size and resident profiles. Due to the recommended size and location of the facilities, these supplements provide marginal financial benefit to the existing and proposed services.

Jindabyne and Berridale are in the same SA2; for the purpose of assessing future need we have attributed the supply ratio gap for the SA2 to Jindabyne. Local demand over the next decade may indicate it is appropriate to reallocate some of the forecast supply gaps between Jindabyne and Berridale.

While service models are constantly changing, the "house model" under which Yallambee Lodge operates typically comprises 8 places in each unit. This model is suited to smaller scale operations.

As the supply ratio for Bombala and Delegate suggests an oversupply, we have made no findings in relation to additional supply for these centres.

Addressing the future need

Commonwealth Government data suggests it typically takes 4 years from obtaining a grant of places in an ACAR to complete and commission a new facility. The time for an extension tends to be significantly shorter than this.

In relation to this potential gap in supply we make the following observations:

- The supply management ratio is not a predictor of demand; it is a model to which the Commonwealth Government commits funding. Based on the current policy settings Government is not funding the system to meet the demand for Home Care. Should access to Home Care increase, this may reduce the demand for residential aged care services.
- For most Australians, residential aged care is only affordable where the Commonwealth Government is the primary funder of care. Should Commonwealth Government continue to restrict care funding, then this will require residents to contribute more to the cost of residential aged care, which may have an effect on overall demand for residential aged care into the future.

- 3. The shift in emphasis from residential aged care to home care is having an impact on the demand for facility-based services. As this policy shift is recent, its impact cannot be fully measured. There is the potential that increased access to home care may impact overall demand for residential aged care.
- 4. Anecdotally the trend in residential aged care, is for residents to enter later and stay for a shorter period. Length of stay is a driver of occupancy and capacity. Should the length of stay continue to decline, it has the potential to reduce the aggregate requirement for places.

Our recommendation is for fewer places than are indicatively required in the next decade; this reflects the reliance on grant funding and the need for appropriate scale. With appropriate design, it will be possible to add further capacity during this period if demand warrants this approach.

Key considerations

Key considerations affecting the sustainability of residential aged care services in the region

While sustainability can convey many meanings, in the context of residential aged care, there are six central elements:

- Right size facilities to maintain financial viability
 - a. At 40 places and under an appropriate operating model Yallambee Lodge is viable in the short and medium term. It has the capacity to expand on the site of the service station. Flexible design to be able to cater for dementia if needed (self-contained wing) is an option.
 - b. As a stand-alone facility, Snowy River Hostel is unlikely to be financially viable. It will not be able to meet the needs of the community long term as it cannot support 24/7 RN coverage with only 14 beds. For these reasons, it is not suitable as a dementia-specific service.
 - c. A facility of 40 places in Jindabyne run under an appropriate operating model can be viable in the short and medium term.
 - d. Operating the three facilities, Yallambee Lodge, Snowy River Hostel and Jindabyne as separate campuses of an integrated regional Approved Provider allows the facilities to access some of the benefits of scale.
- 2. Access to sufficient appropriately trained staff

The Commonwealth Government initiatives on work force issues supports the need for access to appropriately skilled and experienced aged care staff is consistent. Operating the facilities on an integrated basis maximises utilisation of skilled staff and enhances the sustainability of all services.

3. Continued compliance with the regulatory framework

The aged care sector is highly regulated. Failure to meet accreditation standards can result in a facility being sanctioned. If this occurs, then the community is denied access to care, and the financial repercussions on the approved provider are severe.

4. An effective management framework

The gap between the current performance of the facilities and that forecast by us demonstrates the need for experienced management to ensure ongoing financial viability and compliance. If Council intends to continue running the facilities, ongoing aged care specific management capability should be engaged to supplement the current oversight functions performed by Council.

5. Appropriate governance framework

Under the Single Quality Framework that will be introduced in July 2019, all Approved Providers will be required to demonstrate they have an appropriate governance framework. This raises two questions for Council:

- a. Does the Section 355 structure provide an appropriate mechanism to create a governance structure over the facilities operated by Council?
- b. Is there another ownership structure that will provide a more effective governance structure?
- 6. Continued community support

Irrespective of ownership, facilities require the support of their local communities. It is clear from the consultation process undertaken in this review that community has certain expectations of Council. While these do not require Council to operate the facilities, they do anticipate that Council will provide leadership as to the ownership of facilities in the region.

