SUBMISSION BY ANNE PATON 3.7.10

My background.

I was very fortunate to be able to attend the National Aged and Community Care Conference at the Gold Coast recently and was very interested in the plans for reforms in the aged care sector over the next 20 years. From the research results presented by many of the speakers it is obvious that changes in the way aged care is managed is not only necessary, but is "demanded" by the consumers, who have very different ideas about what they want and how they wish to be cared for as they age.

I am a Registered Nurse with over 35 years experience. I trained in the hospital system and have worked across all areas of nursing in both public and private sectors – hospital, allied and community health.

I started up my own private nursing service in 1995 and was an approved provider for DVA, VHC, Private Health funds and was contracted by various Government departments to provide aged care services in the Community.

After 10 years I sold my business and worked for 5 years as a Community Aged Care co-ordinator, moving up to the EACH D coordinator and my last position was as Team Leader over all Community programs for BCS Care Centre Mid North Coast.

I am now the Village Manager and National Care Manager for Sunrise Supported Living, an organisation with aged care villages across NSW and Victoria. Our Villages are legislated by the Retirement Villages Act and our model of care supports seniors to live as independently as possible in their own fully self contained apartments with access to 24 hour nursing care and support. Our aim is to provide ageing in place and we have experienced and qualified staff able to provide all levels of nursing care – from low, to high and palliative - to allow residents to make their own choices on how they live and die, with dignity and privacy.

SSL Management have recently submitted an application to become an Approved Provider of Community Aged Care Packages and have tendered for a number of CACP and EACH packages in the latest ACAR round.

My background and experience in nursing (especially over the last 20 years) has been primarily in aged care, and I feel I am well qualified to comment on aged care requirements for the future and provide input into this very worthwhile reform process.

SUBMISSION TO PRODUCTIVITY COMMISSION JULY 2010

ISSUE:

Accommodation choices:

Up until recently the options for appropriate housing for the ageing population have been limited to community or residential. The change in attitude of the elderly based on research is that the preference is for supported living in small – moderate village type clusters, where 24 hour nursing care is available, and with easy access to shopping centres, clubs and facilities.

This model of supported living allows for ageing in place, smooth transitions between different types and levels of care, promotes social interaction and prevents isolation. As these Villages have different governance to residential facilities they are not currently provided with any Government funding – so care provision is not subsidised for the residence. This aspect is often a deciding factor when elderly are faced with the decision of where to relocate when they are no longer able to manage in their own home.

Recommendation:

Expand the options for consumers by allowing more providers to enter the market so that prospective customers have the ability to "shop around" for the most suitable type of accommodation based on their specific needs and wants.

Create specific funding arrangements to suitably accredited Supported Living Villages to allow subsided care to be provided to residents as they decline in health and independence.

Allocate funding for case management of supported living village residents to promote holistic care - assessment, referral, identification of "at risk" clients, early intervention, health and wellbeing promotion.

ACAT teams should promote Supported Living as an option to elderly clients to allow them to choose which type of accommodation is best for their future.

Supported Living: provides social interaction, transport, all levels of care, couples can remain together, small pets welcome, cost effective, case management on site, 24 hour nursing, all personal & domestic care available, accepts volunteers, promotes independence, fresh meals, able to provide higher care as needed, ageing in place, opportunities for growth, traineeships, palliative care and dementia, advocacy. All care can be provided on site.

ISSUE:

Financial / Income:

Research has shown that the majority of population over the age of 65 in the next 10 years will rely on the pension. Superannuates and self funded retirees will make up only a very small percentage of those requiring care. With expected rises in electricity, consumables etc the average senior will find it increasingly difficult to maintain a healthy lifestyle based on their pension alone.

Retirement Village accommodation is only affordable for those who have assets eg family home. This puts pensioners without assets at a disadvantage – and they don't have the choices available to other aged persons seeking a permanent residence that will meet their needs as they age and health declines.

Recommendation:

Financial assistance to Supported Living Villages, who are in a position to provide a large range of care and services to a group of individuals for a minimum amount of money eg group activities and outings, on site case management, nutritional meals, transport and assistance with ADL's.

Increase assistance to enable supported living villages to offer limited number of rental accommodation options eg – assistance with bond, rental assistance, incentives to directors / owners of the Village.

The current system of assessing income and assets of aged clients wishing to enter a residential facility is time consuming, confusing and invasive. Supported Living Villages do not require means testing and is equitable across all income levels. This aspect should be considered when aged care team specialists are discussing future care options with clients.

ISSUE:

Staffing:

The provision of care & services to the rapidly increasing ageing population by qualified staff will be a problem in the near future. Aged Care is not seen as an occupation of choice by young school leavers – due to perceived limited opportunities, poor remuneration and a "less than ideal" work place culture. The need to attract and retain suitable employees will have a huge impact on aged care provision.

Recommendation:

Provide greater incentives to employers to undertake "on the job" training, accept trainees and create job opportunities in various aspects of the industry.
Provide funding to employ / subsidise "mentors" and "supervisors" in the workplace to support trainees.
Review the wage structure for aged care nurses – in line with public hospitals.
Create opportunities & funding for ongoing education and upskilling of existing staff.
Introduce salary packaging to employers in the private sector who provided aged care to enhance wages and benefits for employees.
National promotion campaign to highlight the benefits both personally and professionally that working in the aged care industry will provide to job seekers.

Funding for a national volunteer recruitment program. Volunteers can assist with social interaction, activities and escorted outings – and can build relationships with residents.

