Queensland Government

Submission to the Senate Community Affairs References Committee

INQUIRY INTO AGED CARE

Introduction

The Queensland Government welcomes the Senate's Inquiry into aged care.

The Aged Care system must be considered broadly. The respective capacity of the acute hospital system (to deliver effective treatment for the older people who form a large component of all admissions) and the primary health care system including General Practitioners are vital factors that influence the effectiveness of the residential and community aged care systems. Each component of the present health and aged care system needs to be considered in conjunction with the other components.

The Queensland Government is committed to delivering its components of the health and aged care system. In addition to its roles in acute, rehabilitation and primary health care services, Queensland Health jointly funds (with the Commonwealth Government) and administers the Home and Community Care Program and the Aged Care Assessment Programs. Queensland Health is also a major provider of residential aged care through 20 facilities as well as a partner with the Commonwealth Government in the funding and delivery of Multi Purpose Health Centres in small rural communities where there are major demands for aged care.

The Queensland Government supports a more effective and better organised aged care system that provides more viable choices for older people and their carers. Queensland recognises under current arrangements that responsibility for the various components of the health and aged care system is shared between the State and the Commonwealth Government.

The Commonwealth Government however retains the primary responsibilities for both the residential and the community aged care systems.

The Queensland Government acknowledges that current arrangements between the acute and the aged care systems are less than satisfactory for older people and taxpayers more broadly. Accordingly the Queensland Government supports constructive debate and consideration about how the two levels of government may better align funding and delivery responsibilities to achieve better outcomes for Queenslanders and older people in particular.

Preferences of older people

Older people, irrespective of their level of frailty, have a strong preference to stay at home for as long as possible. People with significant dependencies who a decade ago would have entered residential aged care are now staying at home. This presents a major challenge for Australia and the Commonwealth Government which has responsibility for funding services to high care clients living in their own homes.

While government investments in community aged care have increased dramatically, the community care system remains fragmented and older people and their carers advise it is difficult to navigate. The Commonwealth Government has opportunities to reform the community care system and to establish clear and unambiguous pathways for vulnerable and frail older people who wish to remain in their own homes as long as possible.

Commonwealth Government engagement with older people and their carers and service providers as well as the State and Territory Governments will be integral to achieving positive reform.

Demographic changes

Demographic trends are not the direct subject of this Inquiry but must form a clear backdrop to its work. The demands on both community and residential aged care services will only increase over the next decades.

It is critical that governments, particularly the Commonwealth be prepared to not just invest more but also to reconsider the architecture of the present system to better prepare Australia for current and future demand.

Interfaces between health and aged care systems

At any point in time there are usually around 300 older Queenslanders in acute hospital beds who have finished their episode of acute care and are waiting on Commonwealth funded alternatives. These older patients have to stay in hospital, pending the availability of a Commonwealth funded residential aged care bed or community care package that directly substitutes for a residential care bed.

Hospitals, with the best will in the world, are not designed to provide a home like environment. For older people and their families caught in this situation the experience can be demoralising.

The Queensland Government acknowledges the Commonwealth Government has initiated a number of programs, eg “Pathways Home”, “Intermittent Care” and “Transition Care”. These programs operate at the interface but do not resolve the key problems of shortages of residential aged care beds or high support care packages in the community.

Planning for the future

Given, the changing patterns of demand from older people and demographic challenges, the Queensland Government strongly supports better planning to ensure maximum use of available resources. This submission proposes a series of measures designed to promote a more effective aged care system. These proposals are not new and reflect positions regularly advanced by older persons’ consumer organisations, service providers and State and Territory Governments. The Queensland Government would welcome the opportunity to work with the Commonwealth Government in multilateral or bilateral forums.

(a) The adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training

The aged care workforce consists of those staff who work in both formal residential and community aged care settings, but also specialist health practitioners who work with older people in inpatient and primary health care settings.

From a care point of view the availability of General Practitioners with older persons' health expertise, Geriatricians, Psycho-Geriatricians, allied health and nursing care staff with expertise in acute and rehabilitation care settings are important. Their availability is as necessary as the availability of staff with specialist skills in residential and community care settings.

The Queensland Government is concerned about immediate and longer term shortages across all settings and in all specialist expertise required to provide quality care.

Improved longevity and demographic shifts in the population pose major service and workforce planning challenges for the Australian community and the governments that serve them.

There is a strong case for development and implementation of a coherent national workforce plan to deal with immediate and medium term workforce challenges. It will be important for the Commonwealth and State and Territory governments to work closely in partnership with professional associations and education/training providers in the development of a national approach.

