

Senate Community Affairs References Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Senate Inquiry into Palliative Care in Australia  
24 April 2012

Question no: 1

OUTCOME 1: Population Health

Topic: Staffing

Hansard Page: CA 8

Senator Moore asked: Can I get an idea of the numbers in the cancer area in this branch and the palliative care area? Also, the levels, what they do and whether there is any crossover of staff in the process.

Answer:

The Cancer and Palliative Care Branch is grouped under Outcome 1: Population Health. The 2011-12 average staffing level for Outcome 1 as reported in the 2012-13 Health and Ageing Portfolio Budget Statements is estimated at 461.

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Senate Inquiry into Palliative Care in Australia  
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Question no: 2

OUTCOME 1: Population Health

Topic: Rural and remote funding for palliative care

Hansard Page: CA 14

Senator Moore asked: You know that a number of submissions raise the issue of access in regional, rural and remote areas and how we can get a handle on how funds are spent there?

Answer:

The Australian Government does not directly fund palliative and hospice care services but does provide financial assistance to state and territory governments to operate such services as part of their health and community service provision responsibilities. The use of this funding and the delivery of palliative care services in each jurisdiction is the responsibility of individual state and territory governments.

The Government provided over \$10 million for the Rural Palliative Care Program (RPCP) from 2008 to 2011. The RPCP aimed to provide improved choice and better access to services in regard to end-of-life care in rural and remote locations through resourcing general practices to provide sustainable models of palliative care service delivery that can be adapted to address the local needs of rural communities.

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Senate Inquiry into Palliative Care in Australia  
24 April 2012

Question no: 3

OUTCOME 1: Population Health

Hansard Page: CA 17

Senator Moore asked: Delivery of services to youth and families and return to country and Aboriginal people?

Answer:

The Australian Government does not directly fund palliative and hospice care services but does provide financial assistance to state and territory governments to operate such services as part of their health and community service provision responsibilities. The use of this funding and the delivery of palliative care services in each jurisdiction is the responsibility of individual state and territory governments.

In 2011-12, the Government is funding a number of projects under the Local Palliative Care Grants Program which have a focus on children/youth and Aboriginal and Torres Strait Islander people.

The Australian Government has also developed a valuable resource that assists families, carers, clinicians and health workers to better prepare and equip for the many situations they may face as they live with a child's illness. The paediatric palliative care resource *Journeys – Palliative care for children and teenagers* was updated by Palliative Care Australia in 2010-11 with funding from the Department of Health and Ageing for the Australian Government, which holds the copyright for the resource.

The Youth Cancer Networks (YCN) program is a 2008 Federal Budget Measure providing \$15 million to CanTeen for the establishment of Youth Cancer Networks, from 2008-09 to 2011-12, to improve services, support and care for adolescents and young adults (aged between 15 years to 24 years) with cancer.

In 2011-12 the Australian Government has allocated over \$419 million of funding to deliver comprehensive primary health care and other health services to meet Aboriginal and Torres Strait Islander community needs. These include clinical services for the treatment of illnesses, support services, emergency care, management of chronic conditions and referral, as well as a range of population health programs that respond to community needs. This funding is provided to over 280 organisations, of which 180 (64%) were Aboriginal and Torres Strait Islander Community Controlled Health Services.

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Inquiry into Palliative Care in Australia  
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Question no: 4

OUTCOME 13: Acute Care

Topic: Inquiry into Palliative Care in Australia

Hansard Page: CA 12

Senator Moore asked: If we could see how much we can get of the table Ms Smith has in front of her that would be very useful. Could we have the table across the states and the beds and the allocations? How much and what of that can we have?

Answer:

The Commonwealth is providing up to \$1.623 billion in capital and recurrent funding from 2010-11 to 2013-14 to states and territories to deliver and operate at least 1,316 new subacute care beds and equivalent services nationally.

Please see at Attachment A the *National Partnership Agreement on Improving Public Hospital Services – New Beds Guarantee Funding (Schedule E) – Total Planned Beds and Bed Equivalent Services 2010-12 to 2013-14* table which outlines planned beds and bed equivalent services (as at 30 June 2011) as well as funding allocations planned for the period 2010-11 to 2013-14.

**National Partnership Agreement on Improving Public Hospital Services – Total  
Planned Palliative Care Beds and Bed Equivalent Services and Palliative Care  
Funding by jurisdiction – 2010-11 to 2013-14 (as at 30 June 2011)**

<b>Planned State and Territory Palliative Care Beds / Bed Equivalents and Funding under Schedule E of the NPA IPHS (as at 30 June 2011)*</b>			
	<b>NPA Target (by S/T)</b>	<b>Total Palliative Care Beds/Equivalents identified by States</b>	<b>Total Funding for Palliative Care Beds/Equivalents identified by States</b>
<b>STATE</b>		<b>Beds and Bed Equivalents</b>	<b>Allocated Funding</b>
NSW	<b>428</b>	51.00	\$27,893,925
VIC	<b>326</b>	22.10	\$644,515
QLD	<b>265</b>	25.50	\$16,960,000
WA	<b>135</b>	4.00	\$2,200,000
SA	<b>97</b>	0.00	\$0
TAS	<b>30</b>	0.00	\$0
ACT*	<b>21</b>	0.00	\$86,935
NT	<b>14</b>	2.00	\$2,075,376
<b>Total</b>	<b>1316</b>	<b>104.6</b>	<b>\$49,860,751</b>

\* Whilst the ACT is not planning to deliver any palliative care beds or equivalent services, it has allocated funding for the purchase of palliative care equipment to support people in the community.

