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## **Silver Chain Nursing Association (Incorporated)**

### **Initial Submission to the Productivity Commission Inquiry *Caring for Older Australians***

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## INTRODUCTION

Silver Chain Nursing Association (Incorporated) was founded in 1905 and is a not for profit organisation which provides care to people living in metropolitan, rural and remote areas of Western Australia. Today, Silver Chain is one of the largest providers of community, clinical and health care services to the Western Australian community.

Silver Chain provides a diversity of services including Home and Community Care (HACC) including support and nursing care services, Community Aged Care Programs, Palliative Care, National Respite for Carers Program, clinics such as wound, continence, diabetes, Continence Management and Advice Service, Veterans' Home Care, Department of Veterans' Affairs Nursing, Silver Chain CareLink Personal Alarms and also manage four Commonwealth Respite and Carelink Centres in Western Australia.

During the 2008/2009 financial year, Silver Chain cared for more than 40,000 people, delivered more than 1.3 million hours of care and over 1.6 million occasions of service. Silver Chain employ approximately 2,100 staff and has almost 400 volunteers. Silver Chain is also a Registered Training Organisation. Further details on Silver Chain can be obtained from [www.silverchain.org.au](http://www.silverchain.org.au).

As a member of the Aged and Community Services Western Australia (ACSWA) who is affiliated with Aged and Community Services Australia (ACSA), Silver Chain wishes to support and endorse the issues they have presented in their submissions to the Productivity Commission.

As Silver Chain is solely a community care provider, outlined below are some of the key issues raised in their submissions that relate to this sector that Silver Chain concurs with.

- Recognition that there has been a significant increase in the demand for community care. Western Australia has seen an unprecedented decline in the uptake of residential aged care beds.
- An integrated (ie access to HACC and Community Aged Care Programs within the same model), transparent and flexible process for the allocation of community care places is needed. These planning ratios need to ensure community care services (HACC and Community Aged Care Programs) are able to be accessed by those who are seeking them.
- A model that accurately reflects and ensures indexation methodology is in alignment with the real costs of providing care and accurately reflects regional variations, cost of labour etc. In community care the service purchasing capacity for community packages has diminished due to increasing wage costs (especially in Western Australia), thus resulting in the reduction of services to care recipients.
- Incompatibility of fees across community care services, for example there is currently a misalignment between HACC services and Community Aged Care Packages (CACPs), which is resulting in clients refusing to move to CACPs as it is more economical for them to stay on HACC rather than shift up to CACP when their needs have increased.
- Continuum of care needs to be strengthened within HACC and Community Aged Care Packages – more levels are required, for example there is a large gap currently existing between CACPs and Extended Aged Care at Home (EACH) packages.



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Additional levels will ensure the needs of care recipients are met as they move through the continuum of care. Integration of access to HACC and Community Aged Care Programs will also assist in ensuring a continuum of care is provided.

- The next generation requiring aged care services will most likely want to have control over the services they are receiving, therefore a model whereby care recipients can hold an entitlement for an assessed level (completed by an independent assessor) of service and choose how they would like the services to be provided is required. Silver Chain recommends that a voucher style system is introduced, which allows the care recipient to select the accredited provider they would like to provide the services they have been assessed for.
- The aged care sector in WA struggles to attract and retain aged care staff (unlicensed support workers and nurses) due to the resource sector offering higher remuneration and work conditions and also due to a lack of wage parity with other health sectors.
- A nationally endorsed framework be established, including competency standards and minimum educational requirements for unlicensed care workers to ensure the provision of quality care.
- The provision of adequate funding and incentives for community care providers to continue to operate services in rural and remote locations. This needs to include scope for technology. It is also recommended that a comprehensive evaluation of Multi Purpose Services be conducted.
- The provision of adequate funding and incentives for community care providers to develop innovative solutions to meet the needs of their care recipients. For instance the role of technology will play an important role caring for our older Australians<sup>1</sup>.
- A whole of government strategy that looks across multiple portfolios in particular aged care and health care – these portfolios need to be closely linked. Improving health care for older Australians also requires links between primary care, acute care and aged care services.

In addition to the matters identified by ACSWA and ACSA on behalf of their members, Silver Chain would like to take the opportunity to put forward two additional key issues / recommendations which we believe need to be given consideration by the Productivity Commission.

A summary of these issues / recommendations is outlined below:

- Recognition that community care needs to and will continue to play a pivotal role in caring for older Australians and consequently directing funding and resources to this as this is where the solutions will be found.

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<sup>1</sup> As is well recognised, the impact of chronic disease is a major problem facing the older community. A 2008 report released by Joanna Smith from Silver Chain's Research Department indicated that on average 1,021 Silver Chain clients are in hospital on any day, with chronic disease having a major impact on these admissions. This has led to Silver Chain undertaking a randomised trial of telehealth self monitoring with clients who have a diagnosis of chronic pulmonary disease or heart failure. Clients within the intervention group are trained to use telehealth equipment to measure a number of vitals eg blood pressure, ECG etc on a daily basis. This is then monitored remotely by a Telehealth Nurse who monitors for changes. Preliminary evidence indicates that this intervention has resulted in a reduction in number of hospital admissions, number of emergency department visits and number of days in hospital for the intervention group. Funding for innovative solutions such as this can play a significant role in the provision of providing care for our older Australians.



