verso consulting pty ltd

Central East Wheatbelt Aged Care Needs Study

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Prepared for:
Central East Aged Care Alliance

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About the report

Verso Consulting has been engaged to develop the Central East Aged Care Regional Solution for the Wheatbelt.

The Regional Solution investigates ageing in place (assisting the aged to receive care in their own homes), existing and required infrastructure and services, as well as high care for the aged.

The project was identified through the Central East Aged Care Alliance (CEACA), formed following discussions at the 2011 Central East Country Local Government Funding Planning Forum in Kellerberrin. The group is seeking to develop a holistic regional solution to allow ageing residents to remain in the region for as long as possible, within the context of Federal and State Government policy initiatives.

The CEACA is made up of 11 shires from the Central East Wheatbelt - Westonia, Yilgarn, Merredin, Wyalkatchem, Trayning, Nungarin, Bruce Rock, Mount Marshall, Kellerberrin, Mukinbudin and Koorda, as well as the Wheatbelt Development Commission and Regional Development Australia Wheatbelt.

Throughout the project Verso met with CEACA to ensure that findings, analysis and implications have been discussed to facilitate interpretation of the finding and to corroborate the evidence. The process was also useful to ensure that all stakeholders were 'brought along' through the project.

Through the project and in the development of this report Verso worked closely key stakeholders which will impact the Aged Care sector such as the Southern Inland Health Initiative (SIHI), other parts of Western Australian Country Health Service (WACHS), Department of Health and Ageing (DoHA), Medicare Local, Regional Development Australia (RDA) and the Wheatbelt Development Commission (WDC). A key policy context for the project included the Productivity Commission Inquiry Report: Caring for Older Australians 2011, and the Living Longer Living Better Aged Care Reform Package 2012.

The Living Longer Living Better Aged Care Reform is the most influential reform to aged care since the Aged Care was instituted in 1997. As such consultations were conducted in Canberra with the advisors to Minister for Health and Ageing Mark Butler. The Minister's office seeks to remain appraised of the Central East Aged Care Regional Solution for the Wheatbelt.

The Regional Solution will provide clear direction to develop and implement infrastructure and service level solutions to address the urgent need for aged care accommodation services in the Central Eastern Wheatbelt.[1]

This Needs Study will inform the development of the Regional Solution for the Wheatbelt. The Regional Solution for the Wheatbelt is detailed in a separate report.

[1] Adapted from www.wheatbelt.wa.gov.au accessed [15]/5/12

Executive Summary

The executive summary details the key findings, analysis and implications of the Needs Study. The needs study for the CEACA LGAs draws on and aggregates individual summaries developed for each LGA. The summary includes:

- Demographic characteristics of the CEACA LGAs;
- The emerging Policy Context;
- Community Forums and Consultations;
- Aged Care Services Levels;
- Planning & Analysis of Aged Care Levels;
- Aged Care Solutions from Literature.

Demographic characteristics of the CEACA LGAs

Remoteness

The Accessibility/Remoteness Index of Australia (ARIA) scores localities within the CEACA area which range from 3.61 (Wyalkatchem township in Wyalkatchem LGA) to 7.62 (Mt Jackson in Yilgarn LGA). The scores reflect Moderate Accessibility and Remote areas, indicating "significantly" to "very" restricted access as defined by the ARIA.

The accessibility restrictions are sufficient for services in all CEACA LGAs to qualify for subsidies from the Commonwealth to respond to the added costs of providing aged care. The subsidy levels commence at an ARIA score of 3.52.

