



Organisational Change Proposal

IMPACT STATEMENT

Directorate:	<i>Acute Operations</i>
Department:	<i>Eastern View Community Care Unit (CCU)</i>
Manager(s) Responsible:	<i>Brendan Thomas</i>
Executive Sponsor:	<i>Ben Kelly</i>
Change Manager:	<i>Anne Doherty / Megan Ali</i>
Change Issue:	<i>Closure of Eastern View Community Care Unit and transition to Enhanced Community-Based Recovery Model of Care.</i>
Affected Employee(s):	<i>All staff – Eastern View Community Care Unit</i>
Date:	<i>March 6, 2017</i>

1.0 Purpose:

The purpose of this document is to provide a detailed account of the proposed changes relating to the closure of the Eastern View Community Care Unit and to outline the anticipated impact the change process will have on affected employees. In addition, this document will outline the proposed investment in, and transition to, an Enhanced Community Recovery Model. This document will provide the framework for discussion and consultation with all affected employees and their representatives prior to the introduction of the necessary changes.

2.0 Change Rationale:

Ballarat Health Services is working closely with mental health staff and stakeholders to plan and deliver evidence-based, modern and effective mental health services for contemporary and future needs.

The Service Plan conducted has identified that the Eastern View Community Care Unit no longer provides a service that responds to contemporary consumer needs, as indicated by the steady decline in occupancy. In addition, the building design of the Eastern View Community Care Unit does not meet current requirements for modern mental health care.

Research demonstrates that people recover faster from mental illness when they can access treatment in the community. Community-based care also provides people the opportunity to have continuing access to existing social, family, vocational and education relationships and infrastructure; another key feature of a recovery-based model.

This proposal involves realignment of financial resources from the declining Eastern View Community Care Unit to an Enhanced Community Recovery Model. A transition to this contemporary model of care will enable delivery of additional evidence-based, modern and effective mental health services for current and future consumer needs. Development of a range of alternative community-based, evidence-based recovery models-of-care is anticipated.

Importantly, the transition to an Enhanced Community Recovery Model will enable the delivery of services to an increased number of consumers from across the region. This realignment of service delivery will also progress the planning and development of important models-of-care, for example, a Prevention and Recovery Care (PARC) service.

There are no funding or job losses anticipated as a result of these proposed changes. We will be consulting with staff on the proposed changes and the models-of-care across our mental health services. The proposed closure of the Eastern View Community Care Unit, subject to consultation, would occur at the end of 2017.

3.0 Anticipated Benefits

The Eastern View Community Care Unit belongs to an outdated mode of treatment and does not offer consumers the best pathway to recovery. The Eastern View Community Care Unit originated in the early 1990s as part of the deinstitutionalisation process; initially set up to provide short-to-medium term (6-18 months) rehabilitation treatment. 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 relationships, education and employment.

Community-based care provides families with better access to care than is possible with the existing Community Care Unit. For some families in the Grampians region, the Community Care Unit is more than two hours from home, making access and visitation difficult. A flexible, community-based model has the ability to reach more people. The Community Care Unit can currently accommodate a maximum of 20 consumers. An Enhanced Community-based Recovery Model of Care would provide recovery care for up to 60 Grampians region residents.

Development of the Enhanced Community-Based Recovery and Prevention and Recovery Care models present an exciting opportunity to strengthen Ballarat Health Services' partnerships across housing, non-government mental health service providers, primary health care providers and others. It is anticipated that Ballarat Health Services will develop memorandums of understanding with local Mental Health Community Support Services across the Grampians region. These partnerships will provide a range of accommodation and flexible treatment services not currently available.

Transition to an Enhanced Community-based Recovery Model of Care will enable provision of services for the whole region that reflect contemporary community needs and wants. The persistent decline in occupancy within the Community Care Unit, averaging only 53% occupancy rate over the past five years, is a tangible indicator of the community's lack of support for this model of care.

The existing Eastern View staff will have access to increased vocational opportunities and be able to utilise their specialised psychosocial rehabilitation skills to deliver intensive home-based treatment.

4.0 Impact of Change:

The Department of Health and Human Services has confirmed there would be no reduction in funding resulting from the transition from the Eastern View Community Care Unit to the Enhanced Community-Based Recovery model of care.