The first steps in developing a national plan are to map current and future demands for services and the expertise required. The next steps are to review the attributes of people who want to specialise in working with older people and their motivations to stay in the aged care workforce. The Council of Australian Governments (COAG) recently agreed to the development of a health workforce plan. Work on an aged care workforce plan could usefully occur in tandem with this work.

The Commonwealth Government's initiatives in promoting an aged care workforce capable of meeting contemporary and future challenges, while important and useful, operate in the absence of a clear strategic context. Thus while initiatives directed to improving the medication management skills of enrolled nurses are 'a positive', it is not known whether the numbers of positions targeted have been based on the best available evidence of projected need.

<u>Residential care</u>

Until the recent publication of the National Institute for Labour Studies report, *The Care of Older Australians – a picture of the residential aged care workforce"*, there was little detailed information about the residential aged care workforce. This still remains the case for the community age care workforce.

The Report indicates there is no immediate crisis although there are real difficulties in rural areas. However it is clear the present residential aged care workforce is ageing and has a high level of casualisation. Both these features present significant challenges for the future.

In Queensland there are current shortages of Psychogeriatric nurses and Aged Care nurses in rural and remote communities, including Indigenous communities. There are shortages of Geriatricians and Allied Health professionals, particularly Physiotherapists, Occupational Therapists, Speech Pathologists and Podiatrists.

The Commonwealth Government (with the cooperation of industry, education providers and the States) could usefully tackle how the nation can better promote aged care as a specialty or area of work for health professionals in a market of limited workforce supply. Conditions of work, funding for care, wages and the value the community and governments place on work in residential (and community) aged care are key.

Given recognised projected workforce shortages across all health professions it is likely to become more difficult to deliver residential aged care services and community care. A key challenge is to improve the attractiveness of building careers in the aged care industry.

Commonwealth Government initiatives in the 2004 Budget, while welcomed as a contribution, do not effectively respond to these challenges.

Community care

There is a paucity of information about the community care workforce. It is however clear the workforce is experiencing significant growth. In community care there are three clear drivers in the size and occupational distribution of the workforce. These are the rate of funding growth in community aged care programs and related areas, increased reliance on the paid care workforce as opposed to the volunteer workforce and the preference of many older people who have significant impairments to stay at home.

All States and Territories are experiencing rapid growth of community care programs in both ageing and disability. In Queensland the Home and Community Care Program has averaged growth of around 10.0% pa over the past five years. At the same time Community Aged Care Packages have grown at a rapid rate and a number of other programs have either been initiated or expanded, most notably Veterans Home Care and the Extended Aged Care at Home (EACH) program.

The rapid expansion in funding of service growth has fuelled demand for a paid labour workforce. The expansion of disability programs who employ people with similar skills for similar tasks such as personal care (eg help with toileting, showering and dressing) mean there is a competitive market for trained staff.

Anecdotal information suggests that many organisations are struggling to attract and retain volunteers who have historically provided the backbone for

services such as day respite programs, meals on wheels, social support and transport. The pressures to increase supply of services, to improve quality and to deliver on compliance obligations such as meeting standards, entering client information on data bases and preparing reports to funding agencies has fuelled demand for paid staff. The growth of particular service types such as personal care has fuelled demand for particularly skilled labour.

People who a decade ago would have entered residential care because of their complex service requirements are now opting to stay at home for longer. This means greater numbers of extremely frail older people who have significant dependencies and complex service requirements are living at home. Ensuring these older people are able to live at home safely is a significant challenge for families, service providers and the workforce. As a consequence the skills required of people providing these older people with services are changing. This trend also fuels demand for more highly skilled labour.

Currently there is no comprehensive data source available for the community aged care workforce in Queensland that would enable Queensland Health to identify shortages of skilled staff, turnover rates, or occupational categories/geographic areas where shortages are particularly severe. This would appear a national issue where the Commonwealth Government could take an important leadership role as it is the primary funder of community aged care programs.

Current Commonwealth Government initiatives

The 2004 Federal budget contained three key initiatives targeted to the residential aged care workforce.

Additional undergraduate Registered Nursing places targeted at aged care

The additional places for training in Queensland are welcomed. The additional places are being distributed through the following universities.

University	New places in 2005	New places by 2008
Griffith	25	68
Central Qld	20	55
Sunshine Coast	5	14
James Cook	20	55
QUT	30	82
Total	**100**	**274**

While any increase is welcomed, the initiative was announced in the absence of a clear strategy about demand for future numbers of nurses specialising in aged care. It is unknown whether the numbers will prove adequate or not. It is also unknown how many of the new graduates will elect to work in aged care or how long they will stay.