Population

The projected growth of the aged population in the CEACA area will require additional aged care services and infrastructure to be developed to support the projected increase. Key findings include:

- The 70+ population[2] will increase from 1,019 (10.3% of total area population) in 2011, to 1,196 (11.5%) by 2017, and to 1,616 (15.9%) by 2027;
- The projected numeric increase in the CEACA 85+ population from 2011 to 2017 is 73 people (47.7% increase in six years), with a further increase of 63 people between 2017 and 2027, which reflects a 88.9% increase from 2011 to 2027 (16 years). About half of the 85+ population will require Community Aged Care Packages or Residential Aged Care;
- In the CEACA LGAs the portion of the population that are older is higher than State averages and is projected to exceed the comparable statewide figure by up at least 5 percentage points in 2017, 5.7 percentage points in 2022 and 6.3 percentage points by 2027;
- The growth of the 55+ between 2011 and 2017 is projected to be 597 with a further increase of 456 between 2017 and 2027 (demonstrating there will be an increasing ageing population over the next 30 years).

The implication of the growth in the ageing population is that planning for, and developing, residential aged care services and aged housing will need to

[2] 70 years of age is the population planning benchmark used by DoHA for aged care services

commence in the immediate short term given the lead-times required to develop the required infrastructure.

The profile of the current aged profile in the CEACA area demonstrates that the current and future structure of the ageing population will be greater than the State norms.

Ageing Population 2011

Area	55+	% Pop	70+	% Pop	85+	% Pop	Total
WEROC	1,956	26.7%	708	9.6%	116	1.6%	7,351
NEWROC	808	32.2%	311	12.4 %	37	1.5%	2,511
CEACA	2,764	28.0%	1,019	10.3%	153	1.6%	9,862
Wheatbelt	22,472	30.6%	7,646	10.4%	1,156	1.6%	73,373
WA	529,305	23.6%	188,552	8.4%	34,215	1.5%	2,239,171

Source: ABS Census 2011

Housing

An analysis of income and relative deprivation demonstrates that there will be a need to offer a range of ownership options including social housing in ILU developments. The 55+ demographic data demonstrates that expanding the Aged Persons housing options in the CEACA catchment will support demand for the ILUs for a serviceable life of at least 30 to 40 years.

ATSI

The ATSI data indicates a need for a targeted approach in responding to the requirements of the ATSI population. Attention may also need to be paid to younger populations of Aboriginal people who have health conditions commonly related to ageing.

Need for Assistance

Need for assistance data details the support required due to severe or profound limitations with the core activities of daily living. The findings are that relatively lower proportion of people aged 85+ indicating 'need for assistance' is an marker that a portion of older people who required assistance within the catchment area have moved away from the CEACA LGAs (Estimate 10 persons). When the 70+ data is examined the data indicates that a total of some 36 persons may have moved away from the CEACA LGAs based on the expectation that the 70+ cohort in the CEACA LGAs would have an average rate of 'need for assistance' comparable with State averages. Given the higher reported rates of chronic disease in the CEACA LGAs this figure may have been expected to be higher.

The data for 55+ is broadly comparable with the State demonstrating that there are more persons 55 to 69 years with need for assistance than the State average a figure almost 10 percentage points higher than State averages yet this profile of need is not translating into the 70+ data.

Unpaid Carers

The data indicates that there are 6 unpaid carers aged 85+ living in CEACA LGAs, although there were a reported 67 aged 70+. This may reflect that there are family or friends who act as carers but do not identify themselves as carers.

Alternatively, the persons aged 85+ require assistance may be living alone and therefore at risk of social isolation.

Dementia Data

An analysis of the data relating to dementia prevalence cross-referenced to population projections demonstrates that between, 2012 and 2027, the number of persons 70+ years of age will grow from 101 to 156. Considering the limited access to dementia specific care and expertise in the CEACA area at present, there is an acute need to develop a response to this growing need.

Policy Changes

There are significant changes taking place in policy and programs for health and aged care. The reforms include:

- Health Reforms;
- SIHI;
- WA HACC Reforms;
- Aged Care Reforms.

