



## **Australian Government**

Australian Government response to the  
House of Representatives Standing Committee on Health  
and Ageing report:

Thinking Ahead – Report on the Inquiry into Dementia:  
early diagnosis and intervention

December 2017

## **Government Response to the House of Representatives Standing Committee on Health and Ageing report *Thinking Ahead – Report on the Inquiry into Dementia: early diagnosis and intervention***

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## Acronyms

ACRRM	Australian College of Rural and Remote Medicine
ACFI	Aged Care Funding Instrument
AIHW	Australian Institute of Health and Welfare
ANMAC	Australian Nursing and Midwifery Accreditation Council
BPSD	Behavioural and Psychological Symptoms of Dementia
CDM	Chronic Disease Management
CDPC	Cognitive Decline Partnership Centre
CHSP	Commonwealth Home Support Program
CPD	Continuing Professional Development
DACS	Dementia and Aged Care Services Fund
DBMAS	Dementia Behaviour Management Advisory Services
DCRC	Dementia Collaborative Research Centres
DOMS	Dementia Outcomes Measurement Suite
DSA	Dementia Support Australia
DTA	Dementia Training Australia
DTP	Dementia Training Program
DTSC	Dementia Training Study Centre
GDP	Gross Domestic Product
GP	General Practitioner
HWA	Health Workforce Australia
LCCSC	Law, Crime and Community Safety Council
LHN	Local Hospital Network
MBS	Medicare Benefits Scheme
NDSP	National Dementia Support Program
NFAD	National Framework for Action on Dementia 2015-2019
NHMRC	National Health and Medical Research Council
NNIDR	NHMRC National Institute for Dementia Research
NSQHS	National Safety and Quality Health Service
PCACE	Palliative Care in Aged Care Evidence
PHN	Primary Health Network
PN	Practice Nurse
RACGP	Royal Australian College of General Practitioners
SBRT	Severe Behaviour Response Team

SDCU	Specialist Dementia Care Unit
TAFE	Technical and Further Education
The Commission	Australian Commission on Safety and Quality in Health Care
WHO	World Health Organisation

## Foreword

In 2017, there are an estimated 365,100 people in Australia living with dementia.<sup>1</sup> This is expected to increase to almost 900,000 by 2050.

The House of Representatives Standing Committee on Health and Ageing report *Thinking Ahead - Report on the Inquiry into dementia: early diagnosis and intervention* (the Report) includes 17 recommendations for action. The Australian Government acknowledges the Committee's findings in examining the need for a more timely diagnosis of dementia and early intervention.

This response to each of the recommendations has been developed collaboratively with the Department of Social Services, the Attorney-General's Department, Australian Commission on Safety and Quality in Health Care and the National Health and Medical Research Council (NHMRC).

Since the report was tabled, the Australian Government has taken action through a wide range of initiatives and reforms targeting dementia. This action is informed by the *National Framework for Action on Dementia 2015-2019* (NFAD), which was endorsed by the Council of Australian Governments Health Council on 7 August 2015. The NFAD outlines Australian, state and territory government priorities across primary, acute and aged care to reduce the risk of developing dementia and improve the quality of life for people living with dementia and their support networks.

A key initiative is the Government's \$200 million commitment over five years to 2019 to boost Australia's research into the prevention, diagnosis, treatment and cure of dementia. This included the establishment of the NHMRC National Institute for Dementia Research. Improving the timeliness and accuracy of diagnosis and the effectiveness of treatment and interventions are key priorities of projects funded under this commitment.

The Government has also supported additional research translation and service improvement projects at a cost of more than \$30 million through three rounds of the former Aged Care Service Improvement and Healthy Ageing Grant Fund between 2012 and 2017. These projects also address a range of recommendations in the Report including training for the aged care workforce and health professionals, improving dementia care in hospitals and primary care settings, improving the timeliness of diagnosis and access to information and support services for people living with dementia.

People living with dementia experience acute illnesses, requiring their admission to hospital where they can be at increased risk of complications and adverse events. The Australian Commission on Safety and Quality in Health Care (the Commission) is promoting the importance of the recognition and care of people with cognitive impairment as an important quality and safety issue in Australian hospitals.

In January 2016 the Government announced a national approach to programs and services designed to support people living with dementia and their carers. The national approach is based on advice of stakeholders and experts received through the Ministerial Dementia Forums of 2014 and 2015 and KPMG's nationwide consultation and analysis of dementia

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<sup>1</sup> Australian Institute of Health & Welfare (2012)

programmes commissioned by the Government in 2015. Outcomes of the redesign address many of the Report's recommendations and are detailed in this response.

One element of the national approach to dementia support involved the engagement of a single national provider to deliver nationally consistent accredited dementia training and education to the aged care workforce and health care professionals across Australia. The new Dementia Training Australia consolidates the former Dementia Training Study Centres and Dementia Care Essentials programs. Another key element was the engagement of a single national provider to deliver the Dementia Behaviour Management Advisory Service across all states and territories from October 2016.

The Government is also working with stakeholders on stage two of the national approach to redesign dementia consumer support services.

In June 2016, the Australian Government committed to establish Specialist Dementia Care Units (SDCUs) across Australia according to demographic and geographic need. The SDCUs will be dedicated units to support residents with very severe behavioural and psychological symptoms of dementia (BPSD).

In addition, the Australian Government has provided funding over three years from June 2016 to Dementia Australia (formerly Alzheimer's Australia) to establish the Dementia Friendly Communities initiative, which is designed to help ordinary Australians better understand dementia. This educative, community awareness raising program aims to give people a greater understanding of dementia and the small things that can be done to make a real difference to people living with the condition. A national dementia-friendly community resource hub will also be developed, to enable communities to network, learn from other initiatives and provide the latest evidence and information on best practice approaches to increasing community awareness and support for people living with dementia.

These dementia specific supports are in addition to the \$18.6 billion the Government has budgeted for aged care in 2017-18. Dementia is one of the major reasons why older people enter residential aged care or seek assistance to continue to live in their own homes. Around 70 per cent of Australians with dementia are living in the community<sup>2</sup> and at 30 June 2016, half of all residential aged care residents with an Aged Care Funding Instrument assessment had a diagnosis of dementia.<sup>3</sup>

People living in the community with dementia generally access services from the Commonwealth Home Support Program (CHSP) and the Home Care Packages Program. These two programs provide a broad range of supports from basic home support to personal and nursing care. Under the CHSP, entry-level dementia support is provided through support services which are tailored services for older people living at home. These services help clients, and their carers and families, to manage these conditions and maximise client independence to enable them to remain living in their own homes. The CHSP also funds dementia advisory services which provide a mix of direct service delivery, tailored support and expert advice, and support to other service providers to meet the specialised needs of clients.

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<sup>2</sup> AIHW, 2012, *Dementia in Australia*. Cat. no. AGE 70. Canberra: AIHW.

<sup>3</sup> Department of Health, 2016, *2015-16 Report on the Operation of the Aged Care Act 1997*, Canberra, page 7.

