

**Rochester & Elmore District Health  
Service**

Enhanced Model of Aged Care for the  
Rochester District

28 February 2019

## 1 Introduction

Rochester and Elmore District Health Service is a small rural health service providing urgent care, primary care, aged care, minor surgery, and inpatient acute services for people living in the catchment of Rochester and Elmore and surrounds. Rochester and Elmore District Health Service is located within the Campaspe Primary Care Partnership and Murray Primary Health Network.

In 2018, Rochester and Elmore District Health Service commissioned Biruu.Health to complete an enhanced model of aged care for the Rochester district, including consideration of new models of service delivery and possible investment in new and enhanced facilities for older people.

### 1.1 About Rochester and Elmore District Health Service

Rochester and Elmore District Health Service provides a wide range of services, including:

Service unit	Services provided
Aged care services	<ul style="list-style-type: none"> <li>Rochester and District Hostel: 30 places, used by people ageing-in-place</li> <li>Rochester Nursing Home Annexe provides 30 places, 12 of which are in shared rooms</li> <li>Home support services for older people in Rochester, Lockington, Elmore and surrounds</li> <li>Social support group.</li> </ul>
Acute health services	<ul style="list-style-type: none"> <li>An acute unit with 10 beds including two Transition Care beds and a palliative suite with family facilities</li> <li>Planned admissions for people withdrawing from alcohol and/or cannabis</li> <li>Day surgery (about three sessions per month), staffed by Echuca Regional Health under a Service Level Agreement with Rochester and Elmore District Health Service</li> <li>An urgent care centre managed by the acute inpatient unit, with medical on-call support</li> <li>Ultrasound and x-ray services, available three days per week.</li> </ul>
Primary care	<ul style="list-style-type: none"> <li>An allied health team supporting all inpatients and residents; and providing home based and outreach care</li> <li>District Nursing Services: the catchment includes people living in Rochester, Elmore and Goornong, and people living to the north about half-way to Echuca, and to the east about half-way to Kyabram</li> <li>A domestic assistance service, which will eventually expand its catchments to reflect the District Nursing catchments</li> <li>Group sessions provided on site: fitness for older adults; strength and balance; supervised personal training; cardiac rehabilitation</li> <li>Services funded under the National Disability Insurance Scheme</li> <li>Drug and alcohol preventive services</li> <li>Health promotion services.</li> </ul>
Home-based care	<ul style="list-style-type: none"> <li>Home-based nursing and allied health services for older people, and for people receiving palliative or post-acute care in the community</li> <li>Hospital in the Home services for people referred by Bendigo Health</li> <li>Home care and personal care for older people and for people with disabilities</li> <li>Community-based Transition Care.</li> </ul>

### 1.2 This report

This document provides a summary of the report about aged care provided to Rochester and Elmore District Health Service. The report was based on:

- Analysis of publicly-available data about the demographics and health status of Rochester, Elmore and surrounding communities
- Analysis of activity-level data provided by Rochester and Elmore District Health Service and the Department of Health and Human Services
- Community consultations including meetings, listening-post discussions and a brief survey
- Consultation with key internal and external stakeholders
- A series of planning workshops including senior clinical and managerial staff of Rochester and Elmore District Health Service, Board Directors and representatives from the Victorian Department of Health and Human Services.

## 2 Community consultations about the aged care model

There was good engagement with community members in the consultation process. The community in Rochester is ageing, and some people are experiencing social isolation. Older community members told us that they would prefer to stay at home for as long as possible, and would seek services at home that help them to maintain their independence.

People also said they are concerned about community members' access to employment, and they feel that Rochester and Elmore District Health Service could continue to explore new avenues that provide employment options for local people. Most people said they had good access to health services, and were satisfied with the services they receive from Rochester and Elmore District Health Service and other local primary care providers.

### 2.1 What people told us about ageing and aged care in the area

People told us that several factors can contribute to older people's experiences of isolation and loneliness, including living alone in town, isolation on farms, and people coming to the area without family or networks. In general the community is ageing, and some people are experiencing social isolation. Without the social support services provided by Rochester and Elmore District Health Service and other providers, people may end up being referred to residential aged care sooner than would otherwise be preferable.