Key aspects of these policies are:

- Strengthening primary care (State and National) including Telehealth and supporting greater sustainability in private general practice
- Safe and effective emergency services and reduced wait times;
- Greater accountability across health and aged care;
- The Australian Government taking full policy and funding responsibility for aged care services (except HACC WA and Vic);
- WA HACC reform that is structured around developing and adopting a set of "common arrangements" – processes, methodologies and tools to simplify and streamline a range of activities. The reforms include national targeting strategies to ensure an appropriate balance of HACC funding across care needs and will be underpinned by the objective of achieving greater alignment between the HACC Program and other community care programs;
- The Commonwealth Government's Living Longer, Living Better – Aged Care Reform Package reforms measures include:
    - Increased user contributions (this does not include the family home);
    - Increased supply of aged care services including 2 new community aged care package types – resulting in the delivery of four level of community packaged care from July 1st 2013;
    - Increasing the opportunity for people to receive care at home;
    - Creating 'a home support program' by combining HACC and existing Commonwealth community programs such as respite and day therapy programs with the intention of putting a greater emphasis on prevention and reablement and a consistent fee policy after 2015 (WA and Victoria's arrangement are under negotiation);
    - The creation of an independent pricing authority to approve pricing for residential aged care accommodation and charges for extra services;
    - Creating a dementia subsidy across community care services;

- Improving the approach to dementia care in hospitals;
- Improving the approaches and arrangements for palliative care.

Community Forums & Consultations

Forums

Verso conducted forums across the Central East Wheatbelt in June and July 2012. At least one forum was conducted in each local Government area participating in the development of the Central Eastern Wheatbelt Aged Care Solution. A total of 15 forums were conducted with 194 persons participating in the forums. People attending included members of the local communities; some participants have roles in, local Government, Nursing Services, WACHS and Service Providers.

Forum themes included:

- Community Life, including; The Social Capital of Rural Communities, Outward Migration, Inward Migration, Social Isolation and Carers;
- The Experience of Distance;
- Services including; Post acute Care and Rehabilitation, Primary Health, Information, Respite, Community Aged Care, HACC, Residential Aged Care and Dementia Care;
- Workforce;
- Housing.

The Key findings for Community Life include:

- There evidence of strong community life was demonstrated in the numbers participating in the forums, the quality of community facilities and the strong desire to remain in the community (to age in place);
- There was a common view that older people are having to move away from the communities when their aged care needs can no longer be met;
- There was evidence in every forum of inward migration into the town in the CEACA LGAs. Two types of inward migration are occurring; people are moving off farms into town and people are moving from other locations (locations include; Sydney, Perth, Brisbane, Pilbara and Kalgoorlie);
- Respondents identified that there were some isolated people in towns and on farms;
- The role of caring is more extensive than can be identified through ABS data as people tended to view caring as part of normal community life.

The Key findings for the experience of distance include:

- Distance is more than kilometres it is about reduced access to essential services;
- There are older people who are disconnected from vital aged care and health services on rural properties;
- There are some communities in the CEACA area with limited access to pharmaceuticals which are particularly important as the community to ages;

- Transport arrangements are; varied, are challenging for older people attending specialist appointments and are not integrated. In addition there are concerns of the overuse of volunteer arrangements and under use of Shire owned busses.

The Key findings for the services include:

- There are a lack of services in the CEACA area for people who have been in Perth hospitals returning to the community;
- There are challenges in delivering primary care however there is evidence that are significant flexibility in the way services are arranged and delivered;
- Information about services is consistently inadequate;
- Community respite is limited and other supports for carers are lacking;
- There is a limited understanding of the community aged care options and a real appreciation of what community aged care could do when the option was explained;
- There is a good understanding of HACC however there is a view that HACC services are stressed and not meeting community expectations;
- The community finds it difficult to distinguish between the hospital and residential aged care;
- Residential Aged Low Care (Hostel) has generally been viewed as providing a very low level of aged care – perhaps congregate care;
- There is a varying quality of residential aged care due to the built environment not being suitable in some hospitals;
- Dementia care; whether community care, respite services or residential aged care is considered inadequate;
- 'The hospitals' cannot provide the secure environment required for Dementia Care.