Key considerations

Options for Council with respect to current operations

Council is a significant player in the provision of residential aged care services to the community. We have identified four options available to Council in relation to this involvement:

	STAY: add no new capacity to existing facilities	GROW: add sufficient new capacity to existing facilities to meet forecast localised supply shortfall (Cooma and Berridale)	EXPAND: facilities and capacity to cater for the needs of all communities within the region	GO: exit direct provision of care
Rationale	The direct provision of residential aged care is not a central business to Council. Council's involvement in the provision of aged care is a legacy issue. Council should therefore not increase its involvement in this service.	Within the context of its existing involvement Council has responsibility for the direct provision of services and should develop a plan to see the current facilities continue to meet local community needs.	As a dominant service provider in the region, Council is appropriately placed to increase its scale in residential aged care. Sustainability is enhanced by increasing scale to meet future demand. An operator of increased scale will be more viable than independent operators.	It's not central business for the Council. Skills and expertise beyond those available to Council are required to provide services and manage operational risks. Enhanced consumer outcomes are achievable by organisations specialising in the provision of care services.
	As with other community services, it is appropriate for Council to subsidise any deficit from existing operations.	As with other community services, it is appropriate for Council to subsidise any deficit from existing operations.	Look to achieve an efficient scale.	There are more appropriate ways for Council to subsidise community services.
Implications	Community need may remain unmet.	Growth requires capital funding.	Growth requires capital funding.	Can Council guarantee that alternative providers will provide the expanded capacity required in the region?
	How to address the current viability.	Attracting additional human resources.	Attracting additional human resources.	Are there appropriate alternative service providers?
		viability.	additional real estate.	

Key considerations

STAY: add no new capacity to existing facilities	GROW: add sufficient new capacity to existing facilities to meet forecast localised supply shortfall (Cooma and Berridale)	EXPAND: facilities and capacity to cater for the needs in all communities within the region	GO: exit direct provision of care
Develop and implement a revised operational model.	Develop and implement a revised operational model.	Develop and implement a revised operational model on existing facilities.	Implement appropriate operational changes prior to transferring ownership to appropriate alternative service provider.
Create an appropriate governance framework to provide oversight in accordance with the Aged Care Act 1997.	Create an appropriate governance framework to provide oversight in accordance with the <i>Aged Care Act 1997</i> .		Consider exit options: 1. Sale 2. Lease 3. Management
Undertake significant refurbishment.	Undertake significant refurbishment.	Create an appropriate governance framework to provide oversight in accordance with the Aged Care Act 1997.	Engage appropriate consultants to execute exit options.
Develop and implement a capital upgrade program.	Develop and implement a capital upgrade program.	Undertake significant refurbishment.	
Develop and implement a revised management model.	Develop and implement a revised management model.	Develop and implement a facility development program and a capital upgrade program.	
Consider engaging with external providers to identify the opportunity in Jindabyne.	Apply for places in the 2018 ACAR and capital grants.	Develop and implement a revised management model.	
As appropriate support any efforts to establish a facility in Jindabyne.	Consider engaging with external providers to identify the opportunity in Jindabyne.	Apply for places in the 2018 ACAR and capital grants.	
		Secure land in Jindabyne.	

Overarching framework

In our expert opinion, our preferred recommendation on how future need for residential aged care in the region should be addressed has been based on a number of factors.

As evidenced by the community engagement in the survey and public meetings, residential aged care facilities, however owned and operated, are seen as community assets. This means the broader community is a key stakeholder in the provision of residential aged care services in the Snowy Monaro region. To be successful, any initiatives must not only address operational issues they must also be responsive to and consistent with the expressed wishes of the community.