Training of 5000 Enrolled Nurses in medication management

This initiative is supported as a contribution to building the skills of the aged care workforce. Queensland is well placed to implement this approach. The Queensland Government had already taken the initiative to offer medication endorsement to all Enrolled Nurses employed in Queensland Health. Training programs to support this are well developed in Queensland and accessible to both the public and private sector. There may be a potential gap in private sector uptake and needs for training in Queensland which should be explored.

As with the additional Registered Nurse undergraduate positions, it is not known whether the numbers are right or not. While welcomed, the absence of a coherent national strategy means it is difficult to gauge the impact of the initiative.

Helping just under 16,000 aged care workers upgrade to or obtain qualifications as Enrolled Nurses

This Budget initiative is again supported. There is high demand for Enrolled Nurse training in the community and the majority is self funded. Queensland Health funds 150 places. This initiative offers a career pathway for unregulated workers into nursing.

Again in the absence of a national strategy, it can only be hoped that many workers will then use available articulation pathways from Enrolled Nursing to continue into Registered Nursing and other health professions. For this to occur there would need to be incentives for universities to offer articulation pathways which do not require unnecessary duplication of previous training or unreasonably extend the number of years students need to study.

Consideration will need to be to given the impact of additional places in Enrolled and Registered Nursing training courses on access to clinical education placements. Irrespective of the desirability of these places, there is a cost in terms of increasing workloads of the nurses, already under pressure, who will be asked to provide clinical supervision in the workplace.

The backbone of both the residential and community care workforces is ‘unregulated’ workers. Their access to pre and post employment training to Certificate Level 3 and beyond is a key issue that needs to be tackled as part of a national strategy.

The current initiatives do not tackle other workforce requirements in both medicine and allied health.

There were no Commonwealth Government initiatives directly targeting the community care workforce.

Current Queensland Initiatives

Queensland Health has had success in improving recruitment of nurses to aged care work through an initiative which funds and supports placements for new graduates across the aged care continuum (acute, community, residential aged care). This is supported by a Transition to Practice training program. This initiative gives graduates a broader perspective and realistic understanding of aged care work.

This year Queensland Health will also trial the role of the Nurse Practitioner in Aged Care settings. The benefits include more timely and seamless access to care and treatment for clients with support/linkages to other services within the continuum of care. This could be potentially done in the client's own environment such as a residential care facility. The initiative will also reduce the number of points of access or contacts or distances to travel for clients through the capacity of the Nurse Practitioner to provide initial care, treatment and referral of clients to other health professionals and though admission and discharge of clients. The initiative is also expected to allow more timely responses particularly in rural and remote areas to assessment of care needs, treatment and authorisation of appropriate benefits.

Queensland Health is developing a Home and Community Care Program (HACC) Workforce Skills Development Strategy to develop a framework for the skills development of the HACC workforce in Queensland. This will help develop an appropriate minimum level of skill in areas identified as essential to the provision of quality services. The Strategy will be implemented over a 3 year period between July 2005 and June 2008.

Queensland Health is working collaboratively with the Queensland Community Services and Health Industries Training Council on a workforce survey for the broader aged care workforce. The survey will include all HACC service providers. The information obtained from this survey should contribute better data relating to the HACC workforce in Queensland.

Specific initiatives the Commonwealth Government could undertake to help redress current or projected workforce shortages

It is apparent the demand for labour in community aged care services will continue to increase. It is also clear more information is required. The Commonwealth Government could usefully replicate the study undertaken of the residential care workforce in the community sector.

The most important initiative the Commonwealth Government could undertake is to sponsor development of a national labour market strategy for aged care and other health care targeted at older people. This initiative would need to be undertaken with the close collaboration of professional organisations and in conjunction with the COAG initiated health workforce strategy.

(b) The performance and effectiveness of the Aged Care Standards and Accreditation Agency in:

(i) assessing and monitoring care, health and safety,

(ii) identifying best practice and providing information, education and training to aged care facilities, and

(iii) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff.

Queensland Health provides 20 residential aged care facilities that operate within the standards and accreditation processes delivered through the Commonwealth Government's Aged Care Standards and Accreditation Agency. All 20 facilities have been accredited by the Agency. The Queensland Government comments are based primarily on Queensland Health's experience of the Agency as a provider but are also informed by Queensland Health's experience of collaborating with other Queensland residential aged care providers.

(i) Assessing and monitoring care, health and safety

Queensland Health considers the Aged Care Standards and Accreditation Agency has facilitated a significant improvement in the standards of care across the residential aged care sector. The accreditation framework has delivered effective change and been a driver for significant quality improvement. It has also provided a significant opportunity for education and team building within residential aged care services.