The key findings regarding workforce include:

- There are significant workforce shortages impacting on the capacity to deliver services;
- There is a concern that the capacity to deliver new services will be limited due to the workforce shortages.

The key findings regarding housing include:

- There is acknowledgement that additional older persons housing is required;
- Older persons housing that can support ageing in place was strongly endorsed as a preferred option for the CEACA communities;
- Having the range of ownership options was generally endorsed.

Stakeholder Consultations

Consultations were conducted with 19 key stakeholders. Additional consultations occurred on the occasion of the project management meetings with individual councilors, council staff and Shire CEOs. A meeting was conducted with the Minister for Health and Ageing, Mark Butler's advisors in

Canberra and meetings with WACHS and DoHA WA State office. The consultant also met with other managers involved in MPSs (SA and NSW) and with the CEO of Aged and Community Tasmania (Minster's workforce taskforce member) to receive additional insights and compare and contrast services with the WA models.

Themes addressed in the stakeholder consultations include:

- WACHS as an aged care provider;
- Quality of care;
- HACC;
- Market Failure;
- Unmet Demand for Aged Care;
- Resolve to Develop Solutions.

Key Findings Include:

- WACHS seeks to be an aged care provider of last resort;
- WACHS position has created anxiety for some Shire's;
- Some Shire's understand that developing alternate approaches to aged care will also impact on the hospital;
- Some MPSs are not providing a built environment for residential aged care consistent with mainstream residential aged care provision;
- There are quality of care deficits when it comes to dementia care in the MPSs;
- There is a lack of answers regarding how the demand for dementia care services will be responded to in the CEACA area;
- WACHS wishes to grow the HACC service; currently service levels are considered patchy and limited due to workforce shortages;
- There is market failure in aged care in the CEACA area;
- There is unmet need for aged care services;
- There is uncertainty about how to address the shortfall in services;
- A significant focus of consultations was how to respond to the gaps and issues identified. The needs study and Aged Care Solution are welcomed by the stakeholders who wish to remain engaged with how to action the findings.

Aged Care Service Levels

The findings of this section addresses aged care service levels is organized into a discussion relating to:

- Aged Care Program Service Levels including; Multi Purpose Service, Residential Aged Care – Dryandra Residential and Community Care and HACC Service Provision;
- Health Services;
- Aged Persons' Housing; Findings from CEACA research and Findings from Other Research.

Aged Care Program Service Levels

Multi Purpose Service

The Multi Purpose Service is the primary mode for delivering aged care in the CEACA region. The Multi Purpose Service is generally established when the local population is not large enough to support separate services, such as a hospital, a residential aged care service, home and community care services, child and maternal and public health and where there is poor access to essential health and aged care services. Funding is applied flexibly across health and aged care services to offer more service choices specific to the needs of the local community and to be innovative in service delivery.

The common arrangement for an MPS in WA is that an 'ALL IN' approach applies, that is all the health services and all the aged care services are bundled together in the communities served by the MPS. There are some examples where mixed approaches are operating in a manner that seems to be contrary to the 'ALL IN' protocol in the CEACA area. If alternate aged care providers establish services in an area served by an MPS under current arrangements it would normally result in the MPS having to be reclassified which would have impact on the operation of the hospital.

The MPS's operate aged care services at a considerable disadvantage compared to mainstream aged care due to funding arrangements. The inequities in the funding arrangements are considered by the consultants to in the longer-term be one of the issues that will drive change unless the inequities are addressed. Key findings from the study include:

- There are significant differential in the average subsidies achieved in the MPS ($29,920) compared to the National subsidies for residential aged care ($48,140);
- An MPS cannot receive supplements and capital funding grants/ zero real interest available to a mainstream provider;
- Aged Care places in MPS have not increased in WA in the last three years while the 70+ population has risen sharply leading to a widening gap between demand and supply;
- The major thrust of Living Longer Living Better is a substantial increase in services that will support older Australians to remain at home. Community care services delivered through the MPS do not reflect the structure and priority of current community services and appear to be poorly positioned to realise the objectives and program design of the reforms;
- Dementia services are unable to respond to current and future demand;
- Considerable attention has been paid to improving the quality of care through the MPS by WACHS however the continuing issues that impact on quality of care is the incapacity to support secure dementia care, the built environment in some of the hospitals that limits recreation and lifestyle and lack of human resources to support lifestyle/ recreation options.

