

National Aged Care Alliance

Federal Budget Submission 2009-2010

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Contents

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About the Alliance	1
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The Alliance's vision for aged care in Australia

1. Workforce	3
2. Quality monitoring	4
3. Transport	5
4. Resourcing	6
5. Linking health and aged care	7
6. Information communication technology	8
7. People with diverse needs or disadvantage	9

About the Alliance

The National Aged Care Alliance (the Alliance) is a representative body of peak national organisations in aged care including consumer groups, providers, unions, and health professionals, working together to achieve a more positive future for the aged care sector in Australia.

The Alliance was formed in April 2000, and has developed a united policy agenda to achieve better outcomes for the care of older people in Australia.

The Alliance members are concerned about the future sustainability and funding of aged care services, and are seeking the establishment of industry wide benchmarks of care.

The following organisations are members of the Alliance:

Aged and Community Services Australia, Aged Care Association Australia, Alzheimer's Australia, Anglicare Australia, Australian Association of Gerontology, Australian General Practice Network, Australian Healthcare Association, Australian Nursing Federation, Australian Pensioners' and Superannuants' Federation, Australian Physiotherapy Association, Australian & New Zealand Society for Geriatric Medicine, Baptist Care Australia, Carers' Australia, Catholic Health Australia, COTA Over 50's (Councils on the Ageing), Diversional Therapy Association of Australia, Geriaction, Health Services Union, Legacy Co-ordinating Council Incorporated, LHMU, Lutheran Aged Care Australia, OT Australia, Palliative Care Australia, Pharmacy Guild of Australia, Royal Australian College of General Practitioners, Royal College of Nursing Australia and UnitingCare Australia.

More information about the Alliance is available at www.naca.asn.au.

The Alliance's vision for aged care in Australia

All older people in Australia have access to planned, properly resourced and integrated quality aged care services that are flexible, equitable and recognise diversity and promote choice and respect for users and workers.

The Alliance Federal Budget submission focuses on short to medium term measures and has not dealt with the need for specific long term reform strategies. The Alliance highlights the current environment in which aged care operates and its increasingly important role in the overall health care system. The Alliance notes the current state of the sector and recommends the Australian Government take into consideration for example matters outlined in the Productivity Commission's Trends in Aged Care Services research paper¹.

¹ Productivity Commission. 2008. *Trends in Aged Care Services: some implications*. Commission Research Paper. Canberra.

1

Workforce

Quality care in aged care services cannot be achieved without a skilled and qualified workforce, which is clearly defined, accurately costed and fully funded. Staffing levels and skills mix in aged care services should be driven primarily by the need to achieve optimal health and quality of life outcomes, including end of life care. The increasing dependency levels of people in receipt of aged care services require residential and community services to be adequately staffed. This is necessary so providers and staff can meet their duty of care and to manage complex care needs, including dementia and challenging behaviour.

The Alliance is calling for:

- a transparent mechanism, accompanied by sufficient dedicated funding, to achieve and maintain comparable wages and working conditions with the acute health care sector for all staff working in residential and community aged care, commensurate with responsibilities;
- dedicated funding to ensure all staff in aged care have access to education and training that furthers their qualifications, skill levels and promotes positive workplace satisfaction, together with funded strategies to facilitate attendance barriers such as replacement staffing, reimbursing travel time and costs;
- funding to be committed to address the sustainability, capacity and competency of the aged care workforce through initiatives which utilise the rich learning environment of aged care settings in training and clinical placement of students from all health disciplines; and
- the funding of a research project to examine current industry practice in terms of skill mix and staffing levels, linked to needs of residents and client dependency, in quality residential and community aged care with a view to establishing an effective national workforce strategy for aged care that will provide sufficient staff with the necessary skills to deliver quality care across all settings where aged care is provided.

2 Quality monitoring

The right of individuals to participate in decisions affecting their lives is formally recognised in aged care legislation in Australia and in international agreements including the UN International Plan of Action on Ageing.

In addition, with regard to health, there is evidence² that:

- active consumer participation in decision-making in individual care leads to improvements in health outcomes;
- active consumer participation leads to more accessible and effective health services.

The Alliance believes effective consumer participation, including that of marginalised groups, is fundamental to quality in aged care services. This requires a range of strategies that recognises the value of consumer participation and enables participants to contribute. The development of consumers' knowledge and understanding and the resources to communicate with other stakeholders are fundamental to the development of effective strategies.

The Alliance is calling for:

- the Australian Government to make funding available for education and information programs and products to be developed in conjunction with consumer organisations to increase consumer knowledge and understanding and to support their involvement in the accreditation process;
- the Australian Government to make funding available for qualified interpreters to support the participation of consumers of aged care services in all situations requiring informed consent and in care planning and review activities; and
- the Australian Government to review aged care information services to ensure service users, carers and families receive timely and appropriate information.

² See for example *The Evidence Supporting Consumer Participation in Health*, Consumer Focus Collaboration Melbourne May 2001.

3 Transport

The quality of older people's health is inextricably linked to their capacity to get transport to health services. The present lack of transport to take older people to health care is a barrier to good health.

This transport barrier prevents older people getting to both local and distant health services. For example, older people find it difficult to get transport to general practitioners, to physiotherapists and occupational therapists, to x-ray services or to regular life-supporting care such as dialysis units. They find it difficult to get to pathology services for one-off tests and for the regular tests needed for chronic disease management and difficult to get to dentists for prevention or treatment.