In developing our recommendations, we have particularly responded to the following feedback from the community:

- 1. The community is not well served in the area of Dementia specific facilities for residents with high care needs
- 2. The community's main expectation of Council is to ensure the adequate provision and quality of residential aged care services to the community
- 3. While heavily invested in the issue, the community understanding of the challenges and complexity in aged care is limited
- 4. There is particularly strong support in the Jindabyne community for a facility in Jindabyne
- 5. The community satisfaction with the Council operated facilities is higher than the general satisfaction with facilities in the region
- 6. The community sees the need as present and pressing.

In addition to the community views, our review has identified the following key issues:

- 1. The facilities currently owned by Council are operating in a financially non-viable manner
- 2. The operational staff could benefit from mentoring from experienced leaders in the sector
- 3. The facilities require some upgrades to bring them to current expected standards
- 4. Resourcing constraints could be alleviated by adopting contemporary operating models
- 5. There are a number of operational changes that if successfully implemented would enhance viability and resident outcomes.

Overarching organisational structure and framework

Council has a whole of regional perspective. At a regional level, there is a significant need for residential aged care (currently circa 200 places and forecast to grow to circa 300 by 2027). In aggregate this represents a significant, viable and sustainable activity. However, at the individual operating unit level, all providers struggle to achieve viability and to remain sustainable. At present there is no effective competition between providers for residents and resources. However, competition for scarce resources between providers is likely to increase if capacity is expanded unless this is accompanied by an effective workforce strategy.

This increased competition poses four key risks to stakeholders:

- 1. Limited availability of qualified care staff increases the risk of non-compliance
- 2. Non-compliance places immediate financial pressure on providers
- 3. Non-compliance potentially denies those in need of care access to that care in the short term
- 4. In combination, the above factors, threaten the viability and sustainability of all operators.

Preferred option

Preferred option: EXPAND

current policy settings and the general state of the Aged Care Sector, we recommend Council adopt an expand approach in relation to its involvement in the provision of residential aged care in the Snowy Monaro region. We suggest reviewing this approach as per After considering the current operations, the community feedback, forecast demand, the ownership of facilities in the region, recommendation 11, prior to the commencement of construction of the new facility in Jindabyne.

	Recommendation	Rationale	Impact
П	Develop an ongoing communication and marketing plan for aged care in the region and specifically for Councils participation therein.	If Council accepts the recommendations, they will take time to produce results, e.g. The ACAR announcement is 10 months away. Communication will ensure the community is working with rather than against Council.	Community engagement and support.
7	Promote and facilitate the amalgamation of current and future individual services in the region into the least number of operators possible.	Maximises efficiency of scale, removes competition, leverages resources, and enhances the collective viability.	Council takes a civic leadership position to maximise the sustainability of aged care services.
ന	Apply for 16 places in the upcoming ACAR to extend Yallambee Lodge with the addition of a dementia specific wing of 8 places and a general wing of 8 places.	The places are needed and can only be obtained via an ACAR.	Provide services for those with challenging behaviour currently unavailable to improve access and equity for residents.
4	Apply for up to 40 places for a new facility in Jindabyne.	Council as the currently approved provider is in the best position to be successful with an application, and the places are needed.	Improves access and equity for residents in Jindabyne.
2	Apply for appropriate capital grants in relation to recommendations 3 and 4.	The Commonwealth Government is prioritising rural and regional centres, and the region meets the criteria for grants.	Creates economic stimulus to the region.
9	Implement the operational and capital recommendations for existing and new facilities.	There are opportunities to enhance outcomes for Council, employees and residents and they are self-funding. They will demonstrate Council's commitment to aged care access and quality, a stated expectation of the community.	Improving financial sustainability creates economic activity.