Residential Aged Care - Dryandra Residential and Community Care

Dryandra Residential and Community Care (located in Kellerberrin) is directly funded by the Commonwealth, and is operated as a community based Approved Provider. There are 26 low care beds offered at the Hostel. These beds are built to a standard that facilitates ageing in place; that is the capacity to offer

levels of care from low care through to high care in Dryandra Residential and Community Care as the care recipient's needs changes.

Dryandra Residential and Community Care has received a Royalty for Regions capital grant to pay for the majority of an extension to the hostel of 21 additional beds including at least 13 dementia specific beds.

HACC Service Provision

HACC services are provided as part of bundled and flexible funding through the MPS. The provision HACC services appear to be at a level that is greater than State Averages.

Health Services

Health services in the Wheatbelt Region are operated by the WA Country Health Service (WACHS). This network of local hospitals and health services are the primary vehicle for delivery of aged care and health services across the CEACA area. These MPSs are among 77 multipurpose services nationally, mainly located in regional and remote areas of Australia, and mainly provide non-acute admitted patient care along with residential aged care services.

CEACA Hospitals and Services

Hospital/facility	Location (LGA)	Primary Catchment (LGA)
Bruce Rock Memorial Hospital	Bruce Rock	Bruce Rock
Kellerberrin Memorial Hospital	Kellerberrin	Kellerberrin
Kununoppin Hospital	Trayning	Mt Marshall Mukinbudin Trayning
Merredin Hospital	Merredin	Merredin
Southern Cross Hospital	Yilgarn	Westonia Yilgarn
Wyalkatchem-Koorda and Districts Hospital	Wyalkatchem	Koorda Wyalkatchem

Source: www.myhospitals.gov.au, accessed 10/5/12

The most significant users of hospital services are older people and the average length of stay increases significantly as a person ages. AIHW report that from the age bracket 55-59 to the age bracket 85+ the length of stay increases from just over 2 days to an average of approximately 7 days.

Dr Jane Tolman, Director of Rehabilitation and Geriatric Services at the Royal Hobart Hospital, has identified that 'hospitals are toxic to older people' and commented on the functional decline experienced by older people while in hospitals and the difficulty of recovering the functional decline post hospital attendance . It has been observed that in many cases a degree of functional decline is permanent post exit from an acute service.

These issues underscore the need to develop health services that are capable of mitigating the reliance of older persons on acute care and designing and developing health services that are complimentary to the ageing profile of the community.

The WA Country Health Service has identified the following four priorities[3] for future investment and effort:

- Focusing on, and re-investing in, primary and community health activities that can be demonstrated to improve the health of the country population;
- Improving the health of Aboriginal people;
- Building capacity to respond to mental health issues within all services so as to provide a broader base of services to protect, maintain and improve the mental health of regional communities;
- Supporting healthy ageing in the community through services that maintain health and independence.

Aged Persons' Housing

The findings indicate that current supply does not fully respond to the types of housing required. The range of options under the Retirement Villages Act differs from the rental only arrangements available through the Council managed ILUs. As detailed in the consultations there is a need for a range of ownership options that include; lease for life, resident funded units, rental and social housing.

Pricing in the ILU village at York, operated by the Global Care Group, includes prices for the units at $310,000 to $330,000 for 2 bedroom units with the added features of; a double garage, craft nook and outdoor living areas with all rooms being of generous proportions. This price range appears to be within a marketable range within the Wheatbelt and to be of quality required by older people.