Organisations supporting volunteers and providing training programs etc would benefit from incentives and government funding / bonuses.

ISSUE:

Regulation:

Retirement Villages do not require formal accreditation and have no governance to ensure standards are met. The opinion of many of the general public and health professionals is that the quality of care provision is not regulated and therefore must be sub standard. In our Village that is certainly not the case, but we struggle to get that message across to aged care referral sources. As residents do not need an ACAT assessment to enter the village or receive care by on site nursing staff it is perceived that care may be inadequate.

Recommendation:

Introduce a level of governance and legislation in line with the aged care sector – eg Quality Reporting to ensure standards are met across all community service providers.

ISSUE:

Lack of options for short term care:

Public hospitals are overflowing with aged patients taking up acute beds. Many of these are not able to return to living independently following an acute episode, post operatively, for palliative care or because their carer is unable to look after them for various reasons.

There are limited programs and funding to support these clients in the Community. HACC programs do not accept clients short term or if requiring palliative care. Government funded programs such as Compax, ACTIP, Transitional Care and ED require a rehabilitation component, when often all that is required is some additional assistance with house work or personal care until the client is well enough to resume self care.

Access to short term and emergency respite is limited. To enter a residential facility an ACAT assessment is required (and may not be possible in emergency situation). There is also a critical shortage of respite beds. Respite for carers & care recipient "together" is rarely available, although the benefits to both is great.

Sunrise Supported Living has 6 fully self contained apartments ready for short term and emergency accommodation. We do not receive any funding – but charge $40 a day as a service to the community and as on opportunity for aged clients to experience Village life.

Recommendation:

Provide funding to allow post acute care to be provided in a supported accommodation village. Clients can be assisted with any aspect of care that is required to allow them to regain their previous health and mobility before returning home.

Allocate funding to alternative styles of respite accommodation (other than residential), to allow couples to have respite together, short term of those reluctant to enter a residential facility. Respite is also an ideal time for residents / family to assess which type of accommodation they would prefer when the time comes.

ISSUE:

Multiple government funded aged care services and service providers:

Currently there are a myriad of agencies / funded programs eg HACC, DVA, VHC, CACP, EACH & EACH D, FRO, Community Health etc etc. Consumers don't know who to access, how to find out what they can access or what they are entitled to. Many GP's either are not aware of services, or neglect to pass on information to the patients. There is a duplication of services across many groups, or there are gaps in service provision where needed (eg short term care). The amount of contribution by the client varies greatly – to no fees, minimal fees or over $50 per week.

Recommendation:

Streamline care provision. Needs to be more "user friendly". Promote "one stop shops" and information centres. Commonwealth Respite & Carelink is not widely promoted.

Educate ACAT, GP's, Practice Nurses and other referral sources on aged care services available.

Aged Care needs to be treated as a separate arm in Government. Aged Care, Mental Health and Disabilities all are very diverse, with different needs and solutions. A blanket approach to all 3 does not take into account the uniqueness of each area.

ISSUE:

Use of technology:

Technology in aged care has not been used to full advantage. The use of motion sensors, bed wetting alarms, wandering and monitoring devices etc can provide a level of surveillance to enhance direct care staffing (especially with dementia clients).

Documentation across residential and community organisations vary greatly – and yet there is an expectation while undergoing quality reviews that appropriate documentation is maintained. DVA developed Clinical Pathways, various assessments and reviews etc which were available to all DVA providers. This provided uniform documentation across all service providers and assisted with DVA compliance assessment.

Smaller services find the cost of a software program / data base prohibitive – often leaving them behind larger organisations who have access to technology and IT support.

Recommendation:

Government developed documentation "sites" where service providers could access standard forms eg hazard report, wound assessment, referral form. Access to this site could be to all services, with "preferred provider status" or benefits to users who are Approved Providers being introduced.

One off government grants / subsidies to allow smaller organisations access to IT programs – or have a "Government preferred/supported" data base / soft ware that can be provided free of charge or at a subsidised rate to eligible services. Eg DVA on line claim system.

Assistance with funding for installation of technology in community settings to allow residents with dementia to be more closely monitored. DSU's should only be for high risk clients.

ISSUE:

CACP > EACH

Funding for CACP's allows for approx 5 hours per week of service. However there are many instances (eg mild dementia) when the physical needs are low, but monitoring in the community is required up to 3 times a day eg medications, welfare and often up to 10 hours per week. These clients do not meet the EACH criteria of "high level". It has long been discussed between CACP service providers that the current low & high levels are not adequate. There is also no provision for increase in care for short periods eg after an acute episode or in the carer's absence.

Recommendation:

Without introducing "multiple" levels and getting as complicated as residential classification, there needs to be some variance between low and high, and for short term increased care needs eg DVA "acute" funding. CACP Plus – for low care but increased surveillance required.

TIMING:

The transition will be a complex process.

Allocating CACP and EACH packages to Supported Living Villages will go a long way to providing ageing in place without any disruption to the current system...

As per the Terms of Reference of this Inquiry... there is:

- an increased preference for independent living arrangements
- increasing incidence of chronic diseases
- reduced access to carers and families
- increased need for skilled palliative care
- a need for expansion in the aged care workforce
- a need to support independence and social participation
- a need to reduce pressure on the aged care system
- allow smooth transition between different types and levels of aged care

Supported Living Villages meet all the above needs and should be given greater consideration when reforms are being introduced.