In any accreditation regime it is imperative that assessments be consistent and fair and perceived to be so. Credibility is dependent on these factors. The feedback from Queensland Health services is that the Agency must improve consistency of assessments delivered by the different teams. Industry must be confident that the Agency will operate with a high level of consistency. This needs to be addressed as a matter of priority.

(ii) Identifying best practice and providing information, education and training to aged care facilities

In the first round of accreditation the Agency played a significant role in providing education and training on the accreditation system. This function has been in decline since then and was certainly not apparent in round two.

The Agency's future education program is welcomed. The seminar series, community education programs and education support contacts with providers during the accreditation cycle should further improve understanding of continuous improvement and accreditation amongst services.

Site visits are undertaken by the Agency as part of the on-going continuous improvement process. These are designed to enable services to know what needs to be done and occur between formal assessment audit visits. There are mixed views on site visits – some facilities have experienced them as more concerned with compliance than 'support', while others have experienced them as positive and a means to keep facilities on track.

(iii) Implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff

Residential care providers and staff place themselves under high pressure to provide the optimum levels of care to residents within the funds made available to them under Commonwealth Government policies. Agency visits for support or accreditation inevitably prove stressful for staff. Queensland Health staff and many industry players in Queensland remain concerned about the high level of paperwork and documentation required to satisfy the Agency.

The second round of accreditation was supposed to be more resident focussed but this has not been the experience of every facility. The expectation was that assessors would pay less attention to the documentation and have more contact with residents, families and carers. This is particularly important as it also contributes to the public credibility of aged care; credibility of which has been problemmatic in recent years.

The announcement of an Agency finding of non-compliance needs to be handled with more sensitivity and a more positive approach in some instances. For providers and staff a non-compliance finding can lead to significant setbacks on morale. A more positive approach from the Agency would help development of learning cultures. Also, more time needs to be spent providing positive feedback. This needs to happen at the exit interview, because staff anxiously wait for several days to hear the outcome.

Morale is seriously affected for a long time following a finding of non-compliance. If the outcome of the assessment includes any areas on non-compliance then these should be the last comments mentioned as it was felt that the staff did not listen to the positive comments due to the shock of receiving non-compliance advice.

Other relevant issues

Further, a number of interrelated issues are brought to the attention of the Inquiry. These include:

- Excessive documentation for Resident Classification Scale (RCS), care planning and accreditation purposes;
- Ambiguity in relation to the RCS assessment documentation and the care plan; and
- The role of review officers, their different interpretations of Commonwealth Government requirements, and the subsequent impact on the documentation workload.

The 1998 Productivity Commission Review into Nursing Home Subsidies concluded that unfamiliarity with the RCS had fuelled the claims about excessive documentation. However, in the intervening 6 years, evidence has been found in Queensland Health's residential aged care facilities that the RCS documentation is too complex; too confusing and too open to interpretation by Commonwealth review officers. This documentation is not complementary to the documentation required for care planning and accreditation.

Specifically, it is Queensland Health's experience that review officers seek post RCS assessment information when validating a RCS claim. This information can only be accessed from the care plan. This broadens the role or purpose of the RCS instrument from the assessment of relative care need into inappropriate exception reporting and care prompting.

Rather then permitting the RCS documentation to stand alone, this approach has fuelled resource intensive attention being paid to documentation by staff.

The announcement – in the Commonwealth Government's response to the Hogan Review of Pricing Arrangements in Residential Aged Care - that a new funding model with simplified resident categories will be introduced in 2006 is welcome. The delay of another 2 years does nothing to address the immediate problem.

(c) The appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements

The appropriateness of younger people with disabilities being accommodated in residential age care

The issue of younger people with a disability accommodated in residential aged care facilities is complex. There may be a range of reasons why younger people access aged care facilities, including the need for intensive levels of personal care support, the need for 24 hour monitoring and nursing care, geographical location, individual or family choices or a lack of other alternatives.

To assess appropriateness of such accommodation it would be necessary to examine the individual circumstances and issues. It is important to acknowledge accommodation of some younger people with a disability in such facilities may not be inappropriate and may be the most practicable option. It is desirable to provide age appropriate care and age appropriate facilities/circumstances.

Younger people with a disability due to degenerative diseases such as muscular dystrophy, multiple sclerosis or motor neurone disease may enter an aged care facility towards the end stage of life when high levels of care may be required.

It is also evident that some people with a disability access aged care facilities due to an early onset ageing condition. In these instances the need for aged care nursing may outweigh the need for disability support. For example, people with certain disabilities such as Downs Syndrome are more prone to early onset dementia conditions. As these ageing conditions progress, the individual may reach a point where their need for aged care and monitoring outweighs their need for disability support.