In recognition of the vital role that carers play in supporting frail, older people to remain living at home and in the community, the Commonwealth Home Support Programme (CHSP) provides a range of planned respite services for older people, which allow carers to take a break from their usual caring responsibilities. The CHSP offers entry-level aged care respite services including flexible respite such as in-home respite and host family respite, cottage respite which includes overnight community respite and centre-based respite. These services are complemented by a range of other services including emergency respite services which can be accessed through the Commonwealth Respite and Carelink Centres funded by the Department of Social Services.

On 29 May 2017, Australia supported the adoption of the World Health Organisation Global Action Plan on the Public Health Response to Dementia 2017-2025 (GAP). The goal of the GAP is to improve the lives of people living with dementia, their carers and families, while decreasing the impact of dementia on them as well as on communities and countries. The GAP includes seven distinct action areas and outlines measurable targets for achievement.

The WHO Global Dementia Observatory provides the monitoring mechanism to track implementation and progress of the GAP and will be a valuable resource for knowledge translation and exchange. Australia is proud to be among the first countries supporting and sharing our data and resources on this platform.

Ensuring people living with dementia have access to appropriate care and supports will continue to be a focus for the Government into the future.



## Recommendation 1

The Australian Government, in collaboration with Alzheimer's Australia and relevant consumer groups, develop and implement a national communication strategy and public awareness campaign to promote greater awareness of dementia, using (but not limited to) the following themes:

- Better public awareness and understanding of dementia;
- Reducing the stigma of dementia and challenging discriminatory behaviour;
- Recognising the early signs of dementia to aid early diagnosis;
- Living well with dementia; and
- The importance of a healthy lifestyle and reducing risk. (*para 3.60*)

Noted

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The Australian Government notes this recommendation.

The first priority area for action under the NFAD is “increasing awareness and reducing risk”. Under this priority, the Government has committed to the following outcome: Australians have a greater awareness, acceptance and understanding of dementia and the actions they can take to reduce the risk of developing dementia.

A range of Government-funded initiatives address this recommendation.

The Government funds Dementia Australia (formerly Alzheimer's Australia) to provide a range of support activities designed to increase dementia awareness and understanding through the National Dementia Support Program (NDSP).

Activities funded through the NDSP include an information helpline, website, information sheets and brochures, newsletters, information service centres, memory clinics, outreach and support activities, counselling, community education, information and awareness raising events, conferences and Dementia Awareness Month. The outreach activities are designed to ensure people in special needs groups including those living in remote areas, Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse backgrounds have access to information and supports. Dementia Awareness Month is coordinated by Dementia Australia every September and coincides with World Alzheimer's Day on 21 September.

Additionally, Alzheimer's Australia launched a public awareness campaign in 2016 called *Engage, Enable, Empower*. This initiative was funded through the Government's Developing Innovative Methods in Response to Neurodegenerative Disease Program and enables people living with dementia to share their stories in online videos.

Similarly, through the Service Delivery Pathways Program the Government funds Alzheimer's Australia to provide a range of support activities designed to increase dementia awareness and understanding amongst special needs groups. In 2017-18, this activity has become a core element of the NDSP.

The Government is also funding Dementia Australia over three years from June 2016 to establish the Dementia Friendly Communities initiative, which is designed to help ordinary Australians better understand dementia. This educative, community awareness raising program aims to give people a greater understanding of dementia and the small things that can be done to make a real difference to people living with the condition. A national dementia-friendly community resource hub will be developed as part of this funding, to

enable communities to network, learn from other initiatives and provide the latest evidence and information on best practice approaches to increasing community awareness and support for people living with dementia.

As part of the Government's Boosting Dementia Research initiative, the NHMRC National Institute for Dementia Research (NNIDR) conducted its National Public Lecture Tour Series in March and April 2017, visiting eight Australian capital cities. The lectures were free to the public, and provided an update on causes, prevention, developments in diagnosis and treatments, and hope for the future in relation to Alzheimer's disease and dementia.

The Australian Government, in partnership with states and territories, has developed a National Strategic Framework for Chronic Conditions which will supersede the *National Chronic Disease Strategy 2005*. The Framework moves away from a disease specific approach and will provide high level guidance to enable all levels of government and health professionals to work towards delivery of a more effective and coordinated national response to chronic conditions and their risk factors. The Framework will address primary, secondary and tertiary prevention of chronic conditions, recognising that there are often similar underlying principles for the prevention and management of many chronic conditions, including dementia.

The Government will continue to work with Dementia Australia and others to promote greater awareness of dementia in line with the themes suggested by the Committee, but also to recognise the risk factors that dementia shares with other chronic diseases in designing policy responses around healthy lifestyle and risk reduction.

## Recommendation 2

The Australian Government Department of Health and Ageing, in collaboration with the Minister's Dementia Advisory Group and the Royal Australian College of General Practitioners (RACGP), develop a national evidence-based dementia training program for general practitioners, with an emphasis on diagnosis.

Elements of the training program should include:

- Challenging stigma and misconceptions;
- Managing sensitive and difficult conversations in the context of the doctor/patient/carer relationships;
- Current best-practice and implications of latest research; and
- Diagnosis, care and support pathways for people with dementia, their families and/carers. (*para 3.82*)

### Supported in principle

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The Australian Government supports this recommendation in principle.

The second priority area for action under the NFAD is “the need for timely diagnosis”. Under this priority, the Government has committed to the following outcome: Australians will have access to skilled and knowledgeable health professionals who can support and provide an accurate and timely diagnosis of dementia.

To maintain registration with the Australian Health Practitioner Regulation Agency, general practitioners (GPs) must complete the continuing professional development requirements of their professional college, either the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM). Both the RACGP and ACRRM recognise the importance of aged care in their respective curricula and there are a number of training programs available for GPs relating to dementia diagnosis and care.

The Government has funded Dementia Australia over three years to 30 June 2017 to deliver the *Supporting GPs and practice nurses in the timely diagnosis of dementia* project. The aim of this project is to improve timely diagnosis of dementia by delivering accredited Continuing Professional Development (CPD) training on dementia assessment, diagnosis and management to General Practitioners (GPs) and Practice Nurses (PNs) throughout Australia. The training program is approved by the RACGP and the ACRRM. The training will continue to be available through the Dementia Training Program from July 2017.

The Government also funded Dementia Australia to undertake dementia awareness raising activities, specifically for general practitioners, practice nurses and pharmacists, through the *Detect Early* project. Activities undertaken included a national dementia awareness campaign, enhancement of a national website with links to resources and training, and development of accredited dementia education modules specifically for pharmacists.

Workshops for GP Registrars, and their supervisors, on recognising, diagnosing and managing dementia in general practice has been delivered in recent years by the Wicking Dementia Research and Education Centre with funding from the Australian Government Dementia Training Program (DTP).