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Inquiry into Palliative Care in Australia  
24 April 2012

Question no: 5

OUTCOME : Ageing and Aged Care

Hansard Page: CA 9

Senator Moore asked: What training is conducted in the aged care area?

Answer:

The Australian Government is committed to supporting and encouraging improvements in the delivery of aged care and ensuring the best possible care for frail older Australians.

An adequate and well qualified workforce is fundamental to the delivery of quality aged care. The Australian Government supports a range of workforce initiatives designed to provide additional training opportunities for existing staff and to create better career paths for all care workers. These initiatives assist providers to meet their responsibilities under the *Aged Care Act 1997* and to develop a well trained aged care workforce.

Since 2007, the Department has invested more than \$252 million for more than 41,800 aged care training places. This includes:

- 1,351 scholarships leading to a qualification as a registered nurse;
- 4,146 training places to aged care workers leading to a qualification as an enrolled nurse; and
- 36,388 accredited certificate level qualifications for personal care workers.

Included as part of these training places is education to improve the palliative care skills and knowledge of people working in aged care. This includes understanding the needs of people approaching the end of life, understanding the palliative approach to care of people and their family, and developing and implementing a care plan for people at the end of life.

Support also includes funding for people working in aged care to undertake specific units from the palliative care skill set. The skill set comprises a set of training units and enables people working in aged care to gain targeted skills that can be transferred readily into their caring role.

The Department also provides funding through the Encouraging Better Practice in Aged Care initiative to encourage and support the uptake of evidence-based, person-centered and better practice in aged care. This initiative has a focus on improving staff knowledge and skills and developing supporting resources, to improve outcomes for aged care recipients.

Funded projects have included three specifically targeted at encouraging a palliative approach in residential aged care to address their palliative care needs. These projects are:

1. A good death in residential aged care: optimising the use of medicines to manage symptoms in the end-of-life phase.
2. The Encouraging best practice palliative care in residential aged care facilities from rural and remote communities.
3. The implementation of a comprehensive evidence-based palliative approach in residential aged care.

The Government is also providing support to develop a program to test and undertake appropriate models of practice for aged care nurse practitioners.

The program aims to test and evaluate a range of financially viable practice models that can be implemented across both home care and residential aged care settings. In this program nurse practitioners are working in a range of clinical specialties, including palliative care, to assist in improving the care of older people.

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Question no: 6

OUTCOME : Ageing and Aged Care

Topic: *Living Longer. Living Better.*

Hansard Page: CA 14

Senator Fierravanti-Wells asked: Requested a briefing from the department (AACD)

Answer:

The Department of Health and Ageing briefed Senator Fierravanti Wells on Tuesday, 1 May 2012 on the *Living Longer. Living Better.* aged care reform package.



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Question no: 7

OUTCOME: Ageing and Aged Care

Hansard Page: CA 16

Chair asked: A number of submissions raised HACC. I think from some of the submissions that there is a misunderstanding around about when HACC can and cannot be accessed. One submission says you cannot access HACC below 65 palliative care or to support care in the home for palliative care. Is that correct?

Answer:

Specialist palliative care services, that is, provision of specialist palliative care services for a person in terminal stages of illness, have always been out of scope for the joint Australian Government and State and Territory government HACC Program.

*Commonwealth HACC Program*

From 1 July 2012 the Commonwealth HACC Program will provide funding for basic community care services which support frail older people and their carers, who live in the community and whose capacity for independent living is at risk, or who are at risk of premature or inappropriate admission to long term residential care. The target population for the Commonwealth HACC Program are frail older people with functional limitations as a result of moderate, severe and profound disabilities and the unpaid carers of these frail older people. Older people are people aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over.

State and Territory governments will continue to fund and administer basic community care services for people under 65 years and Aboriginal and Torres Strait Islander people aged under 50 years.

This change in responsibility applies to all states and territories except Western Australia and Victoria who are not participating in the reforms to HACC. Basic community care services for frail older people and younger people with disability in Victoria and Western Australia will continue to be delivered under the Home and Community Care Program as a joint Commonwealth-State funded program, until otherwise agreed.

### *Palliative Care Services*

The Commonwealth HACC Program does not provide specialist palliative care services as these services continue to be outside the scope of the Program.

However, people who are receiving palliative care services may also be part of the Commonwealth HACC target population and therefore may be eligible to receive basic maintenance, support and care services. Commonwealth HACC services may be provided to people receiving palliative care services as long as these services are not expected to be provided as part of the general suite of specialist palliative care services.

People that are in the target population will be assessed to establish the type and extent of their support needs. Services will be provided based on this assessment, the priority of need of the person and the capacity of the service provider to deliver support within existing resources. Support through the Commonwealth HACC Program is also available to carers of eligible people.