The aged care system and its residential component have experienced some very positive reforms in the past twenty years. Less than two decades ago elderly people considered to be in the care of the State in residential settings in intellectual disability facilities and psychiatric hospitals were denied access to specialist aged care nursing in residential aged care. These people were as prone as other members of the general community to conditions of ageing and where necessary required access to mainstream aged care services.

The Commonwealth Government successfully addressed this issue.

It is worth noting that there are relatively few people under the age of 50 in residential aged care. At January 2004 there were 226 residents in aged care facilities in Queensland who were under the age of 50.

To put this in perspective these residents accounted for less than 1.0% of the total residential care population in Queensland. Most of these younger residents are aged between 40 and 49.

Commonwealth-State/Territory Disability Agreement 2002-07

The Commonwealth State/Territory Disability Agreement 2002-07 is a blueprint for the delivery of disability services in Australia. The Agreement encompasses the Multilateral and Bilateral Agreements.

The Bilateral Agreement identifies areas of joint interest between the Queensland Government and the Commonwealth Government. As part of this Agreement the Queensland Government is committed to collaborative work on the National Priority of *Strengthening cross-governmental linkages, particularly at critical stages and transition points.* This includes activity in relation to the *Aged care/disability and services interfaces* and identifies three areas of significant importance, one of which is younger people (under 50 years) inappropriately placed in aged care facilities (including nursing homes).

The Bilateral Agreement further identifies that jurisdictions will explore alternative support models for younger people inappropriately placed in aged care facilities (including nursing homes) and capacity to transfer individuals who have been inappropriately placed to more appropriate accommodation.

As part of the Bilateral Agreement the Queensland Government has initiated work on the issue of younger people residing in aged care facilities. This work will provide a better understanding of the needs and circumstances of people under 50 years of age with a disability residing in aged care facilities in Queensland. The outcomes of this project will also contribute to national consideration of these issues.

Queensland Government initiatives

The Queensland Government is committed to improving services for people with a disability, their families, carers, disability service organisations and the wider community. Record funding to disability services provided in the 2003-04 and 2004-05 Queensland Government Budgets ensures that support will be provided to more adults and young people with a disability across Queensland.

In 2003-04 the Government announced an allocation of $290.5 million over fours years for *Future Directions for Disability Services.* This funding included an additional $62.5 million over four years allocated to increasing services to adults and young people with a disability and an additional $54.5 million over fours years to strengthening families and communities.

In the 2004-05 Budget the Queensland Government again increased funding for children, young people and adults with a disability. A total of $285.6 million over four years was allocated to improve services and support for people with a disability and their families across Queensland. More people with a disability now have access to State funded services and support than ever before and this will grow over the next four years as the impact of the additional funding takes effect.

Possible Commonwealth Government initiatives

- Subsidies to residential care providers that encourage age appropriate care for those few younger people with disabilities who require 24 hour care in a residential care setting.

- Cooperation and support (including financial support) for the relocation of any residents under the age of 50 who wish to be relocated and can be done so safely and practicably to an alternative setting.
- There is a case for the Commonwealth to adopt a minor revision to its planning ratio. In the same way as Indigenous Australians between 50 and 70 years of age are counted as part of the planning ratio for residential care and its community care substitutes there is a case for the Commonwealth to include people over 50 who have a severe or profound disability in the planning ratio.

The Queensland Government looks forward to working cooperatively with the Commonwealth Government to achieve more positive outcomes for younger people with a disability residing in aged care facilities.

Funding for special needs including dementia and palliative care

Improved life expectancy will lead to more people experiencing conditions associated with the ageing process including physical frailty and dementias. Previous funding of residential aged care failed to adequately compensate providers for the additional care levels residents with dementia can pose when their dementia results in challenging behaviours.

In the past, Aged Care Assessment Teams (ACATs) have encountered great difficulty in placing people with dementia because the current funding model has effectively prohibited this for a number of facilities. Many facilities make it abundantly clear that for people with dementia, even those requiring low level care, they will not provide a bed. The issue of funding is cited as the reason.

Funding levels impact on the capacity of a facility to adequately staff areas that require a greater staff to resident ratio (residents exhibiting difficult behaviours, residents requiring complex nursing care such as palliative care, etc). Inadequate staffing levels in these areas impacts on the quality of life for other residents in adjoining areas. This is the reason many facilities have been unable and/or unwilling to place people with more complex care needs.

Commonwealth Government Budget initiative

The Budget announcement of new funding supplements for residents with dementia who exhibit “difficult behaviours” and residents needing complex palliative nursing care is welcomed. This is an acknowledgement that the current RCS does not adequately address the needs to this growing subset of residents.