This training has been developed into an on-line course by the Wicking Centre titled '*Recognising, Diagnosing and Managing Dementia in General Practice*' with funding from General Practice Training Tasmania (GPTT), the Wicking Centre and the Dementia Training Program. In the second half of 2017, the intent is to develop two versions of the on-line course in a partnership between the RACGP, the Wicking Centre and Dementia Training Australia.

In 2016, the Cognitive Decline Partnership Centre (CDPC) developed *Clinical Practice Guidelines and Principles of Care for People with Dementia* (the Guidelines) in consultation with an expert multi-disciplinary Guideline Adaptation Committee convened by the CDPC.

The Guidelines provide recommendations for the diagnosis and management of dementia and are intended for use by staff working with people living with dementia in the health and aged care sectors, including general practitioners. The CDPC promoted and disseminated the Guidelines extensively and the Department of Health has also distributed the Guidelines through the Primary Health Networks.

GPs choosing to further their knowledge in dementia care can access the Government funded DTP. The DTP delivers accredited professional development for all health professionals at all career levels. This includes specialists, GPs, nurses, pharmacists, allied health and other relevant health professionals aiming to improve the care and wellbeing of people living with dementia. Training options address a range of issues related to the diagnosis of dementia, including culturally safe dementia assessment for Aboriginal and Torres Strait Island people.

Two categories of access to services and resources are offered through the DTP:

- unrestricted – a free range of on-line resources, eLearning, facilitated workshops, seminars, guest lectures and webinars
- on request – a customised program of services and resources following an assessment of the needs of an organisation, or individual.

The DTP provider maintains close links with all Australian dementia research organisations and has a strong focus on translating current research into practice. Training opportunities can be viewed through the [Dementia Training Australia website](http://www.dementiatrainingaustralia.com.au/) at: [www.dementiatrainingaustralia.com.au/](http://www.dementiatrainingaustralia.com.au/)

The NHMRC is also funding research to contribute to the evidence base for dementia diagnosis and treatment, including through the NNIDR. Some of the objectives of the NNIDR are to synthesise information available in current research findings and develop strong linkages with community groups, medical practitioners and other service providers to rapidly and flexibly translate research outcomes.

The Government has allocated funding in the forward estimates to continue to provide dementia specific training and support for the primary care, acute care and aged care workforce, but recognises the key role that GPs play in the care of people living with dementia. The Department of Health will continue to work with stakeholders to monitor training program outcomes, adjust the policy focus to meet emerging priorities and ensure research evidence is translated into practice improvement.

### Recommendation 3

The Australian Government, through the Dementia Outcomes Measurement Suite (DOMS), develop best practice guidelines for diagnosis of people with intellectual disability. (*para 4.66*)

Noted

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The Australian Government notes this recommendation.

The Government recognises that there are challenges in gaining an accurate diagnosis of dementia in people with an intellectual disability who may have pre-existing difficulties with tasks of daily living, thinking and memory.

The Dementia Outcomes Measurement Suite is a project of the Dementia Collaborative Research Centre: Assessment and Better Care DOMS team. It is a free, evidence based web platform designed to assist clinicians improve the assessment of dementia. The website was developed in 2010 and updated in 2016. (See: [dementiakt.com.au/doms](http://dementiakt.com.au/doms))

Standardised dementia assessment tools, such as those included in the DOMS, have not been validated for use for people with an intellectual disability. Many of the tools rely on language and numeracy skills, and require the person to understand the verbal instructions. These skills may not be present in the person with an intellectual disability.

Australian and international research has also suggested that diagnosing dementia in people with an intellectual disability can be made more difficult by pre-existing cognitive and functional decline. Additionally, research indicates that longitudinal data is the most appropriate way to monitor the pattern of cognitive change, which may include the onset of dementia.

## Recommendation 4

The Australian Government collaborate with the state and territory governments, through the Standing Council on Law and Justice, to develop uniform definitions and guidelines relating to capacity. (*para 4.115*)

Supported in principle

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The Australian Government supports this recommendation in principle.

The Australian Law Reform Commission's report, Equality, Capacity and Disability in Commonwealth Laws was released on 24 November 2014. The inquiry examined laws and legal frameworks within the Commonwealth's jurisdiction that deny or diminish the equal recognition of people with disability as persons before the law and their ability to exercise legal capacity. It also considered what, if any, changes could be made to Commonwealth laws and legal frameworks to address these matters. The Australian Government will consider the recommendations made by the Commission. The inquiry will inform any future work with state and territory governments.

The Australian Law Reform Commission's Elder Abuse Discussion Paper (83) puts forward a number of proposals relating to capacity. The proposals include the introduction of nationally consistent laws governing substitute decision making (Proposal 5 –10). In October 2016 the Law, Crime and Community Safety Council (LCCSC) established a Working Group on Protecting the Rights of Older Australians (Elder Abuse) with representatives from all states and territories. This working group will consider the Commission's recommendations relating to elder abuse outlined in the Elder Abuse Inquiry final report published on 14 June 2017.

## Recommendation 5

The Australian Government collaborate with the state and territory governments, through the Standing Council on Law and Justice, to develop uniform definitions and guidelines relating to powers of attorney. (*para 4.136*)

Noted

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The Australian Government notes this recommendation.

The Government notes that legislation governing powers of attorney is state and territory legislation. As acknowledged in the Report, several inquiries have examined issues arising from jurisdictional differences in such legislation and there have been discussions over a number of years between the Commonwealth and state and territory governments about harmonisation and improving the portability of powers of attorney instruments.

The Government will continue to encourage state and territory governments to consider greater legislative harmonisation as appropriate but, in light of the consideration given to this issue by the government and state and territory government to date, does not propose putting a proposal for uniform definitions and guidelines relating to powers of attorney to the Law, Crime and Community Safety Council (LCCSC - formerly the Standing Council on Law and Justice) at this point in time.

The Australian Law Reform Commission's Elder Abuse Discussion Paper also includes proposals relating to powers of attorney. The LCCSC Elder Abuse Working Group will consider the Commission's final recommendations relating to elder abuse outlined the Elder Abuse Inquiry final report published on 14 June 2017.

## Recommendation 6

The Australian Government collaborate with the state and territory governments to develop a toolkit or guidelines to assist medical/legal professionals, or a person diagnosed with dementia and their carer understand future planning options. (*para 4.154*)

### Supported in principle

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The Australian Government supports this recommendation in principle.

Actions under priority three of the NFAD relate to the promotion of advance care planning, including in the early stages after a person has received a diagnosis of dementia.

Information about legal frameworks regarding future planning options differ between states and territories and the Australian Government encourages state and territory governments that have not done so, to consider developing toolkits that are relevant to the circumstances in that jurisdiction.

Dementia Australia has developed the *Dementia and Your Legal Rights* resource. This booklet provides practical information for people living with dementia, their families and carers about legal rights and decision-making with regard to finance, health care and personal matters. It also discusses legal responsibilities in relation to such things as employment and superannuation, voting, driving and wills.

Dementia Australia and Palliative Care Australia have partnered in developing the Start2Talk website which helps people living with dementia plan for the time when they can no longer make financial and legal decisions. This practical resource is available at: [www.fightdementia.org.au/planning-ahead](http://www.fightdementia.org.au/planning-ahead).