During the consultations, people said the following matters were important to them:

- Transport to help with accessing services across the area: while the local volunteer services are noted, there can be a waiting list for services from Echuca. It is costly to hire an accessible taxi, and hard to get access to accessible vehicles otherwise
- Access to information when it is needed and in the places where people go. For example, information via community newspaper (like *Locky News*)
- Assistance with using the MyAgedCare system to get information and to access services, also to navigate the home care system
- More gradations in stages of care: at home, independent living, respite, residential. Sometimes people are afraid of going to respite as they are entering an unknown world
- More staff in the residential services, so that staff have more time to spend with residents and their families
- Assistance to stay at home, including assistance with gardening and cleaning
- More meaningful activities for people in residential care, particularly activities that take them out into the community. Maybe school groups could help to integrate residents more into the community
- People in residential care like continuity; if possible they want to see the same staff over time
- More access to respite services including respite in the home: currently some people are going to Tongala, Echuca, Kyabram or further afield
- Breast care nursing in the community
- More training for volunteers and better roles for them
- Access to community facilities and a community advocate
- More health care services including a hydrotherapy pool, optometrist care, dental services and oral care.

### 2.2 Preferences for aged care models

In most cases, older community members told us that they would prefer to stay at home for as long as possible, and would seek services at home that help them to maintain their independence: medical care, showering and hygiene, home and garden services, shopping and transport were mentioned. People said they were keen to receive aged care at home.

During several of the meetings people expressed concern about the welfare of people living alone as they age, both in towns and on farms. People felt insecure and unsafe, and were concerned that they

and/or their friends and relatives in this situation risked being unable to find help if they were injured or ill. People also felt that more needed to be done for people living alone to make sure they retain social connections. While they were appreciative of the services provided, they mentioned that one of the features missing from the current system is time: they felt rushed through their home-based care, and several mentioned that they were rushed through shopping and other community-based activities.

Many people said they would appreciate the development of supported living units in Elmore and Rochester. It was noted that the existing units in Lockington (Waterwheel Apartments) and Rochester (Restdown Village) operate well. Waterwheel Apartments is in the process of expansion. In general people said they preferred that any new options should be close to health services in Rochester and Elmore, as medical and nursing attention would be more available if they needed it.

People need a sense of purpose, and the loss of independence and freedom can be traumatic. Any new service models need to address this.

## 2.3 Township and community issues

People said they are proud of their communities, and aware that they are attracting new residents. They said they are concerned about access to employment, and that they felt that Rochester and Elmore District Health Service, by establishing new models of care, could continue to provide employment options for local people. Some people mentioned township infrastructure that could contribute to people's independence including better footpaths and parking, and access to recreational facilities such as swimming pools.

When asked what is important to them, the first thing mentioned in most of the meetings was transport. People without access to private transport said the hardest thing to arrange was transport to local shops, appointments, social engagements and leisure activities, particularly for people who need accessible transport.

A number of people expressed a preference for remaining in their local community as they age. They were concerned about losing access to family and community networks if they had to leave town to receive services. At the Lockington and Elmore local meetings people said that they wanted to have new residential service options available to them in their own communities. If suitable residential services were not available, they would prefer to relocate to Rochester rather than to Echuca or Bendigo.

Several real estate agents attended the Café Reds session in Rochester. They said there were people looking for homes to rent or purchase in Rochester, but that very limited stock is available. This can mean that farmers seeking to move to town on retirement may need to delay their plans or pay high rents. The agents advised that people see Rochester as a good place to retire, given its access to health care and community activities. They would support the development of more retirement-living options.

## 2.4 Access to health services

Most people said they had good access to health services, and were satisfied with the services they receive from Rochester and Elmore District Health Service and other local primary care providers. At the Rochester meeting, where people were more familiar with the campus, people said they would like the facilities to be redeveloped to provide more space for residents and more space for primary care and group activities. People commented that we need to be planning and building now for the needs of the next two generations.

Several people mentioned they needed greater access to respite care at home for their loved ones, particularly they may need regularly scheduled short periods of respite. People may be fearful of attending respite in a residential facility, that this may represent the end of their independence.

## 3 Issues

Rochester and Elmore District Health Service has identified the following priority issues that it seeks to resolve, in partnership with health services and its catchment communities.

### 3.1 Population-driven demand

Currently Rochester and Elmore District Health Service is the only provider of aged care services in the catchment area (Rochester District and northern City of Greater Bendigo) with a total of 60 places. While the total number of people living in the Rochester, Elmore and Lockington townships and surrounds is not expected to significantly change, there is expected to be a net increase in people aged 65 years and older. By 2031 there is also expected to be an increase in lone person households and couple families without children, while couple families with children are expected to decrease.