It is transport to routine and preventative health care, as well as to specialist services and acute care centres, that older people need in order to limit the decline in their health. Investment in transport to health care will reduce the cost burden associated with the use of acute care services by older people.

The Alliance is calling for:

- additional health sector funding to ensure resources for transport are factored into the delivery of all components of the health care system to older people;
- the Australian Government to use infrastructure funding to restructure public, private and community transport services with the intention of meeting the needs of people to get to health care as well as servicing the needs of people who travel to work and to school;
- the Australian Government to ensure Australian Health Care Agreements include requirements for jurisdictions to provide transport that supports access for older people to the health care they need; and
- the Australian Health Care Agreements to include transport delivery based on identified criteria³, rather than specifying models.

³ For recommended criteria and further information refer *Transport and access to health care services for older Australians*. National Aged Care Alliance. May 2007.
http://www.naca.asn.au/Publications/NACA_transport_0507.pdf

4 Resourcing

The Alliance considers the current funding system for both residential and community aged care is an inadequate basis on which to provide quality care and in the case of residential care, quality buildings.

Recurrent funding for aged care does not reflect the real costs of providing care, which are not the same in all parts of Australia. There are interstate differences, partly as a result of State and Territory Government charges (such as workers' compensation) and differences in costs of living between capital cities, rural towns and remote areas.

The Alliance is calling for:

- the Australian Government to introduce a defined and properly costed benchmark of care for residential and community care that reflects the real costs – staffing and operating – of providing a quality aged care service in different regions in Australia to meet assessed care need;
- the Australian Government to change the current care subsidy indexation system from Commonwealth Own Purpose Outlays (COPO) to an indexation factor weighted 75% for wage growth and 25% for non-wage growth using the Labour Price Index (LPI) health and community services for the wage element and the Consumer Price Index (CPI) for the non-wage element;
- in the meantime, the current Conditional Adjustment Payment (CAP) to continue as an funding increment of 1.75% for residential care and be extended to community care;
- the Australian Government to provide greater capital assistance in supporting access to services in rural and remote areas;
- the Australian Government to increase Home and Community Care funding by 20% to enable a more appropriate level of care to be offered to existing clients (with annual 8% indexation of the program to ensure continuing growth);
- the Australian Government to address the inadequate capital funding, especially high care, currently available to the industry; and
- special needs groups disadvantaged by the Aged Care Funding Instrument (ACFI) to be adequately resourced.

5 Linking health and aged care

Health care and aged care services must be linked by the introduction of policies to achieve a system of services where access is determined by the needs of people, rather than the particular point of contact or service setting.

Older people need fair and equitable access to the full range of health services for optimal independence and wellbeing to be achieved. Currently access to such services can be inhibited depending on where the person lives and in which care setting they find themselves.

Progress toward a continuum of care for older people requires policies and coordinated strategies across the acute, community and residential aged care settings. It also requires better integration of primary care, community care, acute care, end of life care, sub-acute care, rehabilitation, residential care, health promotion and illness prevention.

The Alliance is calling for:

- the development and introduction of best practice care pathways and guidelines across the acute, community and residential aged care settings covering a range of areas and conditions including palliative care;
- the development and introduction of a common assessment process for use across the continuum of care regardless of where care is being provided; and
- the funding of a pilot network of health coordinators in aged care to work closely with nurses, general practitioners, medical specialists, pharmacists and allied health staff to ensure the effective integration of both common assessment processes and best practice care pathways.

6 Information communication technology

Information technology is now accepted as an essential tool for care planning and provision, communication and management. Integrated information communication technology infrastructure to enable networking between health service providers is essential.

Many consumers would also benefit from greater access to and use of improved communication technology, to assist and maintain their capacity for independent living.

Residential and community care services are seriously disadvantaged in terms of best practice in care delivery and efficient management due to inadequate access to this technology.

The Alliance is calling for:

- funding for sustainable information technology infrastructure and staff training for the residential and community care sectors, including assistive technology to help older people maximise their capacity for independent living and to support their care;
- adequate funding for the electronic enablement of assessment, care, process management and data collection in residential and community care services, encompassing the ACFI assessment and validation process, including medical and pharmacy remote connectivities; and
- an integrated network information system to reduce duplication of assessment procedures and address privacy and shared information issues.

7

People with diverse needs or disadvantage

The Aged Care Act (the Act) (Section 11-3) defines people with special needs as:

- a. people from Aboriginal and Torres Strait Islander communities;
- b. people from non-English speaking backgrounds;
- c. people who live in rural and remote areas;
- d. people who are financially or socially disadvantaged;
- e. people who are veterans; and
- f. people of a kind (if any) specified in the Allocation Principles.

People with special or diverse needs and those with disadvantage face additional hurdles in accessing care and support. These needs should be adequately met, for example transport to a medical appointment or access to qualified interpreters.

Enabling access to services that are designed around the needs of the individual is even more important as people age. The Alliance supports a person-centred approach and recommends this be the guiding principle of health and aged care service planning and delivery of services.

The Alliance is calling for:

- research into different models of care services with a particular focus on how services can ensure those with special or diverse needs can have those needs met;
- service planning using demographic data needs to ensure the data also identifies the sub populations with special or diverse needs; and
- service delivery targets are set to ensure access to services can be achieved by people with special or diverse needs.