The following issues were consistently rated as highly desirable:

- Housing that afforded low to no maintenance
- A secure environment
- Supportive services and programs for ageing in place
- A place of active social engagement

Research demonstrates that these elements are preferred by respondents in relation to the built environment:

- Respondents are influenced by issues or features separate to, but not excluding size, shape and age of the dwelling;
- Additional bedrooms are generally seen as desirable and as multi-functional in use; guest room and hobby room combined;
- External appearance of the building is of importance - "Attractive looking with some sort of character";
- Choice and personalisation are an important consideration in designing a dwelling that is uniquely deemed as 'homely';
- Specific areas for men to work on 'outside' hobbies was commonly supported;
- Homes that provide older persons with the freedom to choose an 'active' lifestyle are seen of as highly preferable and commensurate with healthy living;

[3] Foundations for Country Health The WA Country Health Service Strategic Plan 2007 - 2010

- Environmental design features were not at the forefront of respondent's thinking, however among all participants there was a clear social and environmental conscience;
- All respondents voiced their unwillingness to invest ALL of their assets into a new home;
- While there were a number of older persons consulted who had not moved from their family home it was clear that most had given some consideration to a potential move.

Planning & Analysis of Aged Care Levels

Future planning will be affected by the Living Longer Living Better reform measures. The measures impacting on residential aged care include:

- From July 1st 2014 the accommodation supplement the residents who are unable to meet there accommodation cost will increase by 62%
- The higher costs in rural areas will be addressed through greater access to capital grants ($51m per annum) and zero real interest loans;
- The split between high and low care will be removed and the care levels will be determined by the aged care funding instrument (residential aged care facilities will need to provide facilities that meet the standards for high care to facilitate the progressive change of care levels – thus facilitating ageing in place in the same residential care facility)
- The aged care funding instrument will be improved to ensure that the funding claimed is reflective of the level of care being offered
- Families will be able to purchase an increased range of services according to means and choice
- A combined income and asset test will be introduced from July 1st 2014 to ensure fee arrangements are consistent and fair
- The benchmarked number of residential beds will be reduced from 88 per 1,000 for the target population in 2012 to 80 per 1,000 by 2022

The following table details current funded services comparing them against benchmark service levels in the CEACA area.

Aged Care Planning Benchmarks 2011 (current ratios)

Area	Pop 70+ & ATSI	Benchmark levels based on population				Current Allocation	Variance
		Resi High care	Resi Low Care	Comm'ty	Total		
CEACA	1,088	47.9	47.9	27.2	123	154	+31
W'belt	8,254	363.2	363.2	206.3	932.7	524	-409
WA	193,852	8,529	8,529	4,846	21,904	22,649	+745

Source: Community Consultations, Aged Care Services List June 2011 DoHA

The previous tables identify the current 'allocated' funded places and the following table details population driven demand compared to benchmark and current funded and operational service levels in 2022. The comparison provides insight into the new places that will be required to respond to the population driven demand. The actual service levels may be lower than the places funded however this is difficult to determine as funding is bundled in the MPS with

health service funding and HACC. A review of operational levels indicates that there may be 124 places rather than the 155 funded places. The follow table indicates that 37 to 65 additional places may need to be built as residential aged care or delivered as community aged care by 2022.

Aged Care Planning Benchmarks 2022

Area	Pop 70+ & ATSI	Benchmark levels based on population			2012 Service Levels Allocated	Variance
		RESI	Comm'ty	Total		
CEACA	1,517	121	68	189	155 funded	-37
CEACA	1,517	121	68	189	124 operational	-65
W'belt	11,839	947	533	1,480	524	-956
WA	326,973	26,158	14,714	40,872	22,649	-18,223

Sources: ABS Customised population projections prepared by the ABS for DoHA 2008, Estimates of the 50 to 69 ATSI population based on ABS 2006 and 2011, Aged Care Services list June 30th 2011 (DoHA) updated with 2011 ACAR allocations DoHA 2011, Community consultation Verso consulting April to June 2012, Living Longer Living Better Commonwealth of Australia 2012

Aged Care Solutions from Literature

This section details relevant reports, papers and discussion papers.