In the 2012-13 Budget, funds were committed to improve palliative care services provided to aged care recipients, helping to ensure that aged care workers and health professionals, including GPs, caring for older Australians have access to specialist advice about palliative care and advance care planning.

Known as *Decision Assist*, this provides:

- a website with information about palliative care and advance care planning and smartphone information apps
- telephone advisory services for health professionals working with consumers of aged care services, seeking advice on advance care planning or palliative care
- training on palliative care and advance care planning for aged care workers and GPs
- funded projects to improve linkages between aged care and palliative care services.

Also, under the National Palliative Care Projects funding for Respecting Patient Choices, *Dementia in the Community– The Capacity for the Conversation* project has been developed. This project aims to educate and train health care workers within the community who deal with dementia clients in advance care planning, so it can be implemented at early stages of dementia, importantly while the patient has capacity.

The Palliative Care in Aged Care Evidence (PCACE) Project, now called palliAged, has also developed an online evidence based guidance and knowledge resource for palliative care in



aged care incorporating the *Guidelines for a Palliative Approach in Residential Aged Care* and the *Guidelines for a Palliative Approach for Aged Care in the Community Setting*.

Both guidelines include material for patients with dementia including information about Advance Care Planning, management of symptoms and family and psychological support. The new online resources were released in May 2017.

The NHMRC CDPC has published *Diagnosis, treatment and care for people with dementia: A consumer companion guide to the Clinical Practice Guidelines and Principles of Care for People with Dementia*. This [consumer version of the Clinical Practice Guidelines](#) previously referred to in Recommendation 2 includes accessible information about the latest evidence on dementia as well as services and support. It is available from:  
[www.sydney.edu.au/medicine/cdpc/resources/dementia-guidelines.php](http://www.sydney.edu.au/medicine/cdpc/resources/dementia-guidelines.php).

The Australian Commission on Safety and Quality in Health Care (the Commission) has included specific actions related to advance care plans in the National Safety and Quality Health Service Standards (second edition), expected to be released in 2017 and implemented in all public and private hospitals from 2019. Health service organisations are required to have processes to ensure that current advance care plans can be received from patients and documented as part of the patient's health care record.

Individuals with a My Health Record have the ability to upload advance care planning documentation so that it may be viewed online by their treating healthcare providers to inform treatment decisions.

## Recommendation 7

The Australian Government Department of Health and Ageing undertake a comprehensive review of the use of existing MBS items to determine whether it is necessary to expand existing items or create new items to support identification, assessment and management of dementia in primary care. (*para 5.38*)

Noted

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The Australian Government notes this recommendation and notes it has commenced a comprehensive review of all Medicare items which will include items used for dementia.

The second priority area for action under the NFAD is “the need for timely diagnosis”. The outcome to which the Government has committed under this priority is: Australians will have access to skilled and knowledgeable health professionals who can support and provide an accurate and timely diagnosis of dementia.

The Government recognises the important role that can be played by primary care providers in the identification, assessment and management of dementia. There are a wide range of existing MBS items that may be used to support dementia diagnoses and intervention. For example, current arrangements provide for annual health assessments for people over 75 years and for people living in residential aged care services.

The package of Chronic Disease Management (CDM) items includes Medicare rebateable items for GP-managed care planning and/or team assisted care planning; items to review care plans and contribute to care plans prepared by other providers, including Residential Aged Care Services; and a mechanism for GPs to refer patients for Medicare rebateable allied health services.

The Government supports the Committee’s view that the scope of the health assessment for people aged over 75 years should not be expanded to include cognitive screening as a specific component of the assessment, as this may come to outweigh other important aspects of the health assessment.

On 22 April 2015, the Government announced an MBS Review Taskforce. The Taskforce is undertaking a program of work to review all MBS items to ensure they are contemporary, reflect current clinical practice and allow for the provision of health services that improve health outcomes. Further, it will identify services that are considered unsafe or ineffective. It is anticipated that the Mental Health Services Committee will be established to review psychiatry, GP mental health and psychology MBS items.

The Government also established the Primary Health Care Advisory Group, led by Dr Steve Hambleton, former Australian Medical Association President. The Advisory Group investigated options to provide: better care for people with complex and chronic illness; innovative care and funding models; better recognition and treatment of mental health conditions; and greater connection between primary health care and hospital care. Following an extensive national consultation process and review of the evidence, the Advisory Group provided a final report to Government in December 2015.

In response to that report, as announced on 31 March 2016, the Government is providing funding for stage one of the establishment of Health Care Homes in ten Primary Health Networks (PHNs) regions across Australia from 2016-17 through 2019-20. Under this model, eligible patients with chronic and complex health conditions will voluntarily enrol with a

participating medical practice known as their Health Care Home. This practice will provide a patient with a 'home base' for the ongoing coordination, management and support of their conditions. The model moves away from current fee-for-service payments for these eligible patients except for routine health issues not related to their chronic illness.

## Recommendation 8

The Australian Government Department of Health and Ageing implement early and timely diagnosis in regional, rural and remote communities where access to specialist diagnosis is limited by coordinating multi-disciplinary teams comprising primary health care practitioners and visiting medical specialists, supplemented by primary or specialist assessment provided via tele-health facilities. The need for multi-disciplinary teams should be assessed at a local level via Medicare Locals, or other such local health networks. (para 5.64)

Noted

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The Australian Government notes this recommendation.

As previously noted, a priority area for action under the NFAD is “the need for timely diagnosis”. The NFAD acknowledges the importance of the multi-disciplinary team in diagnosis and care.

The Australian Government does not have a role in directly delivering mainstream clinical services. However, it has put in place funding arrangements to support such service provision. For example, Medicare rebates are available for video consultations between a range of specialists and non-admitted patients who are located in tele-health eligible areas (i.e. regional, rural and remote areas), eligible aged care services and Aboriginal Medical Services throughout Australia. Geographical restrictions do not apply to patients who are care recipients at an eligible residential aged care facility or an eligible Aboriginal Medical Service. Medicare telehealth rebates are also available for clinical support provided by a general practitioner, nurse practitioners, midwives, Aboriginal health workers and practice nurses located with the patient (for example at the residential aged care facility) during the video consultation, when this is clinically necessary.

Between 1 July 2011 and 31 December 2016, 555,222 telehealth consultations had been processed across a range of specialties, with 14,643 practitioners providing these services to over 164,696 patients. Over 350 residential aged care facilities have also provided specialist telehealth services.

The establishment of the Health Care Home model is a key Government initiative to reform the primary health care system. This model aims to deliver more effective care and reduce demand on the acute care sector for chronically ill patients through a multidisciplinary team based approach. This could include patients living with dementia.

Increasing care continuity for high needs patients through enrolment in the Health Care Home model and increasing communications between health care providers through more effective use of digital health records holds considerable promise for the delivery of care in rural communities.

