

## **Proposed Organisational Change**

### **Closure of Ballarat Health Service Eastern View Community Care Unit (CCU)**

Response to proposal from the Health and Community Services Union (HACSU)
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#### **Background:**

##### **Industrial Instrument:**

1. Victorian Public Health Services Enterprise Agreement 2012-2016 and 2016-2020 (the Agreement), Clause 25 Introduction of Major Change and Clause 18 Consultation requires notification of change to unions and staff affected, including the impact on staff.
2. The agreement does not require HACSU to be under any obligation to timelines set by BHS for consultation. This response is following a reasonable period in which HACSU sort to understand the proposed changes and consult with our members as to its impacts.

##### **Notification:**

3. Ballarat Health Services (BHS) advised HACSU and staff effected by the proposed closure on 6 March 2017, providing an Organisational Change Proposal Impact Statement.
4. BHS advise that they wish to close the CCU and redeploy about 25 existing staff to a community support team with no job losses. BHS propose to freeze admissions to the current 6 residents and to effectively close the CCU by September 2017.
5. Since the release of the change impact statement, BHS and the State Government of Victoria have announced the closure, the creation of a community team, a new 12 bed PARC service operational in about 2019 and the use of the land converted to a Alcohol and Other Drug Service.

##### **Issues: Comments to Change Impact Statement:**

6. HACSU advised BHS that the union was responding to their proposal and advised we would not be complying with their timelines, however BHS and the State Government announced the changes as occurring. This decision places HACSU in dispute with BHS.
7. HACSU members informed HACSU that the consultation of the staff affected provided no opportunity to influence the decision maker. Members noted that BHS merely announced what was to happen, did not take into account alternatives suggested, such as not closing or re-investing/enhancing the model or of making more decentralised smaller models. Consultation also excluded the functions, structure and relatable positions of the community support teams being proposed as a replacement or the processes to be undertaken to provide training or redeployment. Consultation means a genuine opportunity to influence the decision maker. It is not merely an announcement as to what is about to happen and

includes the timely provision of all relevant information to affected employees and Union over the duration of the consultation. This has not been a feature of the consultation processes offered by BHS and inconsistent with State Government announcements during consultation.

8. HACSU members also noted that consultation sessions have often not followed the schedule, are often impromptu visits only consulting with staff on duty and records of these sessions are inconsistent with the recollection of members at these meetings and exclude alternatives put forward or questions asked and responses provided.
9. BHS under impact of change said this proposal will not result in job losses. This is not at all clear from the impact statement. BHS has not provided HACSU with the current EFT, positions and funds attached to the current CCU nor has BHS provided HACSU information about where the EFT, positions and funds will go. BHS has talked about transferring staff to a community based service, although HACSU understands this is only for 10 staff leaving about 15 without a position.
10. HACSU members have no idea what is being offered in the new community team, what redeployment opportunities there are and even if they will have a commensurate job at the end of this process. **HACSU requires current EFT, staff numbers, positions and allocated funds for current CCU and same for any new proposed services. HACSU also requires BHS to provide the model of care for any new service.**
11. BHS has not informed HACSU or staff affected about the process of recruitment to any new service. HACSU requires where staff are suitably qualified, that they are matched to positions. HACSU would not accept a spill of positions. **HACSU requires BHS to identify the process.**
12. HACSU does not understand why CCUs are provided in regional centres across Victoria, except now not in Ballarat. The State Government of Victoria funds 7 CCUs in regional centres from Ballarat to Wodonga, Beechworth to Bendigo, and Traralgon to Warrnambool providing 80 beds. This proposed change will **cut beds by 20 a 25% reduction in mental health services in regional and rural Victoria.** This means less services and further travel by rural and regional Victorians. As HACSU has been advised that the CCU is being closed down due to under capacity use, **HACSU requires an analysis of referrals over the past 3 years, including how many referrals were refused and why?** HACSU disputes BHS assertion that CCU services are not needed or outdated models.
13. BHS under the change rationale said a Service Plan was conducted. HACSU nor our members have seen or been involved in this Service Plan. **HACSU requires a copy of the Service Plan and any information that the Service Plan relies upon.**
14. BHS under change rationale said a Service Plan conducted determined the Ballarat CCU no longer provides a service that responds to contemporary consumer needs, evidenced as BHS said as indicated by the steady decline in occupancy. HACSU members through consultation noted the steady decline in occupancy has been deliberate over the past 5 years, in that the then BHS Director of Mental Health and the BHS Consultant Psychiatrist did not agree with the model of care and rejected or dissuaded referrals. BHS did not maintain therapeutic positions at the CCU, resulting in a reduced capacity and a requirement that referral agents must have their own arrangements in place for admission. HACSU members also noted to HACSU officials the dreadful condition of the buildings and surrounds, and again suggests an ongoing neglect and degradation of the service.
15. HACSU members in non -government community mental health services in Ballarat confirm they also had been advised over many years by BHS not to refer. They noted how they found the criteria to meet

application unrealistic, such as providing their own therapy teams, with comments that the goal posts moved and got higher on each referral. In the end, they stopped referring.

