



SILVER CHAIN

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Silver Chain Nursing Association (Incorporated)

Submission to the Productivity Commission Inquiry *Caring for Older Australians Draft Report January 2011*

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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 including support and nursing care services;
- Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD);
- Home Hospital including Priority Response Assessment, Hospital@Home, Post Acute Care, Community Nursing;
- Palliative Care;
- Home Oxygen;
- National Respite for Carers Programs;
- Clinics such as wound, continence, diabetes;
- Continence Management and Advice Service;
- Remote area health services including primary health, emergency services, chronic disease management, child health;
- Veterans' Home Care;
- Department of Veterans' Nursing;
- Silver Chain Carelink Personal Alarms;
- Management of a HACC Regional Assessment Service; and
- Management of four Commonwealth Respite and Carelink Centres in WA.

During the 2009/2010 financial year, Silver Chain cared for more than 40,000 people, delivered more than 1.2 million hours of care and over 1.5 million occasions of service. Silver Chain employs 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.



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SILVER CHAIN'S RESPONSE TO THE DRAFT REPORT

In its initial submission to the Productivity Commission, Silver Chain provided support to the matters identified by ACSWA and ACSA on behalf of their members and also put forward two additional key issues / recommendations to be considered by the Productivity Commission. These were:

- Recognition that community care 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.
- 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.

Overall, Silver Chain commends the work and recommendations put forward by the Productivity Commission in the *Draft Report January 2011* and believe that if the principles and recommendations set out by the Productivity Commission come to fruition as a package, they will assist in addressing the many problems with the current aged care system. It should be noted though, that as a number of the reforms are still very much at principle level, further analysis and understanding of the implications of some of the proposed reforms is essential prior to agreement and implementation.

Silver Chain believes the recommendations provide a whole of government strategy that will provide an integrated, transparent and more flexible process for the allocation of community care places. As Western Australia's largest provider of community care, Silver Chain welcomes and urges the Productivity Commission to follow through with these recommendations which, when implemented, will make possible a shift away from the traditional supply managed system into a properly resourced demand led model. Silver Chain agrees that the recommendations which focus on finding alternatives to residential care, further developing restorative programs, promoting independence and wellness for more older Australians and person centred services tailored to meet an individual's needs are essential to the long term viability of the aged care sector. Also the recognition that competitive wages is needed to be paid to nursing and other care staff to ensure providers can attract and retain staff to ensure adequate care is provided to older Australians is vital.

In this submission, Silver Chain wishes to provide commentary in relation to the recognition of community care as the solution; the need for a new paradigm for community care services; the proposed access and assessment model; older Australians living in rural and remote Australia; and aged care policy research and evaluation.

Recognition of Community Care as the Solution

In Silver Chain's initial submission, Silver Chain promoted the need for community care to be recognised as a big part of the solution, especially since aged care in Australia is predominately community based. Silver Chain believes the *Draft Report January 2011* has successfully recognised that in the vast majority of cases, older Australians want to remain independent, in their own homes and staying connected with their community. Recommendations such as Recommendation 6.9 (care recipient co-contributions) give recognition to community care by ensuring care contributions are consistent across



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community and residential care and are within a national framework regulated by the Government.

New Paradigm for Community Care Services Needed

Although the *Draft Report January 2011* recommends that the aged care system should aim to “promote independence and wellness of older Australians and their continuing contribution to society” [Recommendation 4.1], Silver Chain believes the report did not go far enough in terms of positioning for the development of a new paradigm for community care services. 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. Research indicates that 70 per cent of restorative care recipients do not require ongoing support services and their quality of life is significantly enhanced as a result of receiving these 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 a community restorative program prior to the care recipient being provided with “standard” support and maintenance services if they still require it.¹ The long term benefits of this approach would be increased levels of independence for care recipients and reduction in the demand on long term care resources for the Australian Government.

Silver Chain is interested and willing to work with the Productivity Commission in developing a model of care for older Australians that incorporates a restorative program into its framework.

Access and Assessment

Silver Chain appreciates and is supportive of the Australian Seniors Gateway concept, in terms of assisting older Australians and their families to navigate through the aged care system, and for having a source of nationally consistent and up to date information. It is essential though that further analysis and understanding of the concept is completed prior to agreement and implementation. At this stage there is minimal information about how the Australian Seniors Gateway will operate in the community.