The proposed model is to have three levels of basic funding with supplements for special needs clients. This should encourage providers to take these clients. Implementation of the new supplements will need careful monitoring and review to ensure the supplement is sufficient to meet the additional care imposts caused by providing care to people with dementias or who are receiving palliative care. It is also particularly important that the new

supplements do not increase paperwork demands, given the industry's frustration with the current paper work requirements.

It is disappointing that the new funding model including the supplements will not be implemented until 2006. This will mean that it will continue to be difficult to find residential aged care for clients with these special needs for some time to come.

(d) The adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly

The Home and Community Care program (HACC) is only one of a number of programs providing community and home based care for older people. In assessing adequacy it is important to take into account the whole range of services rather than just looking at HACC.

The adequacy of community care programs needs to be gauged from a number of perspectives:

- The degree to which programs allow older people to remain at home as long as they can.
- The relationship between the care provided by families and friends and government sponsored support.
- The degree to which programs can be tested as having met the need for subsidised care and support.
- The degree to which programs provide a coherent easily accessible care system for clients that allows care levels to seamlessly adjust to changing need.
- The degree to which Commonwealth Government funding levels provide for an eligibility or entitlement based system.

Frail older people and community care

The clear preference of frail older people is stay in their own homes for as long as they and their carers can manage. This is despite the improved residential care standards achieved over the past decade.

Both the age of admission and the level of frailty of new residents are increasing which suggests that many people are deferring entry to residential care. This is in addition to the more common explanation that there is a shortage of Commonwealth Government subsidised residential aged care. In the space of five years, of all admissions to permanent residential aged care the share taken by people aged over 80 rose from 64.1% in 1998/99 to 69.0% in 2002/03[1]. It is considered there are more frail older people with complex conditions and support needs now living at home than was the case a decade ago. There appear no grounds for expectation that this trend will reverse. The older people staying at home include those:

- Assessed as eligible for admission to a residential aged care facility, who have not been able to find a suitable facility;

[1] Reported in *Residential Aged Care in Australia 2002/03, a statistical overview,* 2004, Australian Institute of Health and Welfare

- Assessed as eligible for admission to a residential aged care facility, who have opted to stay at home rather than enter residential care; or

- Who would meet the criteria for admission but have not yet sought an Aged Care Assessment Team (ACAT) assessment.

In addition there are many other older people who, while not meeting the criteria for entry to residential care have conditions and impairments that in the absence of the support would be at risk of premature admission to residential care. These people are the traditional target group for HACC.

The primary source of support for older people at home remains partners and adult children.

The secondary source of support to older people and their carers are community programs funded and/or delivered by governments.

A clear and consistent message the Queensland Government receives from older people, their carers and advocacy organisations as well as service providers is that the community care service system is less than systemic. There are not too many services but too many programs. When a clear, logical and easily accessible and comprehensible continuum of care that adjusts care levels in proportion to need is required, clients are confronted with a myriad of programs and funded organisations, few of which are structured and funded to provide a whole of person response.

Commonwealth Government role

As with residential aged care, the Commonwealth Government carries primary responsibility for community aged care programs. The Department of Health and Ageing (DoHA) alone funds seventeen different community aged care programs. The Department of Veterans Affairs is also a significant investor in community care services for veterans.

Queensland Government role

The Queensland Government through Queensland Health is a partner in the funding and delivery of the Home and Community Care (HACC) program. In 2004/05 Queensland Health will administer close to $250M in HACC funds. The Queensland Government has strongly supported growth in the program which has averaged around 10% pa over the past 5 years. Queensland Health also administers and partly funds the Aged Care Assessment Program (ACAP). ACAP operates as the key gatekeeper at the interface between acute, community and residential aged care systems.

The Queensland Government possesses a long term commitment to improving the capacity of the community care system to more adequately respond to the needs of older people. The preparedness to both heavily invest and advocate for strong systemic reform in an area that is primarily a Commonwealth Government responsibility has been driven by:

- Awareness of the preferences of older people;

- Knowledge that the primary health, acute care, residential care and community aged care systems operate within a complex set of interfaces.

The need for community aged care reform

When a frail older person who meets the criteria for entry to residential care stays at home their health, safety and quality of life is contingent upon the skills and commitment of carers and funded services. It is imperative that the person and their carers have a clear set of viable choices.

For some years the Queensland Government has been concerned about the adequacy of community aged care, the multiplicity of Commonwealth Government programs and the absence of choice for frail older people. The shortage of adequate Commonwealth Government funded community care substitutes for residential aged care has led to unsustainable pressure being placed on HACC to meet the needs of frail older people who have very complex and intensive service needs. HACC is in effect an early intervention program designed to meet the needs of older people with disabilities who are at risk of premature or inappropriate entry to residential care. Meeting the needs of high need clients through HACC takes services away from people who require only small amounts of service to sustain them in the community.

