Melbourne Citymission

Inquiry into Aged Care

Submission to the Senate Community Affairs References Committee

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Overview of submission and recommendations

Given the rapid ageing of the population, the increase in demand for services for older members of the population will expand dramatically. 'The rate of increase will be highest in the next two decades. By 2022–23, there will be 4.7 million older people in Australia' (Hogan Review, 2004:85). As a major provider of residential aged care services, Melbourne Citymission welcomes this timely inquiry into key issues emerging in the area of aged care. Aged care is by its nature a long-term function, with critical decisions made today applicable for decades.

The breadth of services offered by Melbourne Citymission, described below, gives the agency a unique insight into issues such as accommodation of young people with an acquired brain injury (ABI) in inappropriate settings, such as nursing homes predominantly used for frail elderly persons. It is critical that, in review of aged care and related health, housing and support services, policy decisions allow non-government organisations to give priority to clearly identified target groups central to their mission and purpose. Younger people in nursing homes are one such group, as are older people without the means to pay for quality care and accommodation.

Melbourne Citymission has in the past made substantial contributions to inquiries into Aged Care, including the recent Pricing Review of Residential Aged Care (Hogan Review, 2004). The agency is aware of substantial work done in recent years on projects such as the Myer Foundation's *2020: A Vision for Aged Care in Australia* (2002) which make very detailed proposals for development of a 'blueprint' for aged care. Therefore, while this submission makes general comments on each of the terms of reference, the primary focus is on the issue of young people in nursing homes.

Summary and key points

(a) Workforce shortages and training

- Urgent attention is needed to address unequal wage rates for nursing staff doing similar work across sectors funded from different sources.
- As a result of demographic trends, there will be a need for increasing technical skills of care staff.
- Training is needed in specialist areas such as dementia care and palliative care.
- While there are positive developments in training and education programs and guidelines, the cost of implementation must included replacement of staff from within a very limited pool of skilled workers.
- Continuing investment is essential in this area.

(b) Standards and Accreditation

- Melbourne Citymission supports review and monitoring of standards in aged care services.
- Inappropriate accommodation or poor quality care should not be acceptable substitutes for those without the capacity to pay.
- Further work is needed to streamline reporting requirements.
- The need for extensive documentation must be guided by the knowledge that production of detailed documentary evidence requires time away from direct care.

(c) Young people in nursing homes

- It is inappropriate to place younger people with high level care needs in nursing home facilities designed for the care and accommodation of older people.
- Subsidies within the aged care sector fall well short of allocations for accommodation and services for young people with high care needs.
- Melbourne Citymission supports the development of innovative approaches in this area. However, the agency has concerns about raising expectations of accommodation and service options based on non-recurrent funding sources.
- Cross government collaboration is required to assist with the development of an integrated, cross sector policy response to assessment and placement of people requiring high levels of care.
- Leadership is needed from the Commonwealth on this issue.

(d) Home and Community Care

- Demand for HACC and related programs will increase significantly as people increasingly choose to remain in their own homes and local communities.
- It is vital to have access to support services at the earliest stages of need.
- Demand for services has already produced long waiting times.
- Community care and service systems are poorly integrated, confusing and inadequate for those with complex needs.
- It is critical to respond to the needs of carers for support and assistance, in recognition of their valuable unpaid work.
- Melbourne Citymission calls on the Minister for Ageing to release the Community Care Review to further discussion on this cluster of issues.

(e) Transitions

- A whole of government approach is needed to develop a co-ordinated approach to transitions between community care, the acute sector and residential aged care.
- Complementary assessment tools are required.
- Some flexibility is needed to allow for shared funding and service provision, as individuals move across the sector.
- Collaboration is needed to develop shared protocols for transfers.

About Melbourne Citymission

The primary focus of Melbourne Citymission is to work alongside people who are marginalised, at risk, disadvantaged, frail or denied access to other services. Melbourne Citymission's broader aim is to build an inclusive community through personal and social transformation. We work towards this by providing a range of support services to people across all life stages in order to empower them, enhance their well being and maximise their dignity and human potential. The organisation's broader role includes leadership, in partnership with the community, through research, policy analysis, education, community awareness and advocacy.

