
AUSTRALIAN PRODUCTIVITY COMMISSION – AGED CARE ISSUES - RESPONSE PAPER

DATE: July 2010

TO: The Australian Government Productivity Commission, Caring for Older Australians, Productivity Commission Issues Paper

FROM: LATROBE COMMUNITY HEALTH SERVICE – DIRECTORATE OF COORDINATED CARE

REFERENCE: AGED CARE ISSUES RESPONSE

Latrobe Community Health Service (LCHS) delivers a range of services across the Gippsland region in Victoria. These include primary and community health programs, community support services, aged care assessment, case management for people with disabilities and the frail aged, carer respite services and the Commonwealth Carelink program. LCHS has 8 office locations throughout Gippsland, with locations in 5 of the 6 local government areas.

The LCHS Vision is:

Better Health, Better Lifestyle, Stronger Communities, which is supported by the objectives of the Strategic Plan (2007-2012)

The LCHS organisational purpose is:

To enable people to Live Healthier, Live Better, Live Longer.

The following areas of concern are submitted for consideration by the Commission:

SERVICE ACCESS ISSUES:

- Access to the service system needs to cater for specific needs groups including people living in rural and remote locations. Aboriginal and Torres Strait Islander (ATSI) people, culturally and linguistically diverse communities and veterans.
- Consideration to be given to video linked respite, where the person just needs someone to check that they are OK and to socialise with someone else especially for really remote areas where getting workers is difficult or they have to travel substantially to deliver the service.
- Accessing the system post assessment is difficult with the proliferation of service providers and dollar driven care.
- Strengths and skills based service models which assess client skills and then provide training to enhance those skills need to be developed.
- That aged people are the greatest users of health care but are not getting fair access to services.
- The recommendations arising from assessment cannot always be fulfilled for clients waiting for care. At the point following assessment, clients may be at risk and inadequate services via the HACC system, or unaffordable private services may be their only support.

PACKAGED CARE ISSUES:

- Limit of flexibility of packaged care to meet client needs, CACP noted in issues paper, pg 9, to provide '...around five to six hours of direct assistance per week to those who would otherwise be eligible to receive at least low level residential care.' It is unlikely that many people currently in low level residential care would only require five to six hours of '...direct assistance per week'. The

amount of services accessible through a CACP needs to be more reflective of low level care. The erosion of funding for care under a CACP now means that clients with moderately high service needs, still consistent with low level care, are not picked up for packages. The level of support provided through a CACP is therefore insufficient to sustain many people and these same people are not sufficiently dependent to be eligible for high level care or a subsequent EACH package.

- Limit on flexibility related to limited funding very much limits the type/level of support provided/available to individuals which may lead to admission to residential care when the client would prefer to remain in their own home. Whilst increased funding will cost the sector, the actual extra cost may be mitigated by improved client outcomes and support which may lead to less admissions to hospital or reliance on other services (Carers, PAC, HACC).
- Another key theme of the aged care system ‘encouraging diverse, flexible, efficient and responsive services that facilitate independence and choice.....’ is not sustained by limited restrictive funding. The statement of the National Healthcare Agreement also comments that: Older Australians [should] receive high quality, affordable health and aged care services that are appropriate to their needs and enable choice and seamless, timely transitions within and across sectors. (COAG 2009) This again, is not supported in reality by the restrictions of different packages/level of care and eligibility guidelines.
- The mismatch between subsidies for HACC services and the formula for the client contribution for CACP often means the client would be disadvantaged by moving to a CACP.

WORKFORCE ISSUES:

- Retaining staff and their skills needs to be a priority. An appropriately skilled and adequately remunerated workforce is integral to the aged care system in meeting the needs of our frail aged.
- Engaging an ATSI workforce to carry out the duties of respite, personal care and home care where Aboriginal service users request this. This needs to be flexible and trust needs to be built in this area. It is very difficult to get ATSI workers.
- Given current and future workforce issues, consideration might be given to a model that makes the transition to residential care more seamless with community and family carers encouraged to become part of the care team in the residential care facility.
- The move to national registration of disciplines involved in aged care is encouraging.
- All workers in aged care, including HACC, should be required to meet standards and registration.
- Need to provide ongoing and permanent work to attract a high standard in the workforce.