As the Productivity Commission would be aware, Western Australia has recently redesigned its Home and Community Care (HACC) services in the metropolitan area to support the streamlining of access, information, eligibility screening and face to face assessment for people needing support to remain living independently in the community. Silver Chain is unique, in the sense that it is currently a provider of an Access Point (through its Commonwealth Respite and Carelink Centres), Regional Assessment Services (across all the metropolitan regions) and continues to be a provider of services.

It is too early to determine how this redesign will produce tangible benefits for care recipients and their families, but at this point in time the redesign has resulted in longer periods of time between receipt of referral and care recipients receiving services. Anecdotal evidence indicates that where care recipients previously received care within one to two weeks from referral request, this has now increased to three to four weeks, and in some cases over two months (for care recipients considered a lower priority). It is

¹ Please refer to Appendix A, which provides a recap of two restorative home care programs that Silver Chain has developed and implemented over the last ten years.



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essential that the journey of the care recipient and their carers is factored into the model design to ensure they are able to access and receive services in a timely manner. The learnings from this redesign, such as consumer preferences, resourcing requirements, the need for tools and systems to be tried and tested well in advance will provide valuable input into developing the national framework for access and assessment.

As stated in the *Draft Report January 2011*, “accurate assessment of a person’s care needs is a necessary precondition to the delivery of appropriate care” [pg 231]. It is essential that the ‘assessment’ completed through the proposed Australian Seniors Gateway is a true assessment and not just a screening for eligibility exercise. Silver Chain has found the existing assessment for community care packages through the ACAT system to be more of a eligibility screening process rather than a true assessment of the care recipient and carer to determine the level of care required. It is essential that the Australian Seniors Gateway is adequately resourced with a multidisciplinary team that is skilled in completing a true assessment of the care recipient and carer. Primarily, Silver Chain advocates for assessments being completed face to face with care recipients and carers, but Silver Chain believes that in some cases (dependent on care recipient and carer capacity), assessments can be completed over the telephone, as long as the assessor is a skilled assessor.

As recognised by the Productivity Commission in their report, “staffing is ...[an] important issue for the delivery of quality aged care services in rural and remote communities [pg 296]. With this issue in mind, Silver Chain has some concerns as to how the Australian Seniors Gateway concept will work in rural and remote areas of Australia, as in a number of areas of Western Australia, the ACAT teams are experiencing difficulties in resourcing their teams, which impacts on their ability to complete ‘assessments’ in a timely manner and to provide a multidisciplinary approach to the ‘assessment’. This needs to be taken into account when determining how the Australian Seniors Gateway would work in rural and remote areas.

Older Australians Living in Rural and Remote Locations

Although the *Draft Report January 2011* does recognise that the “key issue for providers servicing rural and remote areas is the relatively high cost of establishing and operating an aged care service compared to similar services in metropolitan and other regional locations” (pg 294) and Recommendation 9.3 aims to address this issue, Silver Chain wishes to reiterate the importance of this recommendation. Without adequate funds that recognise the additional costs incurred in supplying aged care services to rural and remote areas, in particular in Western Australia (ie its vast geographical size), the services provided to older Australians living in rural and remote locations will diminish. In addition to funding, where possible, the model of aged care in rural and remote locations needs to leverage of technology to improve the health outcomes for these older Australians.

Aged Care Policy Research and Evaluation

Silver Chain has a dedicated Research Department, whose primary objective is to promote the development of high quality research aimed at ensuring the relevance, quality and effectiveness of Silver Chain services and improving and influencing the future direction of community and aged care.

Silver Chain is generally supportive of Recommendation 13.1 relating to aged care policy research and evaluation outlined in the *Draft Report January 2011*, in particular, the establishment of a national ‘clearinghouse’ for aged care data. Through Silver Chain’s relationship with the Australian Association of Gerontology, Silver Chain wishes to support



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and endorse the issues they have presented in their submission to the Productivity Commission.

In particular Silver Chain agrees that more emphasis needs to be placed on:

- Building capacity in the ageing research sector by way of targeted funding programs supporting ageing research;
- The development of a National Ageing Research Agenda;
- Support for skills development and career opportunities for emerging researchers; and
- Mechanisms to support multi-disciplinary research networks and the effective translation of research into policy and practice.

CONCLUSION

Overall, Silver Chain supports the principles and recommendations in the *Draft Report January 2011* and believe that they will assist in addressing many of the problems in the current aged care system.

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.

Christopher G McGowan
Chief Executive Officer



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Appendix A – Recap on Silver Chain’s Restorative Home Care Programs

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 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



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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.