Melbourne Citymission assists over 18,000 Victorians each year through programs in the following areas:

- Aged Services
- Children, Youth, Adult and Family Services
- Disability Services
- Palliative Care
- Youth Homelessness Services
- Employment, Education, Training and Support Services

Melbourne Citymission works with people across all life stages, from early childhood to the end of life. The breadth of this work reflects the organisation's interest in life transitions and the ways in which people can best be supported to achieve sustainable transformation in their lives.

Aged Care Services

For almost fifty years Melbourne Citymission has provided a range of aged care services to ensure that all older Melbournians have a home and access to high quality care. At present, the organisation operates a number of facilities and programs developed to meet accommodation, health and support needs of older people from all cultural, religious, social and financial backgrounds.

- 122 **Independent Living Units**, built during the 1950s and 60s, form a part of **Judge Book Village** in North Eastern Melbourne. These one and two bedroom self-contained units provide the freedom of independent living within a community that can provide support and emergency help if needed.
- **Eltham Lodge (Judge Book Village)** opened in 2001, provides purpose built, multi-level care for 60 frail elderly residents in an environment designed to allow residents greater privacy, scope for independence and continuity of care.
- **Willandra Hostel** is also located within **Judge Book Village**. This residential home provides low-level (hostel) care to 60 elderly people who take part in many social and recreational activities organised in the village.
- **Harold McCracken House** in Fitzroy opened in 1980, providing high-level nursing care for 50 residents, many from multicultural backgrounds. Residents include some younger people who would be more appropriately accommodated outside a residential aged care facility.

Melbourne Citymission also operates a number of non-residential services, including a Community Visitors Scheme, Day Therapy Centre and a limited number of Community Aged Care Packages.

Palliative Care Services

For the past 22 years, Melbourne Citymission Palliative Care has offered specialised, comprehensive, client-centred palliative care services to people experiencing a life-threatening illness. Ours was the first community-based palliative care service in Australia and is known nationally for its teamwork, excellent client/carer services and innovative programs. Melbourne Citymission provides palliative care to over 495 clients per year in the municipalities of Darebin, Hume, Moreland, and Yarra. People who use our services come from a range of cultural and linguistic backgrounds and are not required to pay for the service.

Acquired Brian Injury Services

MCM operates an Acquired Brain Injury (ABI) Services Unit with three specific ABI case management teams. The Unit's core work has been supplemented over time with a range of additional projects, with external funding or through self-seeding by the agency itself. Much of this work has been generated through the identification of gaps in services for clients with ABI by the individual case workers and strategic work in finding ways to fill those gaps.

Through our case management services for people with ABI, Melbourne Citymission works with a large number of younger people who are in nursing homes - between 40 – 60 each year. Melbourne Citymission has been a foundation member of the Young People In Nursing Homes Consortium, and continues to play an active role in advocating for our clients in nursing homes.

Terms of Reference

Workforce shortages and training

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

Melbourne Citymission's experience in the field suggests that workforce recruitment, training and retention are all critical issues for the development of a sustainable range of aged care services.

It has been proposed elsewhere that current inadequate funding levels are leading to a disintegration of the workforce, both in numbers of available staff and in terms of the skill level required to provide quality care (Angley & Newman, 2002). Urgent attention is needed to address the unequal wage rates for nursing staff doing similar work across sectors funded from different sources. Wage rates for nurses in the federally funded sector are significantly below those paid in the state funded sector. This is resulting in a chronic shortage of nursing staff in residential aged care facilities that will inevitably lead to a decline in care standards if not addressed.

Along with increases in demand for and cost of aged care, demographic trends suggest that admissions to aged care facilities are gradually increasing in age, acuity levels and complexity of care needs. This trend is in part a result of the gradual

development of options for care outside residential facilities for some groups, which means that only the most frail elderly will enter residential aged care. A result of this pattern will be a continuing need for increasing technical skills of care staff. Skill levels needed for staff are expanding rapidly as technology and pharmaceutical developments accelerate in aged care. Melbourne Citymission supports an appropriate mix of staff, including both personal care workers and trained nursing staff, to ensure the provision of quality care.

