

The National Report

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Aged & Community Services Australia



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ACSA Active in Canberra

The reform of aged and community care has been recognised in Canberra as an imperative step in equipping Australia's health care system to meet the current and future needs of all Australians.

ACSA CEO Greg Mundy, national Policy Manager Pat Sparrow, and the CEOs of the ACSA Federation State Associations spent a day in Canberra on 27 October as part of ACSA's strategic campaign to reinforce the critical issues facing aged and community care in Australia. Our delegation briefed Federal Government Ministers, Government and Opposition MPs, Senators and advisers on the direction reforms should take.

Our discussions focussed on the immediate, and longer term, measures needed to ensure the ongoing support of our ageing population.

We were given a clear view of the big picture in the Government's mind - with the outcomes from the Government's NHHRC meetings, the proposed Productivity Commission review in 2010, the 3rd Intergenerational Report and the Henry Review of Taxation to inform the direction of aged and community care.

We were heartened that at each meeting our agenda for change was both welcomed and understood. Each of the MPs and their advisers showed an active interest in aged care and our concerns, and indeed went out of their way to meet with our delegation.

The MPs noted our united approach; said they wanted to hear consumers' views on aged care directions and goals; and ACSA's strong relationships with consumer groups and the converging views on aged care were highlighted.

Our discussions with the Minister for Health and Ageing Nicola Roxon and the Minister for Ageing Justine Elliot in particular, covered a range of issues highlighted by the National Health and Hospitals Reform Commission (NHHRC), and left us in no doubt of the government's intention to implement reforms.

However, the point was made that due to the widespread nature of the changes which need to be undertaken in aged care, along with economic constraints and competing demands in other sectors, the change process will take time.

But at each meeting it was acknowledged by our hosts, that now is the time to put considered plans in place to ensure aged and community care is viable and will be able to meet increasing demands and pressures as the number of older Australians continues to increase. Many of those we spoke to were clear that aged and community care is an integral part of the health system. Our proposals for reform must recognise and complement the link.

Our meeting with Deputy Prime Minister Julia Gillard's advisers around award modernisation was instructive and productive. Following a written request from ACSA, we received clarification that the Government envisages the inclusion of salary sacrificing arrangements in the Fair Work industrial system (possibly pending the outcomes of the Henry review of taxation).

Highlights of discussions:

- There was a strong emphasis placed on making our system of care more open and flexible so that it can better respond to the diverse needs of our consumers. The delegation raised concerns around a transition to a more competitive environment and the problems with lifting caps on bed numbers without any change to funding or pricing policies.
- Significant interest was shown in sub-acute care services and the opportunities for aged care to play a role in this area.
- Minister Roxon in particular urged us to develop other ideas and suggestions for specific reform expeditiously.
- The need to strengthen our system of community care services was highlighted by several MPs.
- Regional, rural and remote services were discussed in the context of the NHHRC recommendations, and the Regional Sustainability Model Pilot Project commencing in North West Tasmania, with MPs seeking information on how best to support these services.

The voice of aged and community care was clearly heard and we are well placed as the Government embarks on the next phase of its agenda to reform the health sector.

ACSA used and presented **A NEW AGE FOR AGED CARE: TIME FOR REFORM** to outline and reinforce our views, to all those we met in Canberra. This document is available at:

<http://www.agedcare.org.au/PUBLICATIONS-&-RESOURCES/General-pdfs-images/Canberra%20Lobbying%20Day.pdf>

Annual Report of the Aged Care Commissioner

This report has been presented to Parliament. It covers the work of the Commissioner over the past year, and notes that a departmental review into its operations is currently underway, to which ACSA has made a submission which is available on ACSA's website.

The report refers to unsuccessful attempts to obtain additional funding to meet increased workloads and previous commitments, in staffing and data management.

It comments on the lack of feedback inherent in the current system, which if allowed, would "inform the work of the Commissioner's office, its effectiveness in its role as a driver for change and improved performance, as well as an understanding of the changes being effected in the aged care bureaucracies..."

"The limited response to the recommendations made in relation to complaints and related issues is disappointing and reduces the effectiveness of the role of the Office."

The report also criticises the use of a Statement of Reasons in the management of complaints: "As previously reported, in a number of cases examined by this Office the statements of reasons provided by the Scheme were insufficient, failed to make adequate findings on the material questions of fact, did not refer to evidence and, on occasions, did not address all issues complained about or investigated. In some cases, while a decision was noted, no statement of reasons was provided for the decision."

On perceptions of bias the report noted that "In reviewing some cases, evidence sufficient to create a reasonable apprehension of bias can be found in some of the statements made and actions taken by Scheme investigators during the course of investigating a complaint.