Age Friendly Community

In an age-friendly city; policies, services, settings and structures support and enable people to age actively by:

- Recognizing the wide range of capacities and resources among older people;
- Anticipating and responding flexibly to ageing-related needs and preferences;
- Respecting their decisions and lifestyle choices; protecting those who are most vulnerable;
- Promoting their inclusion in and contribution to all areas of community life.

Active ageing depends on a variety of influences or determinants that surround individuals, families and their communities. They include material conditions as well as social factors that affect individual types of behaviour and feelings

Age-friendly community and health services include considering; service Accessibility, Offer of Services and Voluntary Support.

Philosophy of "Ageing in Place"

'Ageing in place' emphasises supporting older people in their home or family setting for as long as possible. The objective can relate to individuals who wish to remain in their own home (including an ILU) with the aid of additional support services as well as residing in a residential facility continuing to live in the same place or facility when their care level changes. Within the residential aged care sector 'ageing in place' generally describes a policy which allows low care residents of former hostels (that is low care facilities) to remain in the same facility "as their dependency increases.

Developing Service Models

Service models developed as a result of the CEACA aged care solution will draw on or be referenced to these elements including the integration of the Solution with Health Services.

Special Needs Groups

Special needs groups featured highly in this policy review. These groups have been identified because their particular care and/or cultural needs may result in people "falling through the cracks" - missing out on services because clients with more general needs are "easier" to care for.

The special needs groups are:

- People from Culturally and Linguistically Diverse (CALD) backgrounds, also referred to as people from Non-English Speaking Backgrounds (NESB);
- People in Financial and/or Social Disadvantage (F&SD);
- Aboriginals or Torres Strait Islanders (ATSI);
- Veterans or War Widows;
- People living in Rural and Remote areas (All persons in the CEACA area);
- Homeless older persons and those at risk of homelessness;
- Care leavers[4];
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)[5].

Value of Early Access to Aged Care

Clear evidence was identified in the literature for the positive effect of providing small amounts of community care for people at a range of dependencies, including high dependency clients. Howe, Doyle & Wells argued that "if admission to residential care is to be delayed, needed services have to be accessed well in advance so that the trajectory of functional decline can be moderated over a longer period." They also noted that "leaving service provision until a later stage of functional decline could mean that too little could be provided, and too late, to avoid admission".

Value of Preventing Hospitalization for the Elderly

There is a large body of literature which discusses the significance of keeping the elderly population out of hospital due to the risks associated with admission such as declined function and vulnerability to hospital associated complications.

WA Health Networks Key Planning Principles

WA Health Networks Key Planning Principles[6] provide useful insights that include: Prevention & Promotion, Early Detection & Intervention, Integration & Continuity of Care and Self Management.

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[4] Attorney Generals Department. Aged Care Act 1997, Act No. 112 of 1997 as amended on 21 September 2009.

[5] LGBTI is an internationally recognised acronym which is used to describe lesbian, gay, bisexual, trans and intersex people collectively. This is the term used by the Australian Government in Living Longer. Living Better. In this paper the Commission has also used LGBTI when referring to the initiatives in this report. In using this terminology the Commission understands it to refer to the whole spectrum of sexual orientation, sex and/or gender identity in our community.

Model Examples

There are 15 examples detailed in the needs study providing CEACA with:

- Insights that can be used to develop solutions;
- Evidence of the benefits of particular innovation or approaches;
- Evidence that reinforces the challenges, dynamics and barriers of providing aged care service in rural locations.

Most of the examples have been gleaned from Verso's practice work or an examination of academic literature published in the Sustainable Model of Aged Care literature review[7].

[6] Models of Care Overview and Guidelines, WA Health Networks http://www.healthnetworks.health.wa.gov.au/publications/docs/070626_WA_Health_Model_of_Care-overview_and_guidelines.pdf

[7] Sustainable Model of Aged Care, Regional, Rural (including remote) Australia Verso Consulting 2010