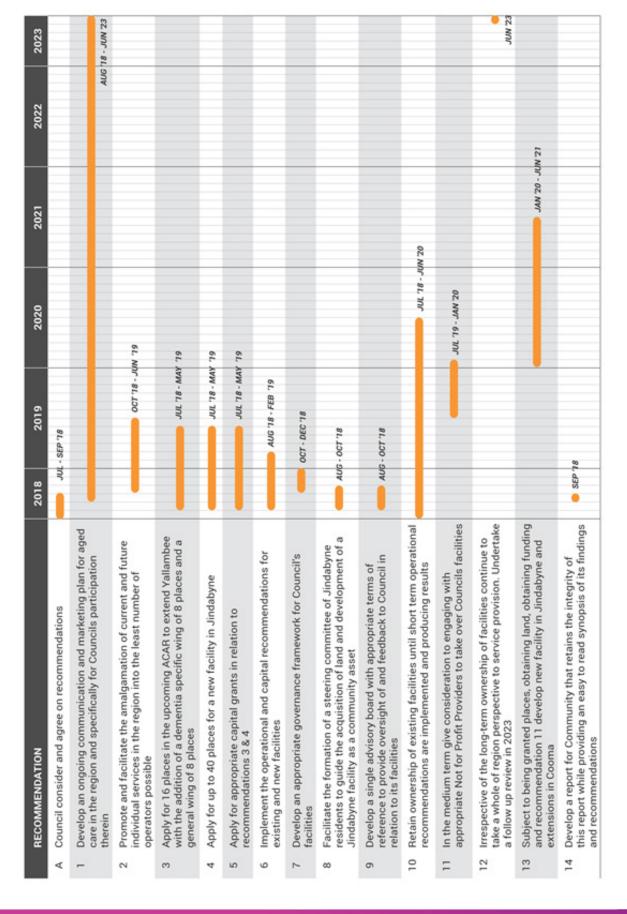
Preferred option

	Recommendation	Rationale	Impact
7	Develop an appropriate governance framework and standardise operational processes for Council's facilities.	To ensure compliance with Council's obligations under the <i>Aged Care Act 1997</i> .	Provides civic leadership.
∞	Facilitate the formation of a steering committee of Jindabyne residents to guide the acquisition of land and development of a Jindabyne facility as a community asset.	Directly responds to the expressed community view and will facilitate the raising of funds in addition to any grant. Ensures the facility becomes a community asset.	Promotes civic leadership; engages the community in consultation and decision making.
6	Develop a single advisory board with appropriate terms of reference to provide oversight of and feedback to Council in relation to its facilities.	The role of an advisory board is distinct from management. In particular, it provides a community voice and ensures the facilities are responsive to community needs.	Promotes civic leadership; engages the community in consultation and decision making.
10	Retain ownership of existing facilities until short-term operational recommendations are implemented and producing results.	Recommendations are necessary either from a governance or viability perspective and should be commenced immediately.	Addresses the current viability and operational risk issues associated with Councils facilities. Addresses Council sustainability issues.
11	In the medium term give consideration to engaging with appropriate Not for Profit providers to take over Councils facilities.	Notwithstanding there is much that can be done to improve quality, access and viability, it may be that the community would be better served in having an organisation whose central business is aged care operate the facilities.	Ensure long-term sustainability and access for the community.
12	Irrespective of the long-term ownership of facilities continue to take a whole of region perspective to service provision. Undertake a follow-up review in 2023.	The current review has highlighted significant opportunities to enhance the provision of services to the whole community. Council is the only party with a whole of community view. Undertaking a further review in 5 years will assist service providers to meet community expectations.	Fulfils community expectation of Councils role in the provision of aged care services to the community.
13	Subject to being granted places, obtain land, grant funding, apply consideration to Recommendation 11 when looking to develop a new facility in Jindabyne and extensions in Cooma.	While it is appropriate for Council to apply for the additional places, a decision on whether to construct the places should be taken only once the long-term future ownership of the facilities is resolved.	\$20M economic activity associated with capital works. Ongoing employment for 76 full-time equivalent positions. Boosts direct regional economic activity by \$10,000,000 pa. Creates training opportunities.
14	Develop a report for Community that retains the integrity of this report while providing an easy to read synopsis of its findings and recommendations.	The information contained in this report is not designed for consumers of residential aged care services. A synopsis report can be a valuable communication tool that responds to the community interest expressed in this review.	A consumer-friendly report is more appropriate to the public and consistent with the findings from our community consultations and survey.

Implementation timeframe

If Council accepts the above recommendations, we recommend the following time frame for implementation.

mplementation timeframe



Appendices



Appendix A

Appendix A: Communication plan and copy of communication piece

This document provides an overview of the framework underpinning community consultation to be undertaken by Pride Living as part of the review regarding the future provision of residential aged care services in the Snowy Monaro region. The background and processes set out herein will be used in the face to face community consultations to be conducted by Pride Living, the feedback provided by the community will be taken into account in our final recommendations and our report to Council.

