

# **National Health, Aged and Community Care Forum (NHACCF)**

## **NHACCF response to Productivity Commission's draft report on Caring for Older Australians**

### **Introduction**

The National Health, Aged and Community Care Forum (the Forum) is a consultative forum which was established by the Department of Veterans' Affairs (DVA) in 2009 primarily to provide advice to the Department about the health and aged care needs of veterans and war widows/ers and other members of the ex-service and defence community.

The Forum's Terms of Reference are listed at Attachment A.

Membership of the Forum includes representatives of significant ex-service organisations and provider representatives from the aged and community care and health sectors (e.g. aged and community and residential care). Representatives of other organisations may be invited to participate in the discussion of specific agenda items or matters of common interest.

The Forum's current membership is at Attachment B.

Members of the Forum are very appreciative of the presentations that Commissioners and other staff of the Productivity Commission have made to the Forum on two occasions to help clarify the purposes of the review and the Commission's draft report and proposals.

### **General response**

The Forum broadly supports the proposals in the Productivity Commission's draft report. In particular the Forum is pleased to see the proposals to establish a gateway for transition to aged care services, an independent regulatory commission to be responsible for quality accreditation, addressing complaints and recommending fees, the proposed greater flexibility in the range of care and support services, and the greater emphasis on restorative care and rehabilitation. These proposals address many of the areas of concern raised in the Forum's earlier submission.

It is noted that the narrative on veterans in the draft report refers to the particular issues raised by the Forum., i.e.,

1. Transition to Aged Care;
2. DVA's apparent lack of accountability for its clients in residential aged care;
3. Special needs status;
4. Workforce issues in residential aged care;
5. General issues in aged care; and
6. Ex-service Organisations access to members of the veteran community in residential aged care.

## Specific responses

Forum members have carefully considered the draft report and its recommendations. Following are suggestions raised by members:

- Members are concerned that the draft report acknowledges some confusion as to what is meant by 'veteran' in the context of aged care services. This aspect needs to be clarified in the final report. It will also be important for veteran data to be clearly identified for ongoing policy development.
- Although mechanisms to increase choice are welcome, it should be recognised that this has the potential to further increase confusion at a time which already poses challenges for older people. In order for older people to have real choices they need to be assisted with good information and provision of support.
- It is recommended that the Productivity Commission's final report include clarification about the interface between aged care and health care for DVA's gold and white card holders and the proposed increased flexibility for the provision of non-acute health services (sub-acute, post-acute, palliative care, including pain management, maintenance and end of life care) in both residential and community based care. This is particularly important if the distinction between low and high care is removed. There is a need to ensure clarity about what providers are expected to provide for the funding received and those services that are additional and can therefore be funded through the repatriation Commission. This particularly applies to allied health services and aids and appliances.
- The report should give recognition to the considerable welfare and advocacy role of ex-service organisations, like the RSL, Legacy and the War Widows Guild, in the planning phase of 'Gateways'. The final recommendations should provide an opportunity for these organisations to have a visible presence within a 'Gateway', particularly in those towns and suburbs where there are significant numbers of veterans and widows.
  - In the case of a physical Gateway, the placement of an accredited welfare officer from an ex-services organisation within the Gateway agency to assist in supporting the veteran community, or
  - In the case of a virtual Gateway, the publication of specific veteran contact points where there are staff skilled in veteran issues. This would retain the DVA connection. In practice, a separate phone number might link to the same assessing officer but one who is accredited in veteran specific issues or guided by specifically developed software modules which are "veteran and war widow friendly".
- The Gateway must satisfy a number of requirements:
  - To offer real time information about services. Current arrangements are often found wanting in terms of breadth and quality of information;
  - To offer broad and shallow assessment which meets the requirement of large numbers of clients for basic services such as VHC and HACC. These programs support approx 1,000,000 people and future systems may

well need the efficiency and capability to support perhaps 3,000,000 people;