There have been a number of cases examined by this Office (appeals and complaints), where the investigator has relied too heavily on readily available information obtained from the approved provider and, at the same time, seemingly failed to consider, or ignored, information offered by the informant. In some cases, the investigator did not speak to the informant or other witnesses. This has been evidenced, for example, by refusals to consider photographs offered or to conduct meetings with informants."

"...This Office has encountered occasions where a decision-maker has exhibited a degree of partiality or favouritism towards approved providers."

"Actions such as those described (in the report) ...represent a lack of integrity and fairness in the investigation process and, if confirmed on review, would invalidate the original decision made."

Annual Report of the Standards Agency

This report, also presented to Parliament, covers the commencement of ‘round four’ of accreditation as residential aged care homes went through the triennial audit cycle, plus the delivery of the Government’s commitment that each home receives at least one unannounced visit each year. “This involved an unprecedented level of activity ...7,595 visits including 1,622 site audits, 104 review audits, and 5,869 support contacts, including 3,538 unannounced visits”. This “placed significant demand on management and staff in resourcing, scheduling and decision-making.’

This was also the first full year of operation of the Agency’s new “Better Business” accreditation system, offered from an upgraded IT platform included streamlining of business processes and electronic communication with approved providers.

The Accreditation process and the standards, are under review and in recent Senate estimates, progress was reported. The Department received 147 submissions on the process and these are still being analysed. ACSA’s submission to the Review is available on ACSA’s website. There will also be a consultation process on the options, through the ageing consultative committee and more generally in the community. The Department is currently selecting the consultant to develop revised draft standards.

For those wishing to follow the estimates process in relation to the Agency and other aged care matters, go to Senate Hansard: <http://www.aph.gov.au/hansard/senate/commtee/S12497.pdf>

ACFI

Issue No 214 of National Report mentioned recent discussions between the industry and Department about ACFI changes. Aged and Community Care Victoria, which conducted a symposium on 12 October with the Department on the changes, has advised that its feedback to the Department included:

- ACFI is a flexible funding tool which has the ability to be adjusted to more accurately match funding to care needs.
- With only 70 percent of facilities predicted to be better off after ACFI is fully implemented and grand parenting protection phased out, serious concern was raised by an industry already stretched to its limit where increasing costs have outstripped any increase received to date.
- Despite some positive ground having been gained by ACFI in better matching funding and resident care needs for some resident ‘profiles’, funding under ACFI is inadequate in matching resident care needs for other resident profiles. Those residents most affected are residents with a cognitive impairment, memory loss, behavioural issues, and/or those from non-English speaking backgrounds.
- Most serious concern about those resident profiles which scored zero funding under ACFI and yet had an ACAT assessment for low residential aged care. Examples were given about forgetful older people who may be denied access to low care despite having a low care ACAT and a clear desire for residential aged care as their most appropriate form of care. The failure to address this anomaly was anticipated by delegates to impose a round-the-clock burden on family, neighbours and friends due to the safety risks often associated with memory loss.
- The growing mismatch between the ACAT assessment and eligibility for funding under ACFI.

There was also a substantial focus at the symposium on ensuring the technical aspects of the ACFI were completed correctly. This is of particular importance in light of the validation process which is now underway. Some of the helpful feedback provided by the Department included:

- Making sure the ACFI User Guide was used extensively when seeking guidance or information about assessments.
- Ensuring a required diagnosis was clearly evident, e.g. in claims such as depression.
- Ensuring the diagnoses chosen, best support the claims made in the ACFI appraisal.
- Following the ACFI User Guide in preparing the relevant documentation and no longer using the approach under the RCS. This requires a shift to a new mind set at the facility level. Much of the paperwork once required under RCS is no longer necessary for an ACFI appraisal.
- Ensuring staff were well trained in using Cornell and PAS.

Aged Care Statistics

• ACAT Waits

The time between responding to and completing assessments still varies markedly between states and regions, according to details released in Question 2103 (Senate Hansard, 29 October, page 104).

While the Australian average is 28.7 days, the state delays range from 35.9 days in South Australia, to 13.5 in Tasmania. Others are NSW (32.4); Victoria (23.7); Queensland (34.6); Western Australia (16.6); Northern Territory (23.9); and ACT (24.4). The longest wait Australia wide was in Hunter Rural (NSW) with a wait of 68.7 days, and shortest on Southwest WA (6.2 days).

