

Community Care (Northern Beaches) Limited

Response to the Productivity Commission's Draft Report

Caring for Older Australians

March 2011

Prepared on behalf of CCNB Ltd

www.communitycare.org.au

Introduction

Community Care (Northern Beaches) Ltd. (CCNB) provides community aged care services across the 11 LGAs of Northern Sydney, supporting up to 2000 people living in the community at any one time. All of our projects operate out of the one office, located in Mona Vale, on the Northern Beaches of Sydney. The organisation has been providing care for frail older people, people with a disability, people with dementia and the carers of these people in our community for 20 years.

The organisation has strong, grass-roots relationships with the community and service system within the Northern Sydney Region. We value our community-based approach to service provision, needs identification and community development, and believe that we have a particular expertise in the provision of services to older people, particularly under a client-centred and directed case management model, using a strengths-based case management approach. We specialise in the provision of dementia services, and auspice a range of dementia specific projects, including Dementia Advisory, Respite, Case Management and Packaged Care Programs. We also provide a number of specific projects targeting the Aboriginal and/or Torres Strait Islander community and Culturally and Linguistically Diverse communities.

CCNB auspice 19 independent community care projects, attracting funding from a range of State, Commonwealth, Health, Disability and Ageing funding streams. Currently, our auspiced projects include: Community Aged Care Packages (CACP), Extended Aged Care in the Home Packages (EACH), Extended Aged Care in the Home Dementia Packages (EACHD), Community Options (HACC), Community Options (Dementia), Community Options (CALD), Older Parent Carer Case Management Service (ADHC), ComPacks (NSW Health), Transpac (NSW Health/DoHA), Dementia Respite (Challenging Behaviours) (NRCP), Respite for Employed Carers (NRCP), Respite Service (HACC), Dementia Advisory Service (ADHC), Aboriginal Advisory Service (HACC), Community Advisory Service (HACC), Dementia Monitoring (HACC), In-home Podiatry (HACC), Attendant Care (ADHC) and the Enable Me Project (HACC Demonstration Pilot, NSW Better Practice in HACC Project). The organisation is independently governed by a Board of Directors made up of a range of professional and community representatives.

CCNB welcomes the draft report of the Productivity Commission into Caring for Older Australians. We are generally supportive of the proposed nature of many of the reforms and recognize that these would significantly improve access to services. There is however some areas that we believe require further consideration.

Our Responses to the Draft Report into *Caring for Older Australians*

Care and Support

Draft Recommendation 8.1: A platform within the Gateway would provide information on healthy ageing, social inclusion and participation, age friendly accommodation, and also information on the availability, quality and costs of care services from approved providers, and how to access those services.

As specialist providers of case management services with older people we see significant issues with the potential separation of assessment and service provision, particularly in relation to clients with complex needs requiring case management. This potential separation raises questions regarding at what point and how will individuals with complex needs be identified. In many instances these individuals maybe in crisis, yet they will need to navigate a centralised system. We see assessment as an ongoing process that involves creating rapport with the person, developing trust and adding to the base of relevant knowledge about individual needs over time. As such we believe that the provision of comprehensive assessment is an overall component of case management and therefore pivotal to the provision of targeted integrated care.

How will the need for case management be assessed at the gateway? Will this be screened for through standardised tools and if so, will this client group then be referred for face to face assessment with an organisation that also

provides case management support? What options will be available if individual needs prevent an effective screening to occur via phone (i.e. communication / cognitive impairment/ language difficulties?) There is significant concern that some people's needs will not be able to be identified and there needs to be multiple pathways to ensure people don't slip through the cracks if there is only one way 'in'.

Other questions which require answers include: What methods are envisioned for review and reassessment of need? Will people be required to go back through the gateway if their need for service increases? How time efficient would this be? What strategies are envisioned to prevent blockage of access into the gateway? Will case management services continue to receive flexible funding to provide quick response services during times of rapid change?

Dementia is one area that has not specifically been identified within the draft report. As a provider of specialist services to support people with dementia and their carers we see that individuals with Younger Onset Dementia often face a separate set of issues. There is a risk that this population will be shifted between the aged care and disability sectors with potential to fall through the gap. As such we believe issues around providing care for Younger Onset Dementia must be considered in both this Inquiry and the Productivity Inquiry into Disability Care and Support.

We believe that people with a disability who acquire dementia and people with a primary diagnosis of dementia should have a choice at assessment as to the service path that best meets their needs, regardless of the funding source. For the Gateway to work as a one stop shop for these people the Gateway assessors will require skills in Younger Onset Dementia and knowledge of all choices available to suit individual needs e.g. disability and aged services, community services and health services.

We acknowledge that the progression of dementia in younger people can be rapid and this often presents a challenge to providing a service that is smooth and seamless. One solution might be to consider the elimination of age limitations to access an aged care assessment and aged services for people with Younger Onset Dementia. Likewise, it maybe preferable for people with a disability and dementia to continue to receive ongoing support through their existing services with access to dementia expertise from aged care providers when and as needed.

Housing

Draft Recommendation 10.2: For older people with functional limitations who want to adapt their housing, the Australian Government should develop building design standards for residential housing that meet their access needs. Those standards should be informed by an evidence base of the dimensions and capabilities of people aged 65 and older and of the dimensions and capabilities of contemporary disability aids.

CCNB support the recommendations made in relation to the development of Standards to support housing development that is age appropriate and accessible. However we believe the recommendation should also consider the capacity to modify and adapt existing housing stock in a proactive way as a fundamental component of ageing in place and the development of accessible housing stock in anticipation for the ageing population. The recommendation highlights notions of choice, control and capacity for people to maintain connections to their community with as much independence as possible.

The current policy environment/service structure does not readily facilitate home/environment modifications that are proactive and focussed on supporting people to create sustainable futures. Currently, responses are crisis-driven, reactive and limited in scope. We have developed some key relationships with private organisations to work with us and our clients to identify and plan for sustainable home modifications (the process includes comprehensive assessment of the person's home and environment, development of modification plans, assistance with identifying strategies to implement the plans etc). This process is highly preventative and proactive, identifying what types of modifications may need to be done now and into the future, allowing clients to plan and budget, prioritise, and create an environment in which to age. This process enables the older person to make early decisions about their

home environment before their level of incapacity increases to a point where an emergency response is required (or at worst, people are forced to make reactive residential care decisions that would otherwise not be their choice).

We believe that the system needs to be flexible to enable preventative and planned approaches to home modification (with a mix of privately and publicly funded/subsidised options based on capacity to pay), in addition to emergency home modification services in response to immediate needs. The provision of advice and planning options (which could include costings, recommendations about priority, modification plans etc), before significant functional incapacities develop, should be separated from the provision of home modification services, and be holistic in nature.

14.1 An indicative implementation framework

The suggested timeframes for implementation are challenging considering the amount of system reform that is proposed. It is essential that the timeframes are realistic to allow industry to continue to provide services and be well placed to implement the reforms. The impact on the sector and on existing clients managed within health, residential and community should be minimised.