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- The introduction of a new paradigm for community care based on the premise that early intervention to optimise functioning and promote healthy ageing can delay or prevent the development of further disability and reduce the subsequent need for home care and other aged care and health services.

### **Recognition of Community Care as the Solution**

Aged care in Australia is predominately community based<sup>2</sup>. Although this may be the case, it needs to be recognised by the government and the aged care sector that community care needs to and will continue to play a pivotal role in caring for older Australians.

More often than not, the focus is on residential care, with community care tacked on the side as an extension of residential care. Residential care and community care are two different sectors, with each sector requiring different skills and capabilities.

When developing recommendations and solutions to the issues identified in this Inquiry into Caring for Older Australians, it is essential that the Productivity Commission gives due consideration to community care solutions and consults with community care specialists. For example, it is often said that care recipients who are in a public hospital should be relocated to an aged care facility – rather than focusing on relocating these care recipients to an aged care facility (unless this is their preferred choice), solutions should look towards keeping these individuals in their home with community care services such as HACC, community packages or services such as Silver Chain’s Home Hospital ([www.homehospital.org.au](http://www.homehospital.org.au)) – these services will provide them with the support to ensure they can continue to live in their home.

### **New Paradigm for Community Care Services Needed**

While assisting older people to remain living independently in their own home and avoid premature institutionalisation has been the goal of the HACC program since its inception in 1985, few home care services have included specific interventions to assist individuals to optimise their functioning and thereby reduce their need for support. Rather, they have tended to focus on supporting independent living by providing assistance for the daily living tasks that people are finding difficult.

During the last ten years Silver Chain, has developed and implemented two restorative home care programs. The first of these, the Home Independence Program (HIP), is an early intervention program directed at optimising functioning, preventing or delaying further functional decline, promoting healthy ageing and encouraging the self-management of chronic diseases. It targets older individuals when they are first referred for home care services or at a point when their needs have increased and additional services are being requested. Having been first implemented in 2001 in a restricted operational trial, the service was then made available across the organisation in 2003.

The second program, the Personal Enablement Program (PEP), was developed in 2002 to provide a rapid response to meet the needs of home care eligible clients who were exiting an acute episode of care in metropolitan hospitals. Based on HIP, PEP is also designed to

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<sup>2</sup> Caring for Older Australians Productivity Commission Issues Paper, May 2010, p9.



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remove or minimise an individual's need for ongoing home support services by maximising their independence. This program commenced as a metropolitan-wide service in 2003.

More than 12,500 older people have now participated in HIP and PEP. When their service records were examined at yearly intervals for up to 5 years after completing the program (depending on when they had participated in the program) very few clients who were not receiving a Silver Chain home support service one year after discharge from the independence program, were found to be using one in subsequent years. Multivariate analysis found that the likelihood of program "success" (not requiring ongoing care at program end) was five times greater for HIP and four times greater for PEP clients who were not receiving any home care when referred. Living alone and not having a carer also significantly increased the likelihood of returning to independence, but to a much smaller extent.

Based on these research findings and other research studies conducted in the United Kingdom and the United States of America, Silver Chain recommends that a new paradigm for community care services is required. The new paradigm should be based on the premise that early intervention to optimise functioning and promote healthy ageing can delay or prevent the development of further disability and reduce the subsequent need for home care and other aged care and health services. This new paradigm could be operationalised within a service model in which older individuals referred and assessed as eligible for funding for home care services are referred to the HIP prior to being provided with "standard" support and maintenance services if they still require it.

The long term benefits of this approach would be increased levels of independence for clients and reduction in the demand on long term care resources.

Silver Chain is currently conducting research into the development of a modified HIP service model for delivery by Care Co-ordinators (HIP is currently designed to be delivered by allied health professionals trained in the HIP interdisciplinary care model), with the development of the associated training and training material, will in addition to addressing the problem of the lack of availability of community experienced allied health staff, make delivery of this program more accessible to other home care agencies, very few of which employ allied health professionals (this is currently being funded by the Health Workforce Australia). Reviews of other countries indicate that restorative home care programs are not delivered by allied health professionals in other parts of the world.

It is also recommended that funding for equipment for clients as an intervention (substitute for care), such as equipment that minimises pressure ulcers, aids that assist with seating etc be given consideration.

Silver Chain thanks the Productivity Commission for seeking input in relation to its Inquiry into Caring for Older Australians. Silver Chain is keen to assist the Productivity Commission in meeting its required objectives.

Chris McGowan  
Chief Executive Officer