The proposed changes would not result in job losses. Areas of impact on existing Eastern View Community Care Unit staff may include among other things:

- classification levels / position description / reporting lines
- organisation of work duties
- hours of work / remuneration
- retraining / reskilling
- transfer to a different work location
- introduction of new technology
- redeployment
- loss of opportunities for jobs / promotions / tenure

Mitigation measures may include among other things:

- redeployment
- retraining
- salary maintenance
- job sharing
- maintenance of accruals

5.0 Implementation Plan:

In the lead up to the closure, Ballarat Health Services would work with any remaining clients to ensure that they have suitable accommodation and continue to receive mental health services in the community. Ballarat Health Services will also be looking at establishing a range of other, more contemporary residential mental health services as part of a broader plan to deliver modern and effective services for the community.

The plan below outlines the management of affected employees at Eastern View Community Care Unit. This plan will be implemented in accordance with industry custom and practice as it relates to organisational change.

5.1 Consultation

Ballarat Health Services will work through the implications of the proposed change with staff and affected clients. All staff will be engaged in the development of the model of care and be re-deployed across current Ballarat Health Services mental health programs. All existing Eastern View Community Care Unit staff will be involved in model development, for both the Enhanced Community-Based Recovery service and the Prevention and Recovery Care service. The union has been notified of the intention to transition to an Enhanced Community-Based Recovery Model and will be consulted in accordance with the Consultation Plan.

Ballarat Health Services will provide an environment of information sharing and feedback with all affected parties throughout the change process. The consultation process will be supported by the appointment of a senior member of staff to act as the nominated 'Change Manager' for the project.

The responsibilities of the Change Manager will include assisting managers in ensuring that full consultation with affected employees and their unions takes place. The initial activities facilitated by the Change Manager will include:

- distributing copies of the Impact Statement to all affected employees, and to the relevant union/s and representatives.

- ensuring that all affected employees are counselled with respect to the arrangements, terms and conditions of the organisational change process
- being a contact point for all affected employees and their representatives with queries or concerns in relation to the change process and their rights and entitlements
- facilitating the establishment and maintenance of a representative (management-staff-union/representative) consultation/implementation committee.

Key steps and timeframes to guide the consultation will include:

- **Step 1 Change Impact Statement**

Distributing copies of the Change Impact Statement to all affected employees, and to the relevant union/s and representatives.

- **Step 2 Written response from employees, unions and other representatives**

Following receipt of the change impact statement, affected employees and/or the union and/or other nominated representatives may respond in writing to any matter arising from the proposed change.

Timeframe – (6 weeks from step 1)

- **Step 3 Consultation meeting/s convened**

Convening formal consultation meeting(s) with affected employees, unions, and other nominated representatives to discuss the proposed change; proposals to mitigate or avert the impact of the proposed change; and any matter identified in the written response from the affected employees and / or unions and/or other nominated representatives

Timeframe – (1- 6 weeks from Step 2)

- **Step 4 Further Change Proposals**

BHS will give prompt and genuine consideration to matters arising from consultation and will provide a written response to the employees, unions and other nominated representatives where such action is indicated

Timeframe – (after the conclusion of Step 3)

- **Step 5 Alternative proposals from employees, unions, other representatives**

Affected employees and their, unions and/or other nominated representatives may submit alternative proposal(s) which will take into account the intended objective and benefits of the proposal.

Timeframe – (1- 6 weeks from conclusion of Step 2)

- **Step 6 Outcome of consultation**

BHS will give prompt and genuine consideration to matters arising from consultation, including any alternative proposal, and will advise the affected employees, unions and other nominated representatives in writing of the outcome of consultation including but not limited to:

- whether BHS intends to proceed with the change proposal;
- any amendment to the change proposal arising from consultation;
- details of any measures to mitigate or avert the effect of the changes on affected employees
- summarising how matters that have been raised by employees, unions and nominated representatives, (including any alternative proposal), have been taken into account

Timeframe – (1-2 weeks from conclusion of Step 5)

5.2 Communication

A variety of strategies (staff meetings, personal interviews, bulletins, memos, briefing sessions), will be employed through the change implementation process to ensure that all affected employees are kept up to date with developments, and have regular opportunities to provide input and receive feedback.

5.3 Redeployment

Every effort will be made to redeploy all affected employees to suitable alternatives roles within BHS.