Queensland Health has undertaken a preliminary analysis of the HACC Minimum Data Set for 2002/03 to try and determine the numbers of people accessing HACC resources at levels equal to or greater than the minimum level of subsidy for residential aged care (RCS7). Features of this preliminary analysis suggest that fewer than 2.0% of clients receive services, the cost of which is equal to or greater than the minimum subsidy. While small in number these high care clients currently consume around 20% of services.

The data suggests the absence of effective Commonwealth Government community care substitutes for residential care is forcing high need clients (and their carers) to look to HACC for support.

The Queensland Government is committed to its current roles in co-funding and managing HACC and ACAP. However the Queensland Government expects that the Commonwealth Government will undertake its fair share. As aged care is primarily the Commonwealth Government's responsibility, it is up to the national government to make the changes needed to create a fairer and more accessible system. This is currently not the case as is discussed in the following section.

Commonwealth Government should simplify community care

The Commonwealth Government Department of Health and Ageing (DoHA) now runs seventeen discrete community care programs. Irrespective of the benefits that each program provides, the sheer number has the potential to cause confusion for clients, carers, community service providers and other key service providers such as General Practitioners. Sixteen months ago the

Commonwealth Government released a 'consultation' document, "A New Strategy for Community Care", that marked commencement of the Community Care Review. The consultation document outlined a series of proposals designed to improve the community aged care system. These included measures designed to improve access to information services, assessment systems and a clearer system of care that ranged from basic services to packaged care.

There has been no process for community consultation with clients, carers or service providers. It is understood the then Commonwealth Minister established a small Reference Group to advise DoHA on the reform proposals, but there was no formal engagement with the community.

There has been no engagement with the States and Territories. Recognising the clear national importance of community aged care services and the need to achieve improvement, State Ministers for Ageing, Health, Community Services and Disability Services established a national forum and invited the Commonwealth Government Minister to participate. Neither the Minister nor staff of DoHA accepted the invitation to engage through this process.

Since the March 2003 release of its consultation paper there has been no announcements from the Commonwealth Government about the progress of the Community Care Review.

Strategic Community Aged Care issues

Queensland Health and Aged Care Queensland (the State's peak aged care service organisation) undertook a series of joint consultations in Queensland during 2003/04 focussing on the Commonwealth Government March 2003 paper. Over a dozen meetings were held around the State with community aged providers. The meetings were well attended. The facilitators took participants through the March paper encouraging discussion on the implications of the paper and how well the proposals addressed areas in the community aged care system where they considered improvement was required.

The following views were widely expressed:

- Support for a continuum of care that provides support in proportion to need and offers viable alternatives for older people to enter residential care or stay in the community;

- Realignment of Commonwealth Government own purpose and aged care programs shared with the States and Territories that would prevent leakage of HACC resources to service the needs of frail highly dependent people whose needs should be wholly met by the Commonwealth Government. A consistently held view is that the Commonwealth Government should wholly fund community care of people whose care costs exceed the minimum subsidy to residential care. This would enable HACC to target its resources to people whose care costs are below the minimum residential care subsidy.

- The Commonwealth Government must consolidate the number of programs and decrease the administrative burden on service providers and the States.

Administrative burden on the Home and Community Care Program

HACC is one of Australia's more long standing and successful programs. In around 20 years it has serviced hundreds of thousands of Queenslanders providing support when and where it is needed. Through HACC services such as Meals on Wheels and Day Respite, tens of thousands of Queenslanders have made substantial contributions to their communities as volunteers. HACC continues to support vital services across the State that make a real difference to people's lives. The same is undoubtedly true in other jurisdictions.

The HACC Amending Agreement signed in 1999/2000 achieved some small streamlining but the program is still subject to Commonwealth Government requirements that impede delivery of the program.

The Commonwealth Government has signalled the intent to enter a new HACC or Community Care Agreement with the States and that the new Agreement will incorporate outcomes of its Community Care Review. To date there has been no indication as to the content and style of the proposed new Agreement.

The Queensland Government looks forward to a new Agreement making significant progress over current arrangements. In particular it is hoped the new Agreement will address the following matters that would help improve the functioning of HACC:

- *Improve viability for service providers*. The past decade has seen HACC services respond to the needs of a client population who have more complex needs than in the past. This has led more providers to employ staff with a greater array of skills. At the same time the volunteer base of many services appears to have diminished placing greater reliance on paid staff to undertake care tasks. This has contributed to a situation where providers need to spend more to achieve the same level of output.