• Bed Vacancies

In terms of residential aged care vacancy rates for 2008-09, the national figure was 7.1%. Other figures were NSW (7.3%); Vic (8.4%); Qld (7.4%); SA (3.8%); WA (5.8%); Tas (5.7%); NT (11.8%) and ACT (7.6%). These figures are preliminary, but are all higher than the 2007-08 data which is supplied in the answer.

Question 2040 (Senate Hansard 29 October, page 95) provides detailed breakdowns of vacancy rates by state/territory and aged care planning regions.

• Cross State Aged Care Operations

The same question advised that as at 2006-07 there were 22 aged care providers out of a national total of 1174 who operated care homes (sic) in more than one state or territory.

• Average Cost of Delivering Residential Aged Care

Question 2040 also provided figures on the average costs of delivering residential aged care per resident per day in 2006-07 as follows:

NSW	\$137.43
Vic	\$153.76
Qld	\$147.42
SA	\$142.70
WA	\$152.42
Tas	\$156.84
ACT	\$152.77
NT	\$192.15
AUSTRALIA	\$145.95

Innovative Housing Solutions for Older Australians Project

ACSA has reported back to those who responded to its survey on future housing issues, which is part of its *Innovative Housing Solutions for Older Australians Project*. The questions asked were:

Question 1 - In 20 years how will housing for older people be different to how it is now?

Question 2 - Are there any projects that now demonstrate what you believe housing for older people will look like in the future? Please list including contact details if you have them.

The response, both in overall numbers and quality of comments was positive, and has been collated without editing – for more general use. If you would like to view the responses please contact Leanne at the ACSA office on llovell@agedcare.org.au

Misclassification of Some Protected and Phased Residents as Standard Residents

The Department of Health and Ageing has written to all service providers, notifying them that it has identified an administrative error which has resulted in some residents who should have been classified as *protected* or *phased* being incorrectly classified as *standard* residents.

Action has been taken to correct the classification of these residents in the Department's aged care payment system. Following this, a review of their income tested fees has been undertaken which has determined the correct maximum fee they can be asked to pay with effect from 24 October 2009.

The Department has sent each provider a list of affected residents; their revised classification; correct maximum basic daily fee; and correct maximum income tested fee as applicable. The Department has also written to affected residents or their nominees to advise them of the correct maximum fees they may be asked to pay, and that their aged care provider has been asked to refund any amount they have paid in excess of the correct maximum fees.

Community Sector Workers to Move to Fair Work System and Seek National Pay Equity Order

The Minister for Employment and Workplace Relations, Julia Gillard, has announced that the Government has reached agreement with the major union representing social and community services workers, to support the conduct of a major test case on pay equity for community sector employees under the new Fair Work System.

The agreement with the Australian Services Union (ASU) is made in anticipation of the creation of the new national workplace relations system for the private sector from 1 January 2010 following references of powers from the States.

Minister Gillard's media release refers to this as maintaining current rates of pay when workers transfer to the federal system. ACSA will investigate implications for aged care including any cost implications.

National Volunteering Strategy Advisory Group

Transforming Australia's volunteer movement was the subject of the first meeting of the Volunteering Policy Advisory Group, which met in Canberra on 23 October to discuss the National Volunteering Strategy.

The Strategy will be released to coincide with the tenth anniversary of the United Nations Year of Volunteering in 2011.

Senator Stephens said the strategy will articulate a shared vision for volunteering in Australia and outline the Australian Government's commitments to supporting and encouraging Australia's diverse volunteers.

2009/10 Black Dog Institute Writing Competition Focus on Seniors

Late Onset Depression: Finding answers for older people and their carers is the challenge in the latest Black Dog Institute Writing Competition.

'Late onset' depression is when someone who has not previously had depression develops the illness as they grow older. Depression and anxiety are also common amongst family carers of older people and the Institute is also interested in receiving accounts from them, of how they go about helping their loved one cope and how they cope themselves.

Depression in this age group is often not diagnosed, because older adults and health care professionals may think it is part of the normal ageing process, but suicide rates have always been high amongst older people, particularly men.

The Institute aims to provide new insights into depression with a particular focus on those who experienced depression for the first time after the age of 60. Writing should explain why the depression may have occurred, its impact and how they handled the illness.

The 2009/10 competition invites entries from the Australasian region. Prizes of \$2000, \$1000 and \$500 respectively will be awarded for the three best essay entries. Essays are to be no more than 1500 words.

For further information and an application form visit the Institute's website www.blackdoginstitute.org.au or call (02) 9382 4523.

Carers Face Challenges in Rural Areas

Carers Australia has released *The Tyranny of Distance? Carers in Regional and Remote Areas of Australia* Report.