In particular, training is needed in specialist areas such as dementia care and palliative care, where it is projected that demand for care will increase: 'Dementia will most likely increase exponentially with age so that in a little over a decade it could be the largest source of burden of disease in Australia' (Hogan Review, 2004:175). Care and treatments for this expanding group are likely to include a range of drug treatments as well as psychosocial treatments including counseling and carer interventions (Byles & Flicker, 2002). Ongoing training and skill development is clearly needed urgently in this area.

In response to growing need in this area, Melbourne Citymission has established a dementia specific unit within Eltham Lodge Nursing Home. The fifteen-bed unit operates with a care ratio of 1:5. Where care options for dementia have traditionally included pharmacological and physical restraint, cultural and legal changes over time have demanded a new approach to behaviour management in care of people with dementia. Thus, efficient management can no longer be conceived of in terms of medication that produces passive and compliant residents. A research project based in the unit therefore concentrated on exploring the impact of training nursing staff in dementia-specific care skills and maintaining those skills over time in daily practice. Supervisory feedback and self-monitoring techniques were explored as instruments found to sustain dementia-specific skill use.

Development of such skills in response to special needs of frail elderly people offers potential learning that may now be extended through pilot programs across other aged care service areas at Eltham.

There are a number of positive developments in education and training of the aged care workforce supported by the Department of Health and Ageing in areas such as palliative care for residents of aged care facilities. Melbourne Citymission supports collaborative projects such as the Australian Palliative Residential Aged Care (APRAC) initiative, which has worked to develop guidelines for an education and training framework around a 'palliative approach' to care (for further information, see http://www.apracproject.org).

Initiatives such as those described above are developing practice experience, training programs, guidelines and frameworks. While these are certainly essential, the challenges of implementing such education and training programs cannot be underestimated, raising difficult issues about costs of replacing staff in order to free them for training. Further, staff must be replaced from within a very limited pool of skilled workers. It must be acknowledged that the cost of maintaining existing skills and developing new skills is significant in this field. Long term investment is essential in this area.

Standards and Accreditation

> *(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*

Melbourne Citymission supports the need for review and monitoring of standards in aged care services. The appropriate and compassionate care of older people is a crucial issue for Melbourne Citymission, as an organisation committed to provision of high quality services for those without the means to meet the increasing costs of aged care. Inappropriate accommodation or poor quality care should not be acceptable substitutes for those without the capacity to pay.

In general terms, the agency believes that the reforms of the 1990s have produced positive results for quality management and improvement across the sector offering protection to a vulnerable population. However, given that the work of the Standards and Accreditation Agency is relatively recent, the introduction of any such comprehensive monitoring system requires ongoing review and refinement.

In particular, further work is needed to streamline reporting requirements. The need for extensive documentation must be guided by the knowledge that production of such detailed documentary evidence requires time away from direct care. It is important to work towards a more balanced approach in this area, so that producing the evidence of quality does not, in an ironic twist, reduce the quality of care.

Young people in nursing homes

> *(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 situation of young people in nursing homes continues to be an unresolved problem for over 6000 Australians under the age of 65 who are inappropriately accommodated in aged care facilities.

Melbourne Citymission believes that it is inappropriate to place younger people with high level care needs in nursing home facilities designed for the care and accommodation of older people. Such facilities are not able to meet needs of younger people for rehabilitative services or address the social and emotional needs of younger age groups.

Since 1990, the number of younger people in aged care facilities has steadily increased. While previous data suggested that numbers might have reached a plateau (Fyffe et al, 2003:27), recent figures suggest that numbers of young people in aged care facilities have again increased. As at 30 June 2003, 6215 residents were under the age of 65. This represents 4 per cent of all residents. (Hogan Review, 2004:167). Recent figures from the Department of Health and Ageing indicate further increase to a total of 6261, by March 2004. The reason that admissions continue is that nursing homes are frequently the only viable long term accommodation and care option available for young people requiring high levels of care and support (Fyffe et al, 2003:1): 'At times, people who are not frail aged nevertheless qualify for residential aged care because there are no other services available to them to meet their care needs' (Hogan Review, 2004:168).