Health Care Homes will improve long-term approaches to patient care experience that is timely, recognises the needs of patients and their families and provides equitable access. Services will be better coordinated including links with hospitals and allied health providers as well as the use of technology in phone and email consults.

Health Care Homes services will be delivered in 200 general practices and Aboriginal Community Controlled Health Services across 10 Primary Health Network regions.

Approximately 25% of these practices are located in rural, regional and remote areas as measured by Modified Monash Model 3 through 7 classification.

In the 2014-15 Budget, the Government announced that the network of 61 Medicare Locals would be replaced by Primary Health Networks (PHNs). On 1 July 2015, 31 PHNs were established to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time. In the long term, PHNs will be a point of integration and connectivity in the health system, including; health information, planning, and service integration at a regional level.

During 2015-16, PHNs undertook baseline needs assessments and associated market analysis to inform the development of their activity work plans and their strategic commissioning decisions for 2016-17. The activity work plans specify how the PHNs will achieve the program objectives and address priority health needs for their region. The needs assessments were developed using relevant population health data and incorporate consumer and clinician views through the PHNs' Community Advisory Committees and GP-led Clinical Councils.

In addition, the Government has agreed to six key priorities for targeted work by PHNs. These are mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care. Activities targeting dementia align with the aged care priority. PHNs continue to support the implementation of Stage One of the Health Care Homes initiative, as stated in the 2017-18 Budget.

## Recommendation 9

The Australian Government, in consultation with Health Workforce Australia, develop an accredited training and support program to increase capacity for specialist nurses to provide dementia assessment and diagnosis in primary care settings, as part of multi-disciplinary teams. (*para 5.91*)

Supported

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The Australian Government supports this recommendation.

As previously noted, a priority area for action under the NFAD is “the need for timely diagnosis”. The NFAD acknowledges the importance of the multi-disciplinary team in diagnosis and care.

The accredited education and training of health professionals in Australia is determined by the relevant National Board for that profession. The Nursing and Midwifery Board of Australia and the Australian Nursing and Midwifery Accreditation Council (ANMAC) are responsible for the regulation of the nursing and midwifery profession and only accredit programs leading to registration or endorsement on the register.

The development and implementation of curriculum and/or support programs is a matter for education bodies, in line with relevant education and training standards. Education for specialist nurses about assessment and diagnosis of dementia is included as part of several post graduate nursing programs delivered by Australian universities.

In the 2014 Federal Budget, the Australian Government announced the closure of Health Workforce Australia (HWA), with its functions transferring to the Department of Health.

As noted in response to Recommendation 2, the Government has funded Dementia Australia over three years to 30 June 2017 to deliver the *Supporting GPs and practice nurses in the timely diagnosis of dementia* project. The aim of this project is to improve timely diagnosis of dementia by delivering accredited Continuing Professional Development (CPD) training on dementia assessment, diagnosis and management. The Australian Primary Health Care Nurses Association (APNA) is a partner in the project and the training program is approved by the RACGP and the ACRRM. The training will continue to be available through APNA from July 2017.

The Government also funded Dementia Australia to undertake dementia awareness raising activities, specifically for general practitioners, practice nurses and pharmacists, through the *Detect Early* project. Relevant activities undertaken included a national dementia awareness campaign and enhancement of a national website with links to resources and training.

As previously noted, the Cognitive Decline Partnership Centre (the CDPC) has developed *Clinical Practice Guidelines and Principles of Care for People with Dementia* (the Guidelines) which are intended for use by staff working with people living with dementia in the health and aged care sectors, including general and specialist nurses.

As the response to Recommendation 2 notes, the DTP delivers accredited education and professional development for all career levels of health professions involved the diagnosis, assessment, treatment and care of people with dementia, including nurses.

The HealthPathways program is a web-based information portal supporting primary care clinicians to plan patient care through the primary, community and acute health care systems. This is designed to be used at the point of care, primarily for General Practitioners but is also available to hospital specialists, nurses, allied health and other health professionals. HealthPathways allow practitioners to assess and manage a particular health condition, such as dementia, using processes developed by a working group of health practitioners. The pathways include referral options for local specialists, allied health practitioners and other health services. While HealthPathways provides an overall framework there are differences in implementation, depending on the health and service profiles of each PHN region.

## Recommendation 10

The Australian Government Department of Health and Ageing complete and promote practice guidelines for the care of dementia in general practice (or primary care). In consultation with Medicare Locals or other such local health networks, these guidelines should be contextualised and provide information on local dementia care pathways, including information on future planning services, such as legal services. (*para 6.38*)

Supported

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The Australian Government supports this recommendation.

The third priority area for action under the NFAD is “accessing care and support post diagnosis”. One specified action under this priority is to provide people with dementia, their carers and families with access to person-centred care and support post diagnosis, which is delivered by a skilled and knowledgeable workforce.

As noted in response to Recommendation 2, in 2016, the NHMRC CDPC has developed *Clinical Practice Guidelines and Principles of Care for People with Dementia* (the Guidelines) in consultation with an expert multi-disciplinary Guideline Adaptation Committee. The Guidelines released in 2016 provide recommendations for the diagnosis and management of dementia and are intended for use by staff working with people living with dementia in the health and aged care sectors, including general practitioners. The Guidelines include information about key organisations that can provide appropriate referrals to a wide range of support services in a consumer’s local area.

As previously noted, the NHMRC CDPC has also published *Diagnosis, treatment and care for people with dementia: A consumer companion guide to the Clinical Practice Guidelines and Principles of Care for People with Dementia*. This [consumer version of the Guidelines](#) includes accessible information about the latest evidence on dementia as well as services and support. It is available from: [www.sydney.edu.au/medicine/cdpc/resources/dementia-guidelines.php](http://www.sydney.edu.au/medicine/cdpc/resources/dementia-guidelines.php).

Also launched in 2016 is the Government funded Dementia Australia booklet *Dementia and Your Legal Rights*. The booklet contains practical information for people living with dementia, and their families and carers, for when the person living with dementia no longer has the mental capacity to make decisions that affect them.

As previously noted, GPs also have access to the HealthPathways program, a web-based information portal supporting primary care clinicians to plan patient care through the primary, community and acute health care systems. HealthPathways allow practitioners to assess and manage a particular health condition, such as dementia, using processes developed by a working group of health practitioners. The pathways include referral options for local specialists, allied health practitioners and other health services.

The Australian Commission on Safety and Quality and Health Care has undertaken a body of work to improve the recognition and care of people with cognitive impairment in hospitals that recognises the importance of good transitions of care from hospital to primary care. This work includes the new cognitive impairment items in the National Safety and Quality Health Service (NSQHS) Standards (second edition) and the 2016 Delirium Clinical Care Standard.



## Recommendation 11

The Australian Government establish clear and streamlined local referral pathways for dementia diagnosis, treatment and support, through Medicare Locals, localised primary health care networks, or other specialist dementia networks such as Memory Clinics. (*para 6.60*)

### Supported In-Principle

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The Australian Government supports this recommendation in-principle.

