ComRADS
335 Nepean Highway
Parkdale 3195

Phone: (03) 8587 0118 Fax: (03) 8587 0119
Mobile: 0414 359 857

August 29, 2002

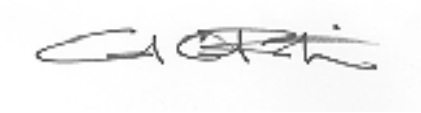
Dr Margo Kerley
Committee Secretary
Standing Committee on Ageing
House of Representatives
Parliament House
Canberra ACT 2600

Dear Dr Kerley

Attached is the Southern Health Primary Care submission in respect of the current inquiry on ageing.

If you wish for any further information or clarification please do not hesitate to contact me.

Yours sincerely



Carol Fountain
General Manager
Community Rehab, Aged & Disability Services

Standing Committee on Ageing
Southern Health Primary Care Submission
August 2002

Introduction

The aim of this submission is to provide a summary of the issues facing service providers in one particular health service catchment. It is likely that these issues are common across Australia with varying emphasis on the issues. Statistical evidence is not provided in this submission although it should be noted that Southern Health Primary Care has recently completed a Service Planning document which does provide much of the relevant data.

Southern Health Primary Care (SHPC)

The following submission contains a number of issues of concern to a range of service providers in Southern Health. The Primary Care program covers six local government areas in the south east metropolitan area of Melbourne. The services include Community Health, Dental Services, Post Acute Care, Rehabilitation in the Home, Hospital in the Home, Aged Care Assessment Service, Case Management services and Community Rehabilitation Centres.

The SH catchment embraces a range of demographic profiles including a large Culturally and Linguistically Diverse population in the City of Greater Dandenong, a rapidly increasing aged population in both the City of Kingston and Monash, a semi-rural population in the Shire of Cardinia and rapid population growth in the City of Casey.

Southern Health is the largest health service in Victoria and has achieved, since establishment originally as the Southern Health Care Network, a unique level of integration of services from acute through to community care. The recent Victorian State Government initiative, Hospital Admission Reduction Program, will provide a number of opportunities to address provision of services to, among others, our older population.

Of particular concern to the organisation is the need for ongoing improvement of the care of our ageing population, especially in respect of maintenance of people in their own homes and reduction of unnecessary admissions to acute care.

Service Provision Issues

1. **Workforce:**
   A key impact on service provision is access to staff. Currently it is extremely difficult to quickly replace appropriate Allied Health personnel in rehabilitation services. Staff working in the community must have a reasonable level of experience as they often work alone, unlike in the acute settings. For example we constantly have great difficulty in replacing Occupational Therapists who are key to assisting people remain at home.

The same is true for podiatry. Waiting lists for a Podiatrist, both centre-based and home-visiting, are often well over 10 weeks. The provision of podiatry is key to a person's mobility and impacts on access to the community and social contact. Without such a service clients become isolated and quality of life tends to deteriorate.

It is clear that tertiary institutions are not training enough people in these essential disciplines.

Home and personal care is also problematic particularly in respect of achieving continuity of care. There are high expectations of the quality of service that paid carers provide. Apart from much of the work being physically arduous they are expected to have gained a HACC certificate and understand issues surrounding the ageing process. The pay levels of these workers is not commensurate with expectations of the service they are asked to provide so it is not surprising that it is difficult to attract and retain staff.

2 Client/Carer Expectations:

Increasingly clients and carers have greater expectations in respect to being able to remain in their own homes and be maintained at high levels of care. Our Case Management services are providing for many clients who are nursing-home eligible. Such clients require a range of services including personal care, home nursing, allied health, social support and respite for carers.

While most clients are able to access some form of home care when necessary, in the main this is very limited (for example low need people may get 1.5 hours per fortnight to complete all heavy cleaning tasks in their home). It is difficult for many to maintain the standard of home care they have been used to in the past.

3 Range of Services:

Related to above expectations is the high demand for respite to assist carers with the task of caring for many who are extremely frail and/or suffering from dementia.

Respite services need to be provided both within a person's home and centre-based. These services are currently barely able to meet demand. Although SH does not have waiting lists for social support groups we are able only to provide basic service. Some of the inadequacy is not simply a consequence of funding but also of access to staff (see workforce issues).

Centre-based respite and social support is no longer simply a 'minding' service but aims to provide meaningful activity especially exercise programs aimed at maintaining mobility. This then requires appropriately trained staff. In the past these services have relied heavily on volunteers. OHS requirements have meant that we are no longer able to do this to the extent we have in the past.

Community Health is not able meet the demand for the range of Allied Health maintenance services being requested. Apart from the workforce issues (above) there are limited resources. In the past three years HACC funding has been largely applied to increasing home care services local government. In the south-east growth corridor of Melbourne there has been minimal resources applied to Allied Health.

Rehabilitation services are able to provide some level of Allied Health but these focus on time-limited programs with targeted client achievements. For our aged community to remain independent maintenance services are essential.

4 Transport:

A constant problem experienced by frail people is the inability to take advantage of services provided simply because they do not have affordable transport. While taxi vouchers are available people on pensions still find this a barrier.

Until recently SH assisted people with the cost of transport to and from rehabilitation centres. However increasing costs and limited resources have meant that this has largely ceased. We do waive fees in an effort to ensure that clients will attend the whole rehab program (and thereby enhance quality of life and independence) but paying $30 out of a pension each week is mostly a disincentive.

Most planned activity groups provide a level of transport assistance but it is mostly inadequate.

This organisation runs a Driver Assessment service but the cost ($95) is something of a disincentive. This service can provide people with advice on safe driving n respect of their condition. Unfortunately some are reluctant to pay for this assessment but continue to drive, often unsafely.

5 Equipment

The Victorian Aids and Equipment Program (VAEP formerly PADP) provides equipment essential for maintaining people at home. However the demand is high and waiting times long. Often by the time the equipment is funded the need has passed because the client can no longer be maintained at home and has be reaccommodated to a residential facility.

6 Program Eligibility and Boundaries:

At times program ‘rules’ can work against good outcomes. For example an older person requiring Hospital In The Home must present at emergency before this can be provided. This results in disruption to their normal care. An ability to provide and ‘outreach’ HITH would resolve this.

Related to the transport issue is the inability for Post Acute Care to provide transport to a rehabilitation centre. PAC is able to assist clients attend appointments in some circumstances but not in the case of rehab centres.

Again compliance with a rehab program is essential to future functioning of a client.

7 Culturally and Linguistically Diverse Clients

There is an increasing need for multi-lingual staff/interpreters particularly in the City of Greater Dandenong where there is a growing number of residents from many different cultures and languages. Without access to multi-lingual staff and limits on provision of cross-cultural training older people from CALD backgrounds are at risk of isolation and consequent deterioration in emotional and physical health.