### 3.2 Service gaps for older people

Older people living in the southern part of Campaspe Shire and the northern part of the City of Greater Bendigo have access to high-quality home-based care, residential care, and at least two village-style developments that provide modestly-priced independent living options for older people. Older people seeking access to aged care services are assessed by the Aged Care Assessment Service provided by Bendigo Health, and are allocated services as required. However, the number of providers of home-based aged care packages and of residential aged care is relatively limited, and older people can face lengthy waiting periods before resources become available to them. Older people are particularly vulnerable in times of crisis when their needs can rapidly change; and they need help to access community locations and activities.

Further, without the assistance they have been allocated, they can become very socially isolated. Many older people need help with transport, and may need help to access community locations and activities. They can find themselves living restricted lives at home without this support.

### 3.3 Facility requirements

The design and layout of Rochester and Elmore District Health Service residential aged care facilities is not consistent with contemporary expectations. The Australian Government prefers for older people to age-in-place, so that as their needs increase, people would not have to physically move from a hostel-style facility to one that is more suitable for them in order to receive higher-level care. It is expected that as people's needs change the care provider adjusts its services while the person stays in the same living quarters.

In the past, it was expected that older people would enter aged care services when they were relatively mobile and in good health but may need support for current needs and may expect their support needs to increase. Consequently, aged care providers constructed "hostel" accommodation for a cohort of residents who were relatively active and needed low-level care.

With the introduction of home-based care, people who may once have sought hostel-level services are now receiving those services at home. As a consequence, the people who now seek residential care tend as a group to be older, more frail and to have more medical and social support needs. They are more likely to be experiencing dementia and/or other conditions related to age, and are likely to live in an aged care service for much shorter periods of time than had been the case in the past.

### 3.4 Economic role of Rochester and Elmore District Health Service

This community has experienced several challenges during the past decade. Floods, droughts, and the reorganisation of the dairy industry have put the Rochester community under duress. Rochester and Elmore District Health Service is now the largest employer in the southern part of Campaspe Shire, and as well as having a responsibility to support the health and wellbeing of the community, it has an economic role that includes supporting and providing community infrastructure, including:

- Services that enable people to remain in their community: primary care, urgent care, inpatient care and aged services

- A continuum of services that supports people over time and in partnership with other community organisations
- Services funded by the National Disability Insurance Scheme for people with disabilities who seek to remain independent within the community
- Employment for local people who want to be engaged in delivery of health and wellbeing services
- Services that deliver known health benefits, including preventive care, health promotion, community connectedness and social support systems.

Rochester and Elmore District Health Service sees its role as supporting the local economy to work well, including by providing services as required, as well as advocating for the health and well-being of its communities.

## 3.5 Policy change

Rochester and Elmore District Health Service is a provider of residential aged care, Commonwealth Home Care Packages, personal care, social support and community-based nursing and allied health services for older people and people with disabilities.

### 3.5.1 Age care policy

The Australian Government made significant changes to the funding and policy environment for aged care during the period 2012 to 2014. This group of reforms, known as *Living Longer Living Better*, included:

- Additional support and care to help older people remain living at home
- Additional help for carers to have access to respite and other support
- Establishing a gateway to services to assist older Australians to find information and to navigate the aged care system
- Changes to means testing in home and residential aged care
- Changes to improve services for people with dementia
- Additional funding for the aged care workforce.

### 3.5.2 Services for people with disabilities

People younger than 65 who have physical, intellectual, sensory, and/or psychiatric disabilities are eligible to participate in the National Disability Insurance Scheme. Following assessment of their needs, resources are allocated to each individual to support an appropriate package of services that help them to reach their goals and aspirations and to increase their social and economic participation.

The National Disability Insurance Scheme aims to give its participants greater choice and control by enabling them to purchase services from approved providers of services including personal care, home services, employment and education support, information and advocacy services, and other services. Funding may also be available for Assistive Technology, Auslan interpretation, and carer supports.

## 4 Enhanced model of aged care

The enhanced model of aged care will be based on the following principles:

- To the extent possible, *services will be provided in people's homes or in community settings*. This includes continued delivery of residential and home-based care and partnerships with other service providers that respond to community needs and preferences
- Rochester and Elmore District Health Service will continue to provide *services that respond to identified community needs and preferences*. People want to remain at home and in their own community. If they are unable to remain at home, they want more accommodation and residential options than are currently available
- The service system will provide a *continuum of care* and support for people whose needs change over time. The configuration of the Rochester and District Hostel and the Rochester Nursing Home Annexe is no longer consistent with community expectations and government policy directions, and there is an identified demand for a service system that provides more stages on the care pathway.