Costs

Productivity Commission data suggests a $42,000 subsidy within the aged care sector falls well short of allocations for accommodation and services for young people with high care needs (http://www.pc.gov.au/gsp/2003/attahment13revised.pdf pp.41-47) in any other setting. Additional pools of funding are needed that recognise the very specific care needs of the groups mentioned and allow development of specialist, responsive services for these groups. However, funding is not the only problem: 'A resources shortfall does not avoid the need to build effective pathways and sector partnerships. Effective pathways and sector partnerships ultimately ensures best use is made of available resources and the best information is available to argue unmet need' (Fyffe et al, 2003:3).

Alternatives

Case managers working at MCM spend significant time and energy attempting to get access to varied packages of funding from both State and Federal sources. Combinations of resources from a range of sources can support young people while they are in aged care facilities and, at the same time, create opportunities for alternative accommodation. This work continues to be done on a case by case basis while there is no formal system created to address the issue strategically.

We now have a small number of alternative models that have enabled a few young people to leave residential aged care and be supported in the community. However, current figures suggest that we are not achieving an overall decrease in the numbers using these few alternatives that have been created.

Flexible combinations of packages such as Linkages, Home First and HACC appear to be the only limited alternative to care and accommodation outside congregate care, however *ad hoc* combinations of a range of such different programs are common:

> Variation in eligibility and patterns of access were described within and between individuals, agencies and regions, and over time. Variations in funding for an individual were too frequently reported to be based on opportunistic and creative arrangements, albeit well intentioned, to bring together short and long term program funds from various sources. Case managers reported spending substantial proportions of their time seeking possibilities of funds and the eventual outcome was felt to be determined by individual case manager knowledge and written and verbal negotiation skills. Individuals may or may not be on multiple waiting lists across service sectors

> and there is limited systemic or individual capacity to anticipate or plan for future support needs in a contiguous manner (Fyffe et al, 2003:2).

At Commonwealth level, establishment of the Aged Care Innovative Pool is a positive move, allowing for the piloting of new approaches to care and accommodation, especially in the area of overlap between aged care and disability systems. However, Innovative Pool funding is not designed to provide for on-going or longer term services. Melbourne Citymission therefore has concerns about the sustainability of care and accommodation outcomes devised under such a scheme. While Melbourne Citymission supports the development of such initiatives, the agency has concerns about raising expectations of accommodation and service options that have no long term funding base because sources are non-recurrent.

Within an existing fragmented service system, there is a need for cross-sector partnerships to develop a co-ordinated approach across the acute sector, sub-acute rehabilitation services, disability services and aged care. As a result, co-operation is needed across all levels of government. Inflexibility or inadequate funds in one area frequently leads to cost-shifting into another area. In such an environment, the needs of the individual can become a secondary consideration.

Cross government collaboration is required to assist with the development of an integrated, cross sector policy response to assessment and placement of people requiring high levels of care. Such a policy might include, 'a short term role for nursing homes in emergencies, assessment, slow stream rehabilitation and transition to other accommodation settings' (Fyffe et al, 2003:60) rather than being seen as 'the end of the line' where no future alternatives exist. In addition to preventing long term placements in the first place, it is also important to work to develop pathways out of such placements for those currently in inappropriate aged care facilities.

Melbourne Citymission continues, as part of the Young People in Nursing Homes consortium, to campaign for leadership from the Commonwealth on this issue. At the same time the organisation is working to develop a number of specific service responses for people with an acquired brain injury whose needs are not met within existing care models.

Home and Community Care

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

In 2002–03, approximately 700 000 people across Australia received services through the Home and Community Care (HACC) program and 31 186 received care through a Community Aged Care Package (CACP) (Hogan Review, 2004:167). Numbers are much higher, if programs funded and delivered by State and Local government are also included. These numbers far exceed those in residential aged care and it is clear that demand will increase significantly over the next twenty years, as people increasingly choose to remain in their own homes and local communities.