- Priority will be given to identifying substantive positions under like conditions (employment classification, hours of work, rate of pay, work location).
- Affected employee shall be subject to a 13 week redeployment period. Consultation regarding the intended

change will occur before the commencement of the formal 13 week redeployment period.

- Employees will be advised in writing of the date of which they enter the reemployment process and the projected date on which this redeployment period expires.
- Suitable work vacancies arising within the Directorate may be set aside as 'redeployment roles' and offered in the first instance to the affected employee(s).
- Affected employees will be supported and encouraged to apply for any suitable internal vacancies which occur across BHS in other directorates.
- In the event that a suitable permanent redeployment option is not immediately available for an affected employee he/she will be transferred by agreement to suitable temporary alternative duties within BHS. Such temporary duties shall be consistent with the employee's skills and experience and shall, wherever practicable, be within the same directorate.
- The redeployment period will be for a maximum of 13 weeks

5.4 Retraining

Support may be provided in the form of training or re-skilling in circumstances where it is considered that an affected employee's opportunity for redeployment to a suitable position would be significantly increased by undertaking such training. However, retraining shall only be provided to the extent that it would normally be provided to any new employee in that position.

5.5 Income Maintenance

In the event that an affected employee is redeployed to a position of lower classification or grade and which attracts a lower income than the substantive position previously held, he/she shall be entitled to income maintenance in accordance with the provisions of the relevant Enterprise Agreement.

5.6 Redundancy

Ballarat Health Services is confident that under most circumstances the redeployment process outlined above will accommodate the needs of all affected staff, and as such there will rarely be a necessity to introduce voluntary and/or targeted separation packages.

Calculation of entitlements shall be in line with Victorian Government policy for Voluntary Redundancy Packages and Targeted Separation Packages as at the time of termination.

Given the significant nature of the change being introduced from time to time (roles, responsibilities, work location, hours of work), circumstances may however arise where individual employees wish to explore options with respect to possible redundancy and departure from the Service.


Expressions of interest in relation to redundancy options will be dealt with on a case by case basis with decisions being made on the basis of the relative merits and circumstances of each case. Discretion in relation to the decision to action expressions of interest lodged by affected employees will rest with the employer.

6.0 Dispute Resolution

- 6.1** Any dispute or grievance arising in relation to the change process shall be referred to the nominated Change Manager for review in the first instance,
- 6.2** As soon as practicable after a dispute or grievance referred to in clause 6.1, has arisen, the Change Manager shall schedule a special dispute resolution meeting involving appropriate representatives of the parties at which matter/s in dispute can be discussed fully and openly,
- 6.3** Any agreement reached as a result of the discussions referred to in clause 6.2, shall be final and binding on the parties concerned and shall be documented to the satisfaction of the parties.
- 6.4** Where a dispute or grievance remains unresolved after the meeting/s referred to in clause 6.2, and the parties agree that a resolution cannot be made at this level, the matter shall be referred to more senior levels of BHS management.
- 6.5** Any agreement reached between the parties through the process described in clause 6.4, shall be final and binding on the parties and documented to the satisfaction of the parties.
- 6.6** The above steps shall be completed within fourteen (14) days unless otherwise agreed by the parties.
- 6.7** Where a dispute or grievance remains unresolved after the processes referred to in clauses 6.1 to 6.6, any party may refer the matter to the Fair Work Commission for resolution.
- 6.8** Without any prejudice to any party to the dispute or grievance, work shall continue as prior to the dispute or grievance being notified without disruption while the matter/s in dispute are dealt with in accordance with the processes outlined above.
- 6.9** Notwithstanding the internal dispute process described above, Ballarat Health Services acknowledges that disputes of a collective character concerning more than one Employee may be dealt with

more expeditiously by an early reference to the Tribunal in circumstances where a genuine attempt to resolve the dispute has occurred at the workplace

Health and safety matters are exempt from this process.

 12.11.2019.

Mark Thornett
Operations Director
Mental Health Service



Ballarat **Health** Services
Putting your health first

Organisational Change Proposal

Amendment to impact statement of March 6th 2017

This is to be read in conjunction with the March 2017 change impact statement

Directorate:	<i>Acute Operations</i>
Department:	<i>Community Care Unit (CCU)</i>
Manager(s) Responsible:	<i>Brendan Thomas</i>
Executive Sponsor:	<i>Ben Kelly</i>
Change Manager:	Mark Thornett
Change Issue:	Closure of Community Care Unit and transition to Prevention and Recovery Care (PARC) and Intensive Community-Based Recovery Model of Care.
Affected Employee(s):	All staff – Community Care Unit
Date:	12 November 2019

Purpose:

The purpose of this document is to provide information detailing the transition plan relating to the closure of the Community Care Unit and the opening of the PARC. In addition the Intensive Outreach Community Recovery Model, currently operating out of the CCU at Diosma House, will be expanded. This document will provide the framework for discussion and consultation with all affected employees and their representatives prior to the introduction of the necessary changes.