ACAS:

The Aged Care Assessment Service (ACAS in Victoria) is responsible for the comprehensive assessment and recommendation regarding the care needs of elderly persons and eligible younger persons with a disability. Assessments are conducted within the community, residential and acute care settings with a view to:

- Facilitating ongoing care in the community with the aid of community support systems; or
- Recommending outpatient or inpatient care or rehabilitation ; or
- Determining eligibility for placement in alternative care.

The following points specific to the ACAS program are also submitted for consideration:

- ACAS is an **independent** body which is responsible for assessments to access commonwealth services. This independence is important to ensure recommendations are client focused related to client needs not the service provider needs.
- ACAS assessments are consumer directed but this is in the context of the Aged Care Act and regulations which may limit the completeness of consumer direction. It can be very challenging to complete an assessment that is consumer directed/focused in the context of restrictive service guidelines.

- ACAS's refer clients to the most appropriate range of services to meet client needs in the context of availability of services as rural/remote areas often equals less services readily available.
- Despite a key theme (of the Aged Care Act 1997, now referred to as 'The Act') of 'facilitate access to care regardless of economic and other circumstances' in many circumstances places are offered to those who can afford to pay the bond NOT those unable to pay.
- Having a system based on 'for profit' is a fundamental part of the problem rather than 'not for profit'. The Aged Care system should be NOT FOR PROFIT. Putting the care of elderly frail vulnerable Australian citizens out to 'businesses' to make a profit out of, is a contradiction to a number of the key themes running through the Aged Care Act as listed on page 15 of the paper. Making a profit restricts the ability of services to be flexible and responsive
- Conflict remains within the acute care sector and the aged care sector with regard to older Australians in hospital beds and the drive to move them quickly across the care continuum. This can lead to inappropriate early admission into residential care. The Transition Care Program (TCP) has released some of this pressure; however TCP beds need to be readily available which they aren't across all areas. The option of residential respite support lasting up to 3 months as well as TCP to provide older people access to support should be considered. TCP can be seen by hospitals as quasi respite and a way of getting someone out of a hospital bed quickly.
- Assessment for access to care in a not for profit system should remain independent of facilities and service providers to ensure the client's needs are considered rather than the facilities need to fill beds with someone with high needs but who isn't confused, challenging or unlovely.
- It is important for HACC & ACAS to work closely together and when required to facilitate a smooth and timely transfer of clients from HACC to Commonwealth Packaged Care or Residential Care services. Consideration must be given to ensuring this collaborative philosophy is supported by the service system to ensure optimum client outcomes.
- The focus on the 'restorative' aspect of an ACAS assessment, (ACAP Guidelines September 2006), has diminished over the years with a corresponding increased emphasis on approving for care only.
- The independence of assessment for eligibility, from service delivery is a major strength and core component of a consumer directed service/support system. The ACAS has undertaken this often very challenging role and played an integral part of ensuring that client needs are considered and separated from facility needs and this includes acute care facilities as well as residential care facilities.

Other issues

- A tax break could be given for people ageing who plan their own entry to retirement or supported communities early, thereby reducing the burden on fully funded aged care places and encouraging a communal approach to the issues associated with ageing.
- Revise the system to plan for retaining strength rather than responding to decline and therefore urgency.
- Consumer Directed Care funds could follow the recipient from community to residential care with a sliding scale contribution from the recipient.
- Consideration be given to the enhancement of models such as the Wesley Home Share Program model that supports the older person's home as their care environment with a homesharer providing practical support and companionship.
- Better use of infrastructure to support ageing in the community such as partnerships between aged care facilities and respite service providers, for example, day stay options in aged care facilities.

SUMMARY

The Aged Care Service system is complex with an increasing number of both Government and Non-government providers. This complexity, whilst it is intended to ensure a range of options are available for consumers, can be a barrier to actually accessing the appropriate support in an appropriate timeframe.