While attention to residential aged care is important, the full range of related prevention and support services are equally important. In particular, it is vital to have access to support services offering assistance at the earliest stages of need with housing, maintenance, health, personal support and a range of other home-based services. The intention of offering such services is to allow older members of the population choice about the location of services and supports and to provide flexibility in access to different levels of service that might be required. However, demand for services such as HACC - and related programs such as Linkages and Community Aged Care Packages - has grown to the point where the following problems exist and are likely to worsen, as demand increases:

- long waiting times for assessment and allocation
- complexity of overlapping service systems and targeting is confusing for those wishing to access services
- continuity of care may be compromised by duplication and fragmentation
- levels of service are inadequate for those with more complex needs

Commentators note that, to develop an adequate system of community care, it is necessary to address fragmentation, ensuring real integration, continuity of care, responsiveness to individual needs and real choice for those accessing care (Municipal Association of Victoria, 2002).

Equally significant is the need to support carers, recognising the valuable unpaid work of at least 2.5 million Australians, who provide the bulk of community care in supporting family members and friends:

> This unpaid care saves the Australian taxpayer at least $19.3 billion each year, by keeping people in need of care in their homes rather than in subsidised, high cost, formal residential care and health care facilities (Carers Victoria, http://www.carersaustralia.com.au/allwork_nopay.html, accessed 27 July 2004).

Given the need for collaboration and co-operation from all levels of government, Melbourne Citymission calls on the Federal Minister for Ageing to release the Community Care Review undertaken on behalf of the Commonwealth Department of Health and Ageing. Any reform of community care systems will require leadership from the Commonwealth and collaboration across all levels of government on issues such as funding, planning and administration of community care options.

Transitions

> *(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.*

Detailed negotiation between acute sector providers, funded by the States, and residential aged care providers, funded by the Commonwealth, is increasingly necessary as people transfer between sectors. Involvement of local government is also necessary, to develop a co-ordinated approach to overlaps and transfers between community care, the acute sector and residential aged care.

A whole of government approach requires:

- leadership in the development of complementary assessment tools across sectors;
- flexibility in shared funding and service provision across sectors for individuals whose care requirements exceed existing funding limits;
- collaboration in development of shared protocols for transfers.

Pressures on hospitals which result in shorter lengths of stay and an acute care focus result in post-acute placements that are hurried and, in may cases, based on premature assessments of the need for care or rehabilitation. Attention is needed to the nature of transfers across these boundaries that are at present being driven by changes in the acute sector – same day procedures, early discharge and shorter length of stay:

> It is often not possible to predict with any degree of accuracy the likely degree of recovery and placement in a residential care service may indeed reduce the likelihood that a person can return to live in the community. Residential aged care services are not funded to provide rehabilitation services for these kinds of patients (Gibson & Griew, 2002:10).

Melbourne Citymission's experience is that people entering residential care from the acute sector are not routinely assessed at levels that accurately reflect the kind of funding needed to care for them properly. Care needs may be over-estimated or under-estimated. While assessment in the acute sector ('2624 assessment') focuses on physical care needs, the Resident Classification Scheme (RCS) is a broader assessment of care needs, resulting in a comprehensive care plan. The two tools are in conflict, manifested in frequent over-estimation or under-estimation of needs at the point of transfer between acute and residential sectors.

A '2624 assessment', undertaken by a team in the acute sector, will frequently be completed during an acute episode. A person admitted with a urinary tract infection may present as disoriented, confused and perhaps incontinent. At that point in time they will probably be assessed as 'high care'.

A complicating factor is that the confusion and change associated with admission to an unfamiliar acute facility can compound disorientation: The toilet is in a new location. It is some distance away. Help is required to locate the toilet, which can lead to incidents of incontinence. After a settled period in a quieter environment, with a toilet located in an ensuite attached to the bedroom, incontinence may no longer be a problem. Similarly, confusion and disorientation may reduce. Residential aged care facilities may also find that after an acute admission, a disease or illness may begin to stabilise or respond to treatment.

Melbourne Citymission experienced a situation about 18 months ago where we admitted a number of people assessed as high care. There are clearly funding issues relating to the availability of beds at various care levels. From the individual's point of view, inaccurate assessment and placement in the wrong environment is detrimental to their health and well-being. It is not in their best interests.

Melbourne Citymission was fortunate to be able to move this group to a hostel facility. We can only do this because we operate a hostel on the same site. Our concern is that a person will remain in the wrong environment because of difficulties with assessment in the acute sector and subsequent inflexibility of transfers within the residential system.