  While HACC has expanded at an unparalleled rate, new funds have been allocated to new or expanded services. The rate of indexation for existing services set by the Commonwealth Government has failed to keep pace with costs, particularly wages and program accountability/compliance costs. This is leading to severe viability problems, particularly for small services typically servicing small rural or remote communities.

- *Planning arrangements*. The HACC Amending Agreement replaced the project by project joint ministerial approval system with an arrangement where the State develops an Annual Plan which must then be signed off by the State and the Commonwealth Minister.

While an improvement in part, Queensland Health has found that it has to go through a two stage process to obtain the Commonwealth Government Minister's approval. This involves submission to the State Office of DoHA and then to the national office. The resultant lengthy delays experienced impede allocation of growth funds and delay benefits to clients.

A preferred arrangement in the new Agreement would be for Ministers to reach agreement on Statewide priorities, directions and outputs to be achieved. States would then apply growth funds against the agreed priorities.

- *Administrative burdens*. There are a range of excessive administrative burden issues that must be addressed in any new agreement. One example is the obligation on Queensland Health to provide a detailed Business Report to DoHA that in effect requires service providers to submit annual reports to Queensland Health by 30 September each year. In practical terms this is not achievable for many organisations that are still having their audits completed and have yet to hold their Annual General Meetings.

(e) The effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community.

Arrangements for the transition of older people from the acute sector to either community or residential care settings remain fundamentally flawed. Under current arrangements the States and Territories are responsible for the delivery of public hospital services and the Commonwealth Government is responsible for aged care. The Commonwealth Government is wholly responsible for the residential aged care system and is primarily responsible for community aged care programs.

For many years there have been significant disputes between the two levels of government over the interface between acute and residential care.

In 2001 the Australian Health Ministers Advisory Conference (AHMAC) established the Care of Older Australians Working Group (COAWG) with representatives from all jurisdictions. This group was given the responsibility for coming up with some solutions to the perceived interface problems and has developed a National Action Plan.

It has been proposed that COAWG, which has representation from all States and Territories and is co-chaired by the Commonwealth Government and Victoria, should continue until 2008 to provide advice on a range of issues associated with the implementation of the National Action Plan. COAWG will also report annually to Health Ministers, through the Australian Health Ministers' Advisory Council, on progress by jurisdictions on the actions and milestones under each of the seven principles contained in COAWG's National Action Plan for Improving the Care of Older People across the Acute-Aged Care continuum, of which the provision of transition care is one. COAWG will specifically report on the number of operational transition care places and the level of investment for each jurisdiction.

<u>Commonwealth Government Initiatives</u>

The Commonwealth Government has announced three specific initiatives to address some of the issues around the interface. These are the Pathways Home funding under the Australian Health Care Agreements 2003-2008, the Intermittent Care pilots and in the 2004-2005 Budget the Transition Care program.

All States and Territories have welcomed the provision of Commonwealth Government funding for this purpose. However by creating special programs the Commonwealth Government has further fragmented the system and made it more difficult for clients, service providers, and health professionals to find the right care in the right place at the right time.

All of these potential issues and problems could be avoided if the Commonwealth Government was prepared to give the funding to the State and Territories as a block funding arrangement for each jurisdiction to develop their own response to improve the interface between the acute and aged care sectors.

Conclusion

This submission has identified a number of measures the Queensland Government considers would provide for an aged care system better equipped to deliver better outcomes for older people.

In particular the submission supports greater attention to workforce planning particularly on community care and residential care. The COAG Review will focus more on plans and initiatives related to health professionals. The focus will be on primary health care and acute health care.

The submission also highlights some of the areas where the present residential aged care accreditation system can be improved through better communication and reduction in unnecessary paperwork.

The Queensland Government is tackling the issue of younger people in residential aged care. While there are relatively few people under the age of 50 in Queensland residential aged care services, the issues for each person are unique. Great care and sensitivity will be required on this project and the Queensland Government is looking to improve outcomes for each person. The active assistance and partnership of the Commonwealth Government will be required to ensure positive sustainable outcomes for individuals.

The Queensland Government is concerned at the delay in Commonwealth Government consideration of its proposals to reform community aged care. Current Commonwealth arrangements do not provide a clear continuum of care, are unnecessarily complex and fragmented and must be made more user friendly for older people and their carers. The former Commonwealth Minister for Ageing announced a review of community care in March 2003. Sixteen months later there has been neither engagement with the States nor a publicly available outcome.

The interface between the health, community and residential aged care systems remains unnecessarily complex. The Queensland Government encourages the Commonwealth Government to address problems at the interface, particularly those in the aged care system. While the various Commonwealth initiatives directed to the interface to date are not without value, they do not serve the broad community interest of ensuring our health and aged care systems work to the advantage of older people.