Transition plan to move to PARC and Intensive Outreach Team:

There will be monthly meetings with CCU NUM, Manager, Grampians and Aged, Operations Director and affected staff and industrial representatives regarding the change process. Agreed action minutes will be circulated.

Referral of clients to the CCU will be closed three months prior to the opening date of the PARC. Clients remaining at the CCU will transition across to the PARC.

Staff employed in the current CCU facility will be offered via expression of interest the ability to work in the Intensive Outreach team or alternatively the PARC unit. This expression of interest will be circulated via e-recruit in February 2020.

Every effort will be made to redeploy all affected employees to suitable alternatives roles within BHS.

Following the expression of interest there will be an interview process in place according to BHS recruiting guidelines.

Staffing profiles: PARC

- PARC Nurse Unit Manager - 1 FTE RPN 5
- RPN 3 - 3 FTE, Early and Late 7 days a week
- RPN3 – 1 FTE Night shift (7 days)
- PSEN 3 FTE Early and Late 7 days a week
- Consultant Psychiatrist – 0.3 FTE

Roles of Clinical staff

The roles of clinical will include, but not be limited to the following:

*provide the intensive clinical intervention and treatment required to improve the consumer's symptom control through the clinical treatment component of the program

- provide risk assessment, supervision and monitoring of consumer safety and wellbeing
- provide timely, intensive bio-psycho-social intervention and support that:
 - maximises the resilience and protective factors that could avert or resolve a crisis, prevent illness relapse and promote recovery
 - minimises the vulnerability and risk factors that can contribute to crisis escalation, illness relapse or prevent a return to a suitable living environment.
- provide individual treatment, support and practical assistance with activities of daily life, fostering independent living and social skills and enabling a return to the consumer's usual residence

- enhance and/or promote links with natural supports, primary care providers, PDRSS, community sector agencies (for example, drug and alcohol services, community health, housing/accommodation services) that can be sustained on discharge

Mental Health Clinical staffing

AM shift - 0700 - 1530 - ANUM, PSEN (2 staff)

PM shift - 1330 - 2200 - ANUM, PSEN (2 staff)

Night Shift – 2100 – 0730 ANUM (1 staff)

See attached proposed roster

MHCSS staffing

Rehabilitation and support worker will be determined as part of the tender process, the staffing support will be based on a rotating roster including nights.

Roles of Mental Health Community Support Staff (MHCSS)

The MHCSS staff will facilitate the psychosocial group program
In addition they will work with the clinical staff to enhance and/or promote links with natural supports, primary care providers, MHCSS, community sector agencies (for example, drug and alcohol services, community health, housing/accommodation services) that can be sustained on discharge

PARC MODEL OF CARE OVERVIEW

The program and facility are designed to deliver an integrated service comprising a 28 day program and an extended 6 month program. It is expected that the programs will function seamlessly together with shared activities, routines and an integrated staff team. Some people will stay up to four weeks before moving back to their own homes to continue their recovery and some whose needs are more complex will need an extended period of treatment support at the PARC.

28 DAY PROGRAM

This program will be an option for the people whose mental illness, risks and clinical acuity can be safely managed in a community setting and do not require the more intensive level of observation and treatment that would be more appropriate for the acute inpatient setting. As such the person with mental illness will have greater opportunity to remain active in the community and maintain their ability to continue with family, employment and/or other ongoing psychosocial activities.

Patients needing a short term stay at the PARC are likely to have acute needs. It is expected that the referral process will have a 24 hour turn around (excluding weekends) for the referral to be reviewed and decision made regarding entry to the program. Clients may access the program from the acute inpatient setting (step down), the Emergency Department or directly from home (step up).

Once the patient is accepted, transferred, oriented and settled into the program there will be a regular review process to ensure their treatment needs are being met and the multidisciplinary treatment team are working together with family and carers to ensure successful discharge and transition back home for ongoing recovery.