Snowy Monaro Regional Council (SMRC) is committed to community engagement as it believes this improves its decision-making processes for corporate planning, service provision and major projects. Council also recognises its obligations under the *Local Government Act 1993* as they pertain to participation, consultation and engagement.

Council has identified the following values that underpin its approach and commitment to community engagement:

 Council acknowledges its community's desire to participate in decisions that affect them and will provide a means for incorporating their values, interests, needs and desires into the decisions that affect their lives.

- Council believes it can be a more efficient, responsive and successful organisation if we seek the community's input on plans, strategies and projects.
- 3. Council believes effective community engagement facilitates understanding and improves decisions.
- Community engagement activities will be based on values including trust, inclusion, respect, commitment, flexibility and mutual understanding.

Pride Living supports community engagement because aged care assets (residential facilities, day respite centres and home care services) are essential "community assets". These services achieve the best outcomes for their communities when community views inform their activities and direction.

The community consultation aspect of this review is based on the values and processes recommended by the International Association of Public Participation (IAP2). IAP2 recognises five approaches to community consultation. In this instance, we are adopting the **Organisation Implementation Model** where the organisation both leads and acts.



Appendix A

Scope

Snowy Monaro Regional Council (SMRC) has initiated a review of the provision of residential aged care services in the Local Government Area (LGA) and engaged Pride Living to provide it with an independent report on:

- The need for services within the LGA
- · An assessment of the current facilities and recommendations for improvement
- Our expert opinion on the most appropriate means of ensuring that the community has access to appropriate aged care services and, that those services meet their obligations under the Aged Care Act 1997 in a sustainable way.

The purpose of the community consultation process is twofold:

- 1. To inform the community about the review, and
- 2. To engage and seek input from the community that will shape the review and its recommendations
- 3. Community engagement strategy

The community engagement strategy encompasses the following activities:

Initiative	Purpose	Date	Outcome
Pride Living and Council meetings with staff and residents/resident representatives of	To inform these stakeholders of the context of the review and to hear.	Four (4) meetings week commencing 21 March 2018.	One attendee at the Yallambee Lodge meeting asked if the terms of reference were available, SMRC to respond.
Yallambee Lodge and Snowy River Hostel			Representatives at the Yallambee Lodge meeting suggested they felt places were required and that more staff were needed.
			Some staff expressed the view that more staffing was needed.
Press releases	To inform the community of the review and how they can be involved.	Week commencing 25 March 2018 and ongoing until community consultation is complete.	Ongoing.
Online survey refer to attached questions	To provide the broader community with the opportunity to provide feedback on specific matters relevant to the review.	Participation period.	Feedback obtained captured in final report.
Written survey available at community sites	The physical version of the online survey for those who chose not to or do not have access to the electronic capability.	Participation period the same as for the online survey.	Feedback obtained captured in final report.
Community Meetings	To provide interested community members with the opportunity to provide input, opinion and feedback in a public and interactive forum.	Cooma, Bombala, Berridale and Jindabyne 9 & 10 May 2018.	Feedback obtained captured in final report.



MEDIA RELEASE

COUNCIL COMMENCES RESIDENTIAL AGED CARE REVIEW

Snowy Monaro Regional Council is undertaking a review into Residential Aged Care across the Local Government Area (LGA) and will be calling on the community to provide feedback on the rapidly-evolving sector.

The review will support and inform Council's commitment to the adequate provision of quality Residential Aged Care for Snowy Monaro residents. It will also provide Council with a factual assessment of the long-term demand for places throughout the region.

The sustainability and viability of Council's existing Residential Aged Care facilities, infrastructure and operational requirements will also be examined.

The community will be invited to provide feedback regarding their experiences and understanding of Residential Aged Care in the LGA. Community consultation will occur in April 2018 through a survey on Council's Your Say website.

Surveys will also be available in hardcopy at all Council offices, Cooma and Bombala Libraries, Yallambee Lodge and Snowy River Hostel. Surveys will be available from Wednesday 11 April, 2018.