16. HACSU noted that even with all this neglect and discouragement, the Ballarat CCU now has 12 residents.
17. BHS under change rationale said research demonstrates that people recover faster from mental illness when they can access treatment in the community. BHS has not referenced which research they are quoting and in what context. Of course any service is better where people live but it also has to be designed for needs. CCUs are described by Vic Health (2015) as *...Community care units provide medium to long-term accommodation, clinical care and rehabilitation services for people with a serious mental illness and psychosocial disability. Located in residential areas, they provide a 'home like' environment where people can learn or re-learn everyday skills necessary for successful community living. While it is envisaged that people will move through these units to other community residential options, some consumers require this level of support and supervision for a number of years.* BHS has not offered how residents presenting with these needs are to be supported when the CCU closes.
18. HACSU does not understand how BHS sees CCUs as incompatible with the recovery of people seriously affected by mental illness unable to live in other community residential options; to live in therapeutic accommodation, some requiring this level of support and supervision for a number of years. HACSU fears that people with mental illness in the Grampians region when they need longer term therapeutic accommodation support will find themselves in more restrictive services such as SECU or AAU or homeless.
19. The State Government has announced funding for the development of a 12 bed **Prevention and Recovery Care (PARC)**. **PARCs are described by Vic Health (2015) as ...sub-acute mental health services operating in community settings. PARC services treat people experiencing a severe and acute mental health episode, providing a mix of clinical and psychosocial support. They are short-term, residential treatment services with a recovery focus. PARC services supplement crisis intervention in Victoria and community-based ambulatory clinical care, with the aim of enabling better overall access to mental health services and stronger continuum of care for consumers. The PARC services seek to provide an average length of stay between seven and 14 days, with a maximum stay of 28 days. This exception to this is the Extended PARC service where the expected stay is up to six months.** BHS has not provided any plan for how the promised PARC will offer the longer term therapeutic accommodation services required. Is BHS planning to convert some or all the beds in the promised PARC to CCU beds?
20. HACSU noted that the PARC may not be operating until 2019 or 2020, giving little reassurance to the current residents or others people with these needs in the Grampians Region. HACSU fears that this will inevitably result in placing residents in over restrictive service options like SECU, overcrowding in dilapidated SRSs creating institutions by neglect or homelessness. None of these outcomes support any recovery.
21. BHS under change rationale said this proposal (to close the CCU) is a transition to a contemporary model of care which will enable delivery of additional evidence based, modern and effective mental health services for current and future consumer needs. What this means in regard to actual services and models of care is not explained. It is also not explained why these principles cannot be applied to enhancing the services at Eastern View.
22. BHS under anticipated benefits of the change stated that in the contemporary environment, the current location, facilities and model of care do not provide people with the best possible chance of recovery. Being involved in contemporary, evidence-based and flexible community based care will

provide a better opportunity for consumers to maintain their existing relationship, education and employment. Then why not invest and enhance the model at Eastern View. A PARC will not offer anymore, community based programmes will not offer accommodation for people who can't keep it.

23. The above statement is silent on the suitability of the site for AOD services, given its proximity to the Hemsley Park Retirement Village, the Eureka Aquatic Centre and the Eureka Stockade Holiday Park.

### **Conclusion**

24. HACSU members and HACSU cannot see this as anything more than a cynical land grab to support a new Alcohol and Other Drug Service (AOD) which is much needed but could be established without losing the CCU.
25. The proposed changes result in the loss of 20 beds in mental health services and the loss of 10 EFT in mental health jobs.
26. Ballarat is the only regional centre to lose their CCU and the only regional centre not provided with funding to purchase new land for AOD services. HACSU asks, why are the people of the Grampians Region being cheated out of mental health services?
27. As a change proposal, HACSU expects the status quo (Eastern View CCU to remain in full operation) pending provision of more information. Proceeding to the proposed change places HACSU in dispute with BHS.
28. HACSU reserves our members and our rights in regards to the Victorian Public Health Services Enterprise Agreement 2016-2020.



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