Two priority areas for action under the NFAD are “the need for timely diagnosis” and “accessing care and support post diagnosis”.

The Australian Government has funded or directly delivered multiple initiatives to increase awareness for patients, carers and General Practitioners about pathways into support and care.

As previously noted, the Cognitive Decline Partnership Centre (the CDPC) has developed *Clinical Practice Guidelines and Principles of Care for People with Dementia* (the Guidelines) in consultation with an expert multi-disciplinary Guideline Adaptation Committee convened by the CDPC. The Guidelines recommend the provision of information and support for the person with dementia, including referral to key dementia support services in the community and those offering financial and legal advice.

The Centre has also published *Diagnosis, treatment and care for people with dementia: A consumer companion guide to the Clinical Practice Guidelines and Principles of Care for People with Dementia*. This [consumer version of the Clinical Practice Guidelines](#) includes accessible information about the latest evidence on dementia as well as information about the full range of dementia services and support. It is available from: [www.sydney.edu.au/medicine/cdpc/resources/dementia-guidelines.php](http://www.sydney.edu.au/medicine/cdpc/resources/dementia-guidelines.php). The guidelines and the consumer companion have both been promoted to GPs via the Primary Health Networks.

Another key initiative was the launch of My Aged Care in 2013 and its expansion in 2015 to become a true gateway for consumers to have their needs assessed and where appropriate, be referred to government funded aged care services. Prior to the establishment of My Aged Care, there was no central pathway for older people to access information and services. The transition to My Aged Care was a significant shift in how information, assessment and referral to access aged care services took place.

My Aged Care now includes a central client record to facilitate the collection and sharing of information, holistic needs assessment through a national standardised assessment form, online referral management and web based portals for clients, assessors and service providers.

The My Aged Care Regional Assessment Service (RAS) conduct face-to-face home support assessments for clients seeking entry-level support at home, provided under the Commonwealth Home Support Program (CHSP). The Aged Care Assessment Teams (ACATs) conduct face-to-face comprehensive assessments to determine a client’s eligibility for care types under *the Aged Care Act 1997*, including home care packages, residential care, residential respite care, Transition Care and Short Term Restorative Care.

In June 2017, the Government launched a national awareness campaign promoting the My Aged Care website and national 1800 phone line. The advertising campaign will run in

newspapers, magazines, radio, digital and social media. Other public relations activities will also be undertaken, including materials being available in 4,820 GP surgeries across the country.

PHNs, which replaced Medicare Locals from 1 July 2015, have boundaries aligned with Local Hospital Networks (LHNs) or clusters of LHNs, allowing for better planning capacity and increased authority to engage with secondary care providers and state and territory governments. PHNs are funded to commission services to meet the needs and priorities of their regions. The role of PHNs as planners and commissioners, rather than service providers, is a key difference between Medicare Locals and PHNs, and represents a fundamental shift in the way services are planned for and funded at the regional level.

One of the six key priority areas for PHNs is aged care. After conducting a needs assessment, individual PHNs determine what activities to undertake to meet their regional needs, aligning with the priority areas. Activities targeting dementia align with the aged care priority.

A core priority for PHNs is building effective relationships with primary health care providers and other providers within the broader health system. These relationships provide the basis for progressing local service integration, including establishing shared clinical care pathways to provide better patient experience and care coordination.

Also previously noted, the Government funds the HealthPathways program which supports primary care clinicians to plan patient care through the primary, community and acute health care systems. HealthPathways allow practitioners to assess and manage a particular health condition, such as dementia, using processes developed by a working group of health practitioners. The pathways include referral options for local specialists, allied health practitioners and other health services. While HealthPathways provides an overall framework there are differences in implementation, depending on the health and service profiles of each PHN region.

For carers of people living with dementia, as part of the 2015-16 Budget, the Australian Government announced the development of an Integrated Plan for Carer Support Services (the Plan). The Plan is being developed to reflect the Australian Government's priorities for carers, and outlines actions to recognise, support and sustain the vital work of unpaid carers. A key priority of the Plan is to streamline and better coordinate carer support services.

Stage one of the Plan, Carer Gateway, commenced on 14 December 2015. Carer Gateway is a national phone service and website that provides practical information and resources to support carers in their caring role.

The next phase of the Plan has been the development of a new integrated carer support service system through a co-design process during 2016 with carers and the service sector. An outcome of this process has been the development of a draft Service Delivery Model. The draft Service Delivery Model represents a philosophical shift towards a more preventative carer service system better targeted to provide services that improve carer retention in education and the workforce, reduce carer strain and reduce the risk of the caring role ending.

The draft Service Delivery Model was subject to a public consultation process during November and December 2016. Feedback from the process will inform a proposal to Government for consideration on a future re-designed carer support service system.

## Recommendation 12

The Australian Government Department of Health and Ageing, in collaboration with the Minister's Dementia Advisory Group, Alzheimer's Australia and Health Workforce Australia, evaluate the creation of a nation-wide multi-disciplinary approach to dementia diagnosis, treatment and support.

Such an approach should build upon the existing workforce and localised infrastructure, such as Medicare Locals and/or Memory Clinics. (*para 6.61*)

### Supported In-Principle

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The Australian Government supports this recommendation in-principle.

As previously noted, a priority area for action under the NFAD is “the need for timely diagnosis”. The NFAD acknowledges the importance of the multi-disciplinary team in diagnosis and care.

The Australian Government supports a multi-disciplinary approach to the care of people living with dementia, recognising that their needs can vary widely and tailoring care is likely to involve the input of multiple stakeholders, such as their support networks and health professionals.

As previously noted, the policy, program and funding responsibilities of Health Workforce Australia transferred to the Department of Health, and Medicare Locals have been replaced by PHNs. Aged care is one of the six key priorities for the PHNs.

According to the AIHW there are around 550,000 dementia specific GP consultations every year.<sup>4</sup> These GPs have access to the HealthPathways program. GPs also have access to support from PHNs which are focused on sector integration and clinical care pathways. HealthPathways allow practitioners to assess and manage a particular health condition, such as dementia, using processes developed by a working group of health practitioners. The pathways include referral options for local specialists, allied health practitioners and other health services.

Also noted previously, the establishment of the Health Care Home model is a key Government initiative to reform the primary health care system. This model aims to deliver more effective care and reduce demand on the acute care sector for chronically ill patients through a multidisciplinary team based approach. This could include patients living with dementia.

Eligible patients with complex and chronic health conditions will voluntarily enrol with a participating medical practice known as their Health Care Home. This practice will provide a patient with a ‘home base’ for the ongoing coordination, management and support of their conditions through a multidisciplinary team approach which may include specialists, pharmacists, and allied health providers to assist the patient and their carers navigate the health system.

Health Care Homes will improve long-term approaches to patient care experience that is timely, recognises the needs of patients and their families and provides equitable access. Services will be better coordinated including links with hospitals and allied health providers

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<sup>4</sup> Australian Institute of Health & Welfare (2012), Dementia in Australia

as well as the use of technology in phone and email consults. Better patient self-management will shift the focus from treatment to prevention.