The reverse situation can also occur, where care needs are under-estimated. Melbourne Citymission have frequent calls from the acute sector asking if we can accept residents with specific care needs. The question is always: 'Can we address this resident's care needs? Do our staff have the requisite skills?' Questions of cost are also central to considering long-term viability of the service, which can be put at risk by under-estimating and under-funding specialist care.

One request involved a man, Alan, in his 70s who had a tracheostomy after numerous cancer-related operations. He required continuous oxygen. Alan wanted to return home but the level of care he required prevented this. The acute sector could not do anything further for him and asked if we could accommodate and care for him. The acute sector has a critical need for high care facilities to accommodate residents like this. After looking into management of tracheostomy, and staff skills needed, the staff attended training provided by the hospital. Alan was then admitted to Eltham Lodge and, as expected, the staff managed well. Alan was fortunate to have a close family offering support throughout this transitional period.

Melbourne Citymission negotiated with the hospital around elements of the cost of care. The hospital's willingness to negotiate reflects their critical need to move people out of the acute sector to free up beds. The hospital therefore undertook initial training of staff around care of tracheostomy and also paid for ongoing hire of a humidifier.

As Alan's condition deteriorated, and it was evident that his death was imminent, he was given the option of going back to the acute sector and refused. The staff felt vindicated, knowing that they could manage this level of care in a residential setting that was sensitive and responsive to Alan's needs.

When the hours of care that Division One nurses spent were logged and costed, and the cost of 24-hour oxygen was included, even as a Category One (highest classification) place, available funding did not come near to meeting these costs. Inflexible funding from the Commonwealth was the principle cause. Commonwealth funding excluded provision of oxygen unless it was delivered through a concentrator. Because Alan was more comfortable and familiar with oxygen delivered through cylinders, it was not in his best interests to change his care regime to fit funding criteria.

Local GPs have confirmed that they would like to be involved in supporting people with higher care needs outside the acute sector. The medical back up is available. It is a question of having access to adequate funds and flexibility.

Positive developments

There have recently been some positive State funded developments in coordination and overlap between acute and residential sectors in Victoria, requiring collaboration and flexibility. The Northern Health Aged Care Outreach Service has adopted a multidisciplinary approach to early identification and health service intervention for residents in a range of facilities. The Outreach Service consists of a number of different teams, offering a range of services including:

- Rapid response ACAS assessment, including liaison with General Practitioners, medical specialists and other allied health professionals.
- Development of an individualised management plan, including purchase of extra support services where needed.
- Carer support and education
- Education and training of residential care staff
- Access to an 'integrated palliative care team', able to work across acute and community sectors
- Randomised Controlled Trial, involving a multi-disciplinary assessment and development of care plans. The trial targets frail elderly residents of nursing homes and hostels who have been recently discharged from hospital.

An elderly lady, resident of a Melbourne Citymission hostel, has recently been on extended hospital leave. She now wishes to return to her home in the hostel. However, it is possible that the level of her care needs has increased to an extent that may prevent her from doing as she chooses. This is the result of inflexibility in the level of care that can be provided within the staffing and costing structure of a 'low-care' facility. However, new developments have lead to negotiations with the acute sector to develop alternative options. When an assessment of her needs is made, if the hostel can meet her needs, the hospital will provide extra care hours (funding) to help us meet her care needs in the short term within the hostel setting.

This is an initiative of a new Rapid Response Team and is a positive development. This development addresses traditional staffing of hostels with Personal Care Assistants at a ratio of 1:15. In order to introduce greater flexibility around levels of care, it must be possible to introduce extra staffing to meet individual needs without compromising standards of service for other residents.

The acute sector appears willing and able to accept that negotiations are essential if we are to accept people with high care needs. However, if it is not viable from a Commonwealth funding point of view, then accepting people with specific care needs will eventually compromise the long term viability of the service for all other residents. Again, collaboration and cross sector co-operation are required. A whole of government approach is needed, as is flexibility in funding arrangements across sectors.

Melbourne Citymission would welcome the opportunity to engage in further discussion or respond to any questions that the Committee might have on any of the matters raised in this submission.

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