Face to face community consultations will take place through information sessions to be held in early May. Locations and times will be made available closer to the time.

"The review will allow Council to increase its understanding and knowledge of the Residential Aged Care sector and to help inform the future needs of Council's operations," Snowy Monaro Regional Council Mayor, John Rooney, said.

For further information regarding this media release, please contact Council's Communications Officer, Nathan Thompson, on 6455 1941. To read more about Snowy Monaro Regional Council's latest news, please view our website https://www.snowymonaro.nsw.gov.au or follow Council's Facebook page.

Appendix B

Appendix B: A brief history of Yallambee Lodge

Yallambee Lodge was officially opened on 11 November 1995 by the member for Eden-Monaro Mr Jim Snow M.P.

The land on which the facility stands was acquired for \$38,000 from Snowy Mountains Authority and the original project budget was \$1,600,000. Cooma-Monaro Shire Council had supported the concept of hostel style accommodation in Cooma from 1988. A grant in the order of \$660,000 was obtained from the Federal Government. The community supported the project, donating over \$244,000 from a range of fundraising events.

The steering committee of Doug Price, Bill Rushton, Heather Jacoby, Rob Simms, Dort Tynan and Ken Silich coordinated the planning, design, construction and preparation of Yallambee Lodge. Together with Dr Bob Englebrecht, Geoff Harris and Greg Smith they formed the first management committee. Local builder, David Holgate constructed the original facility (24 beds).

This photo was taken at the formal opening ceremony at Yallambee Lodge 11 November 1995.



Appendix C

Appendix C: A brief history of Snowy River Hostel

Snowy River Hostel (SRH) was built in response to growing community need for residential aged care throughout the former Snowy River Shire and Cooma-Monaro Shires. Following on from a feasibility study into the needs of the region, it was decided that Cooma-Monaro Shire would explore the option of building its own hostel type accommodation. On this determination, the project turned its focus to the needs of Snowy River Shire residents.

The former Snowy River Shire, the Berry Trust and a project working group came together from 1988 to coordinate fundraising efforts for the development of SRH. The Berridale Aged Hostel Appeal was launched in 1990 with the aim of fundraising \$200,000 that was to be matched by Council through grant funding under the \$2.00 for \$1.00 model. An amount of \$380,000 was obtained committed by the Commonwealth of Australia, Department of Community Services and Health.

Land to support the development of Snowy River Hostel was sold to Council by Mr Pascoe and Mr Woodhouse at a discount. Offering land at a discount, was to support Council in its efforts to respond to community need through the building and development of an aged care facility.

The initial scope was to build a 10 + 1 (staff) bed facility in order to 'provide for the continuing independent lifestyle of our aged, while ensuring that that their quality of life is maintained'. This did occur with an extension resulting in an additional 4 beds in 2006.

In 1993 SRH was officially opened and commenced servicing the needs of its residents. The below photo was taken at the formal opening of the new wing at Snowy River Hostel.



Glossary

ACAR	Aged Care Approval Rounds
ACAT	Aged Care Assessment Team
ACFI	Aged Care Funding Instrument
ACSA	Aged and Community Services Australia
ADL	Activities of Daily Living
ATSI	Aboriginal and Torres Strait Islander
ВЕН	Behaviour
CALD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
CHC	Complex Health Care
CHSP	Commonwealth Home Support Program
СТ	Community Transport
EBITDA	Earnings before interest taxes, depreciation, amortization
EN	Enrolled Nurse
FTEs	Full Time Equivalent (s)
HACC	Home and Community Care
НСР	Home Care packages
LASA	Leading Age Services Australia
LGA	Local Government Area
MTCF	Means Tested Care Fee
NFP	Not for Profit
P/FN	Per Fortnight
RAC	Residential Aged Care
RAD	Refundable Accommodation Deposit
RN	Registered Nurse
SA2 SA3	SA2 and SA3 regions are used by the bureau of statistics for analysis purposes
SCC	Southern Cross Care
SEIFA	Socio-Economic Indexes for Areas
SMRC	Snowy Monaro Regional Council