As previously noted, the CDPC has also developed *Clinical Practice Guidelines and Principles of Care for People with Dementia* (the Guidelines). The Guidelines support a multidisciplinary approach and provide recommendations for the diagnosis and management of dementia.

One of the 12 outcomes the NNIDR is working towards under its Strategic Roadmap is: A multidisciplinary approach to individualised care improves quality of care and quality of life. An NHMRC-funded project addressing this outcome is the “Consumer Directed Care: Understanding and promoting participation and care outcomes for people living with dementia in receipt of a Home Care Package” project. This research is developing tools and assessing the impact of the delivery of Consumer Directed Care for people living with dementia in receipt of a Home Care Package. It will also translate the findings into an intervention aimed at building the capacity of service providers and consumers to work together to improve care outcomes for people with dementia.

The Government recognises that consumers need information supports that complement the multi-disciplinary approach. Dementia Australia (formerly Alzheimer’s Australia) is funded to provide a comprehensive suite of information products and support services through the National Dementia Support Program. These products empower consumers and their support networks to understand their diagnosis.

People in need of dementia aged care assistance are able to access CHSP, home care packages or residential aged care support through My Aged Care. Carers are able to access additional support through the Carer Gateway.

As previously mentioned, the Dementia Training Program provides training to health professionals to enable them to improve timely diagnosis, the quality of care and quality of support provided to people living with dementia and their families. This includes delivering dedicated courses, workshops, seminars, scholarships, support, and curriculum development that translate contemporary knowledge into practical, effective approaches to helping people living with dementia and their families. Training and resources are provided to primary health care practitioners, and the acute and residential care sectors and the course content actively promotes a multi-disciplinary approach to dementia care.

Complementing these programs, Dementia Behaviour Management Advisory Services (DBMAS) have multidisciplinary teams available to provide support to people living with dementia, their carers and families in managing the symptoms of dementia in a range of care settings. Supporting DBMAS are the multidisciplinary Severe Behaviour Response Teams (SBRTs), which provide timely advice to residential aged care providers that request assistance with addressing the needs of people with the most severe behavioural and psychological symptoms of dementia. Services and family carers can access advice 24 hours a day.

### Recommendation 13

The Australian Government Department of Health and Ageing examine the case for establishing a Dementia Link Worker program to assist in the ongoing case management of people with dementia and their carers.

A proactive case management approach, utilising a Dementia Link Worker, should include regular scheduled follow up from the time of diagnosis through the progression of the condition. (*para 6.76*)

Noted

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The Australian Government notes this recommendation.

The third priority area for action under the NFAD is “accessing care and support post diagnosis”. One specified action under this priority is to improve support for people with younger onset dementia through the provision of a link or key worker.

The Government acknowledges dementia is a complex condition and has been examining the role that link workers may play in assisting people living with dementia.

The Cognitive Decline Partnership Centre, funded by NHMRC and industry groups, conducted an evaluation of current models of key workers for people living with dementia in Australia, including a systematic review of the evidence in Australia and internationally. The key findings from the evaluation supported the role of the dementia support worker and identified a need to further explore ways to increase access to the role, within consumer directed care. Trialling and aligning the model with PHNs was also recommended. Key findings are relevant to future policy development.

Additionally, the Government received the final evaluation report of the Younger Onset Dementia Key Worker Program in 2016, which is currently being reviewed with a view to informing future policy development.

The Younger Onset Dementia Key Worker Program funding has been identified for transition to the National Disability Insurance Scheme.

## Recommendation 14

The Australian Government Department of Health and Ageing, as part of the *Living Longer, Living Better* reforms and through the Council of Australian Governments, trial the following initiatives to investigate their capacity to assist in improving dementia care in acute hospital settings, with a view to these initiatives being implemented nationally:

- The introduction of Clinical Nurse Specialists in dementia in hospitals;
- The introduction of a Cognitive Impairment Identifier in hospitals; and
- The introduction of a protocol for the identification of cognitive issues at the point of triage. (*para 6.95*)

### Supported In-Principle

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The Australian Government supports this recommendation in-principle.

The fifth priority area for action under the NFAD is “accessing care and support during and after hospital care”. The outcome to which the Government has committed under this priority is: People with dementia in an acute care setting receive quality care.

As previously noted, the Cognitive Decline Partnership Centre has recently developed *Clinical Practice Guidelines and Principles of Care for People with Dementia* (the Guidelines). The Guidelines provide recommendations for the diagnosis and management of dementia and are intended for use by health care professionals working with people living with dementia, including in hospital settings.

The Australian Commission on Safety and Quality in Health Care (the Commission) led an initiative that resulted in the development of a suite of resources (*A better way to care*) to guide clinicians, health service managers and consumers on how to provide safe and high quality care for patients with cognitive impairment (dementia and delirium) in an acute care setting.

Building on the funded *A better way to care* resources project, the Commission has established an ongoing commitment to improve care for people with cognitive impairment. This has included:

- a [Delirium Clinical Care Standard](https://www.safetyandquality.gov.au/wp-content/uploads/2016/07/Delirium-Clinical-Care-Standard-Web-PDF.pdf) available at <https://www.safetyandquality.gov.au/wp-content/uploads/2016/07/Delirium-Clinical-Care-Standard-Web-PDF.pdf>. A clinical care standard describes the care patients should be offered in line with current best evidence
- a Comprehensive Care Standard that includes specific actions to address cognitive impairment in the National Safety and Quality Health Service Standards (second edition), to be implemented in all public and private hospitals from 2019
- a national campaign *Caring for Cognitive Impairment* to raise awareness of cognitive impairment as a safety and quality issue and to support hospitals to prepare for the NSQHS Standards (second edition) that will be implemented from 2019. The campaign provides links to training resources and includes regular webinars.

Through the Dementia Care in Hospitals Program, the Government funded a national trial of a cognitive impairment identifier in hospitals. The trial aims to improve acute care outcomes for people with cognitive impairment through the use of a visual bedside alert symbol called the cognitive impairment identifier symbol. Training for hospital staff on appropriate care for participating patients is also a part of the trial.

The Australian Government has funded a number of activities to improve acute care services for people living with dementia. These projects include:

- an analysis of the training needs in acute care
- provision of a national evidence based consultation service on the design and development of acute care physical environments that are sympathetic to people with cognitive impairment
- the 'Cogchamps: Using Cognition Champions to embed a new model of care for hospitalised older patients with cognitive impairment' project which aimed to improve the quality of care for people living with dementia when admitted to an acute hospital by targeting delirium. Nurses were trained to accurately identify and document delirium amongst older in-patients, particularly those with dementia, which is a key risk factor for the development of delirium. Outcomes from the project will be analysed to inform future training offerings of the Dementia Training Program, as well as potential discussions with state and territory governments around acute care for people living with dementia.

Outcomes from these projects will inform the development of future training offered through the Dementia Training Program.