### 4.1 Continuum of services

The proposed model of aged care for Rochester, Elmore and surrounding communities will include a continuum of services:

- Information, access and advocacy services for older people, available online and in community settings. People need support to access My Aged Care, and do not always know about other options that are not accessible through that site. It seems that some people delay their assessment by the Bendigo Health Aged Care Assessment Service, and could benefit from support to access early assessments and planning
- Community-based primary care and support services, provided by Rochester and Elmore District Health Service and/or its partners. The aim of these services is to maintain people's wellness and independence in the community, and to support social connectedness
- Home-based care, including home help, personal care, nursing and allied health services in response to people's need
- Independent or supported living accommodation, to provide an intermediate option for people who do not wish to live alone in the community but who do not need residential services
- Appropriately designed and furnished residential services for people whose needs may change and increase over time. A new facility would be designed to promote independence and to support residents to fulfil their goals; it would be designed in accordance with the dementia-friendly design guidelines published by the Department of Health and Human Services<sup>1</sup>, and provide up to 105 residential places, organised in small self-contained units for 15 people
- Access to responsive health services as needed.

Consistent with Australian Government policy directions, services will be person-centred and evidence-based. Some of these service types have eligibility requirements, but where possible there will be universal access to services.

Rochester and Elmore District Health Service will invest in and promote the delivery of health-promotion models for older people, supporting them to retain their independence and well-being in the community, as a first resort. This means working in partnership with locality-based organisations such as Lockington & District Bush Nursing Centre, Dingee Bush Nursing Centre, Elmore Primary Health, and local community groups.

<sup>1</sup> <https://www2.health.vic.gov.au/ageing-and-aged-care/dementia-friendly-environments>

## 4.2 Supported living units

Supported or independent living units provide people with better security and social networks, and could provide the critical mass to enable Rochester and Elmore District Health Service to provide more services out of hours. This model would also enable people to receive more intensive personal care such as more-frequent showers, more-flexible medication support, and more-regular delivery of meals.

The model needs to focus on independence, and helping people to carry out any activities they are able to complete. They may need support for activities such as cooking and storing food, cleaning and managing their environment, but they should be in control of that help.

Some people may proceed from the supported living units to residential aged care. The challenge for Rochester and Elmore District Health Service is to demonstrate they can maintain people's independence for longer, and allow them to proceed at their own pace.

Some people said that integrated services are able to provide a better experience for older people, as it is easier for residents to see the need for any moves, and the independent service models may give them a more-dignified pathway into care if they need it.

## 4.3 Findings

A number of factors influence the feasibility of delivering assisted living in Rochester and increasing access to new aged care models for people living in Lockington, Elmore and surrounds:

- *Workforce requirements for assisted living:* It is assumed that most residents will have access to Home Care Packages, Commonwealth Home Support Programme, National Disability Insurance Scheme, Veterans' Home Support and/or other programs. People who are not eligible for funding under one of these programs may self-fund their home support services
- *Financial, investment and staging options.* Different financial options will impact on the nature of the development and eligibility requirements for residents. Rochester and Elmore District Health Service may consider seeking funding under programs for social housing or for aged care, may seek private investment, or may consider user-pays options. Each option is able to be staged
- *Risks.* The key risk is that there is insufficient demand for the proposed supported living units. If the risk appears to be high, it is unlikely an independent investor (whether public or private) would be attracted. Under a user-pays model, initial investors would bear this risk
- *Demand, community interest in model.* We conducted detailed analysis of demographic data, and consulted extensively with community members and other stakeholders. There is demonstrable community interest in the model, and the rising number of sole-person households in the area would seem to support an assumption that there will continue to be demand for new housing options.

## 4.4 Preferred option

The preferred option involves the redevelopment of health service facilities in Rochester, to provide for independent living developments, improve the residential aged care environment, and to expand the footprint for primary care. This includes the establishment of strategic partnerships that will expand the range of residential services available on site and bring more community-based and primary care services to communities in Rochester, Elmore, Lockington and other townships within the catchment.

## 4.5 Next steps

The Board of Rochester and Elmore District Health Service has received the report, and is considering its options. Working with the Australian Government and the Victorian Department of Health and Human Services, the Board will adopt a strategy to enhance aged care outcomes for people living in the communities of Rochester, Elmore, Lockington and surrounds.