6 MONTH PROGRAM

The program model for this stream will be very similar to the short stay program but the needs for this group of people with mental illness will be more complex. This program will address the needs of people who would have previously admitted to the Community Care Unit. This may mean it takes longer not only to determine what the individual, their family and carers hope to achieve from the program but longer to achieve their recovery goals.

Again as with the 28 day program, it is important to recognise that not all the information will be known prior to entry to the program and continuation of the program will be reviewed regularly. Some of the lifestyle assessments may take some time and can be done either prior to or during their stay at the PARC.

Some examples of increased complexity may include such things as

- People whose clinical presentation
 - may require more diagnostic clarification
 - includes clinical symptoms which require longer term treatment monitoring and review but do not require this to be done in an inpatient setting
 - indicates that psycho-education for the individual, their carer and family or supports is critical and will take time
 - needs careful monitoring of the effects/compliance of medication
 - requires engagement in various types of psychological therapeutic interventions

- People whose functional impairment and social rehabilitation may require an extended period of time and require assistance with:
 - developing skills to live independently in the community, i.e. cooking, cleaning, hygiene and other activities of daily living
 - community access, knowing how to use public transport or how to locate services.

- budgeting/ financial management.
- developing and sustaining social interests.
- developing and sustaining social connectedness
- identifying and sourcing best options for accommodation and appropriate living arrangements should these be required

Intensive Outreach Team

Intensive Outreach Team Staffing

- RPN3 - 6 FTE – Early and late shifts 7 days a week
- PEN3 – 6 FTE – Early and late shifts 7 days a week

There will be 4 staff on a shift. Please see attached roster.

The team works with clients who have a significant mental illness that has had a large impact on their health and functioning. They have significant deficits and needs in their social, economical or physical well being. The team offers intensive community outreach support and treatment to assist them to work toward their goals and back to a level of functioning that is optimal for them. This will including working with consumers with or without family or carer support. Carer support may be stretched and be in jeopardy, or may have already, ceased due to the burden from mental ill health. They work collaboratively with other agencies including MHCSS, NDIS, housing and work providers

The roles of the team will include:

- Working directly with adults and their families to provide assessment and treatment services to those with the most severe and complex problems
- Working with our partners: engaged with the MHCSS, NDIS, housing, primary care services, private psychiatric services and work providers to develop a comprehensive plan to enable the consumer to maintain a life that they want in the community
- Maximise symptom stability, functional ability, optimise health and assist in recovery
- Provide a safe, sustainable and least restrictive alternative to bed based rehabilitation which is provided in the community where the consumer resides
- Link with partners who provide non clinical services that will support better outcomes

- Develop a comprehensive rehabilitation plan that considers the client in the context of treatment, housing, employment and community integration
- Demonstrate efficacy through the use of individual outcome measures – HONOS & LSP, satisfaction surveys and evaluations of whole of service performance and contact hour KPI's



12.11.2019.

Mark Thornett
Operations Director
Mental Health Service

PARC Master Roster

DATE	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	
Unit Manager RPN5	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&	&
Day																													
RPN3	A*	A	P	P	A	A	A	P	P	A	A	A	A	P	A	A	A	A	A	A	P	A	A	A	A				
RPN3	A	A			P	P	A	A			P	P	A	A			P	P	A	A			P	P	A	A			
RPN3	P	P	A	A			P	P	A	A			P	P	A	A			P	P	A	A	r			P	P	A	A
Day																													
Night																													
PEN3		P	P	A	A	A	A	P	P	A	A	r	P	P	A	A	A	A	A	P	P	A	A	A	A				
PEN3	A			P	P	A	A			P	P	A	A				P	P	A	A			P	P	A	A*			
PEN3	P	A	A			P	P	A	A			P	P	A	A			P	P	A	A		r		P	P	A	A	
Rehab & Support - To Be Determined in the Tender Process																													
RPN3	N		r	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
RPN3		N	N																										
HOLIDAYS																													

A= AM SHIFT 0700 - 1530 (8HRS)
 P= PM SHIFT 1330 - 2200 (8HRS)
 N = NIGHT SHIFT 2115 - 0745 (10 Hours)
 r = ACCRUED DAY OFF * = Management Day

WTS 12.11.2019

Mark Thornett
Operations Director
Mental Health Service

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