## Recommendation 15

The Australian Government should ensure that messages on brain health and dementia prevention are included in all relevant national initiatives and public health awareness campaigns which promote healthy lifestyle choices through diet, exercise, smoking cessation and responsible consumption of alcohol.

Key messages to be included in any future campaigns with relevance to brain health should also promote the importance of mental activity and social engagement. (*para 7.36*)

### Supported In-Principle

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The Australian Government supports this recommendation in-principle.

The first priority area for action under the NFAD is “increasing awareness and reducing risk”. The outcome to which the Government has committed under this priority is: Australians have a greater awareness, acceptance and understanding of dementia and the actions they can take to reduce the risk of developing dementia.

The Government supports the inclusion of brain health and dementia awareness in relevant health awareness campaigns.

Brain health and dementia prevention is a focus of research conducted by the NHMRC Dementia Collaborative Research Centres (DCRCs). The DCRCs research priorities are determined in conjunction with the NHMRC National Institute for Dementia Research.

As previously noted, the Government funds Dementia Australia (formerly Alzheimer’s Australia) to provide a range of support activities designed to increase dementia awareness and understanding through the National Dementia Support Program (NDSP). This includes awareness of ways to prevent or delay the development of dementia symptoms.

Activities funded through the NDSP include an information helpline, website, information sheets and brochures, newsletters, information service centres, memory clinics, outreach and support activities, counselling, community education, information and awareness raising events, conferences and Dementia Awareness Month. The outreach activities are designed to ensure people in special needs groups including those living in remote areas, Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse backgrounds have access to information and supports. Dementia Awareness Month is coordinated by Dementia Australia every September and coincides with World Alzheimer’s Day on 21 September.

The Australian Government, in partnership with states and territories, has developed a National Strategic Framework for Chronic Conditions which supersedes the *National Chronic Disease Strategy 2005*. The Framework moves away from a disease specific approach and considers a variety of issues including the importance of shared risk factors, including behavioural risk factors such as poor nutrition and diet, physical inactivity, harmful consumption of alcohol and tobacco use. The Framework addresses primary, secondary and tertiary prevention of chronic conditions, recognising that there are often similar underlying principles for the prevention and management of many chronic conditions, including dementia.

Following the 2015 WHO Ministerial Conference, Australia established an International Research Network on Dementia Prevention (IRNDP) to coordinate research efforts in dementia prevention and risk reduction. The IRNDP is being delivered by the NHMRC’s



Dementia Collaborative Research Centres, and aims to coordinate international research and knowledge of dementia risk factors, leading to new public health programs, policies, strategies or campaigns that reduce the population risk of dementia, including delaying onset.

## Recommendation 16

The Australian Government Department of Health and Ageing and/or the National Health and Medical Research Council initiate targeted research into the influence of psychosocial interventions on brain health and the implications for the risk of developing dementia. (*para 7.62*)

### Supported In-Principle

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The Australian Government supports this recommendation in-principle.

The seventh priority area for action under the NFAD is “promoting and supporting research”.

In the 2014 Budget the Government announced a funding boost of \$200 million over five years for dementia research. As part of this initiative the NHMRC has established the National Institute for Dementia Research (NNIDR) to prioritise and fund vital new dementia research and research translation projects.

One of the objectives of the NNIDR is to identify essential dementia research priorities for Australia across the full spectrum from basic research to research translation. Comprehensive consultation with a diverse range of stakeholders, including researchers, clinicians, consumers and policy makers has been undertaken. The NNIDR Strategic Roadmap establishes priorities for research and a joint vision for the dementia research sector. The priorities are: prevention, assessment and diagnosis, intervention and treatment, living with dementia, and care.

A key focus of the DCRCs is psychosocial research to facilitate dementia risk reduction and prevention. Accordingly, the DCRCs have undertaken specific research evaluating the effect of psychosocial/non pharmacological interventions on brain function under different genetic, environmental and lifestyle conditions to understand dementia risk factors. The DCRCs could further undertake targeted research in this area, and their future research priorities are determined in conjunction with the NHMRC National Institute for Dementia Research.

On 5 June 2017, the NHMRC announced a *Targeted Call for Research into Dementia in Indigenous Australians* that recognises the high rate of dementia experienced by Indigenous Australians, and earlier onset. The aim of this call is to provide funding for culturally appropriate research that specifically addresses dementia in Aboriginal and Torres Strait Islander Australians and the impact on their families and carers.

The Government is continuing to support innovative dementia research through funding schemes focused on the priorities identified by the NNIDR Strategic Roadmap.

## Recommendation 17

The Australian Government collaborate with Alzheimer's Australia to develop a set of flexible values and standards which would inform the creation of dementia friendly communities around Australia (*para 7.86*)

Noted

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The Australian Government notes this recommendation.

The first priority area for action under the NFAD is “increasing awareness and reducing risk”. One action under this priority is: Develop dementia friendly communities, where all aspects of the community's built environment and approaches are dementia friendly, inclusive, promote respect, and acceptance and enable participation.

The Government supports awareness raising initiatives that aim to improve the quality of life for people living with dementia in the Australian community. The creation of dementia friendly communities involves taking practical steps and building local support to allow people living with dementia to continue their normal day-to-day life.

The Government is funding Dementia Australia over three years from 2016 to establish the Dementia Friendly Communities initiative, which is designed to help ordinary Australians better understand dementia. This educative, community awareness raising program aims to give people a greater understanding of dementia and the small things that can be done to make a real difference to people living with the condition. A national dementia-friendly community resource hub will also be developed, to enable communities to network, learn from other initiatives and provide the latest evidence and information on best practice approaches to increasing community awareness and support for people living with dementia.

Further, through the Dementia Training Program, the Government funds training and resources for the design of dementia friendly spaces and facilities.

The Government has also funded a number of other projects to create dementia friendly communities, including the establishment of dementia friendly gardens and work placement projects and ‘dementia cafés’, where monthly events were hosted at a local café to keep people living with dementia and their family members connected to the community.

One recently funded project, *Developing Innovative Methods to Respond to Neurodegenerative Disease*, assisted five communities across Australia to adopt dementia-friendly principles in their local regions. Many local businesses and local governments were assisted to implement dementia friendly principles and environmental design, and there was a demonstrable increase in dementia awareness amongst the public over the funded period. The communities drafted dementia Community Action Plans which continue beyond the project period and can be shared with other regions to assist them to become dementia-friendly.

The previous government also funded Life Care to operate the Side by Side work placement project. The project allowed people with Younger Onset Dementia to re-engage with the community and maintain skills and self-confidence by partnering them with a ‘buddy’ in a workplace. In 2012, the project received an International Dementia Excellence Award.

Additionally, the Government provided funding for the development of the 2013 *Is It Dementia* series of short films aimed to raise awareness of dementia and improve the skills of people in the community.

The Government will continue to work with Dementia Australia and others to promote dementia friendly communities and commends the many community organisations and local governments across Australia who have made dementia-friendly communities a priority in their region.