- To offer complex assessment which would probably be in home assessment. Current ACAT arrangements are quite costly, vary enormously in terms of quality and timeliness. Such a service could be contracted using performance indicators as a means of gaining service efficiency. State public hospitals would continue to fund the cost of the service provision to clients in public hospitals;
  - To be a genuine gateway to service access which ensures adequate advocacy, client focussed service and prompt placement of the client; and
  - To offer a regular review and co-ordination service. Whilst some clients do remain stable or improve over time, others exhibit decline in capacity which is more moderated ( requiring regular interval review) whilst others suffer sudden medical events requiring prompt review and reassessment for rehabilitation or development of additional support where rehabilitation is not appropriate or fails to achieve gains.
- It is suggested that the final report include some modelling comparing the current cost with a possible future cost to a partner when one remains in the family home and one enters residential care.
  - The forum would also like to see special financial provisions being made that will allow a dependent, including a dependent adult child, to remain in the family home when the veteran/war widow moves into residential aged care. This would be particularly relevant if an Aged Care Equity Release Scheme were utilised that resulted in the remaining dependant being unable to cover accommodation costs when the veteran/war widow dies.
  - It is important to the veteran community that their service continue to be recognised by the DVA disability pension continuing to be exempted from income testing when calculating the daily fee rate for service pensioners and self-funded retirees with qualifying service. Similarly it is also important that the existing special provisions for ex-POWs and Victoria Cross winners be maintained.
  - The vulnerability of many residents in aged care, because of their diminished capacity, suggests that quality of care and safety are significant issues and possibly require a separate Commissioner in the proposed new regulatory body. Further, consideration be given in the final report to a locally based system of 'official visitors' to advocate for residents.
  - If there is to be a single assessment agency it is important that the accountability of DVA for its clients is maintained, that any information provided is in easy to understand language, that the special needs of veterans remain a priority and that case managers in the Gateway are aware of the special provisions applying to the veteran community. This may mean training veteran specific case managers.
  - The use of a two-bed room with shared bathroom as the approved basic standard of residential care is not a universally accepted community standard. There is a strong preference for a single room with en suite.

**Terms of Reference: The National Health, Aged and Community Care Forum**

The forum will:

- be a link between ESOs, providers and DVA in the dissemination of information on health, aged and community care issues;
- provide information on the current and future aged care needs of veterans and war widow/ers and other members of the ex-service and defence community including carers;
- be a conduit for developing and proposing better practice residential and community care arrangements for the ex-service community;
- ensure that non ESO aged care service providers are aware of the special commemorative and cultural needs of their ex-service community clients;
- influence future policy directions regarding ageing for the ex-service community;
- monitor developments in the aged care industry and the aged care needs of the ex-service community, including access to residential care; and
- consider how the Department better supports people at home with community support.

## Attachment B

### Membership: The National Health, Aged and Community Care Forum

Current membership comprises representatives from the following organisations:

Mr Shane Carmody	Deputy President, Repatriation Commission & Military Rehabilitation and Compensation Commission - Chair	ACT
Mr John Vincent OAM	Representative, Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women (TPI)	VIC
Ms Hazel Bridgett	Coordinator, Legacy Aged Care Forum	NSW
Ms Joy Herman	President, Partners of Veterans' Association (P.V.A.) Bendigo Sub-branch	VIC
Mr Ross J Smith	Chief Executive Officer, RSL Care Ltd	QLD
Mrs Diana Bland	Honorary National Secretary/Treasurer, War Widows' Guild of Australia	NSW
Ms Jan Properjohn	Vietnam Veterans Association of Australia (VVAA)	ACT
Mr Gerry Mapstone	Member, Vietnam Veterans Federation of Australia (VVFA)	ACT
CDRE Nick Helyer	Member, Prime Ministerial Advisory Council on Ex- Service Matters (PMAC) and Chief Executive Officer, Australian Veterans' Children Assistance Trust (AVCAT)	NSW
Dr Graeme Killer AO	Principal Medical Adviser DVA	ACT

The forum has the flexibility to invite representatives from other organisations or individuals as determined by the areas of focus or specific agenda items. As the consultation in this field has traditionally focussed on issues of ageing and related policy, it may involve service providers.