The study, undertaken by the Australian Institute of Family Studies, reports that carers in outer regional and remote areas experience higher rates of disability or long-term health problems and lower employment rates. All carers in regional and rural Australia were more likely to be living in a jobless household and to experience more financial hardship. Carers living in drought affected areas are less likely to be employed full-time. The study can be downloaded from:

<http://www.carersaustralia.com.au/?/national/news/view/1478>

Tips for Finding Reliable Health Information Sources on the Web

To help consumers find the best and most reliable information sources on the internet, the National Prescribing Service (NPS) has published tips in its latest edition of *MedicinesTalk*.

“There are a number of things to consider when you are searching for health information on the internet; most importantly that the content is accurate,” NPS CEO, Dr Lynn Weekes said.

“Check who has created the website and determine its purpose – has it been created to provide information, sell a product or tell a personal story? Be wary of sites that exist to sell a product or service. Some companies also use blogs and websites to gather patient stories and feedback for use in positioning their products,” Dr Weekes said.

“When looking for information about specific medicines, particularly prescription medicines, it is best to use only Australian websites as product names vary from country to country. It’s also important to ensure the information is up to date. Good websites will say when its pages were last updated. Medical research is constantly evolving and information that was correct a year ago may no longer be considered relevant.”

“Finally, if a website displays the HealthInsite or Health on the Net Foundation (HoN) logos, it has been judged to be of good quality and suitable for consumers.” Some trust-worthy websites include:

- <http://www.betterhealthchannel.vic.gov.au>
- <http://www.mydr.com.au>
- <http://www.healthinsite.gov.au>
- <http://www.nps.org.au/consumers>
- <http://www.healthtranslations.vic.gov.au>

“Even if the information you find is from a reliable website, use it only as a guide. Try not to self-diagnose using information from the internet - if you are concerned about anything see your GP and tell them where you found the information,” Dr Weekes advised.

To view the full article in the Spring edition of *MedicinesTalk* go to http://www.nps.org.au/consumers/publications/medicines_talk

Lung Health Awareness Month

November is Lung Health Awareness Month and a variety of events will aim to raise awareness of lung disease among Australians, especially those over 35 years of age, promote the importance of lung health and motivate people with lung disease symptoms to seek diagnosis and treatment. World Chronic Obstructive Pulmonary Disease Day is on 18 November.

Social Inclusion and Social Citizenship - Towards a Truly Inclusive Society

The Parliamentary Library has produced this report which is available on line. It examines the concept of social inclusion in order to determine its usefulness as a framework for social policy, and suggests that the current concept of social inclusion lacks a clear definition and coherent theoretical core. To view the report go to <http://www.aph.gov.au/library/pubs/RP/2009-10/10rp08.pdf>

Ethical Issues Involved in the Transition to Palliation and End of Life Care

NHMRC's Australian Health Ethics Committee has released *Ethical issues involved in the transition to palliation and end of life care for people with chronic conditions: A Discussion Paper for patients, carers, and health professionals* for public consultation until 8 January 2010.

The Discussion Paper document and supporting material is available at:

http://www.nhmrc.gov.au/files/nhmrc/file/guidelines/consult/consultations/ethical_issues_involved_in_transitions_to_palliation.pdf

Consumer and Carer Clinical Practice Guidelines

Royal Australian and New Zealand College of Psychiatrists (RANZCP)'s *Consumer and Carer Clinical Practice Guidelines* have recently been updated and reprinted. These booklets are provided free of charge and are a valuable resource to support consumers, their carers, families and friends in learning more about mental illness and the treatments that are available. They are available via:

<http://www.ranzcp.org/resources/clinical-practice-guidelines.html>

Incontinence Resource

The 2009/10 edition of the *National Guide for Aged Care*, being sent to all aged care facilities, highlights that incontinence can often mistakenly be accepted as a normal part of ageing and many sufferers do not speak to their doctor about their symptoms.

Also featured in this year's Guide are the topics of slips, trips and falls, dental care as well as documenting for quality care.

For further information, or to obtain additional copies of the chart, please call Pro-Visual Publishing on (02) 8272 2611, email enquiries@provisual.com.au or see <http://www.provisual.com.au>

Australian Indigenous HealthInfoNet - New Dementia Web Resource

A new web resource containing information for people working, studying or interested in dementia among Indigenous Australians is now available from Australian Indigenous HealthInfoNet.

This web resource includes information about relevant policies and strategies, publications, information about programs and projects (including contact details), relevant health promotion resources and organisations addressing dementia among Aboriginal and Torres Strait Islander peoples. <http://www.healthinfonet.ecu.edu.au/chronic-conditions/dementia>

Australian Institute of Health and Welfare: Welfare 2009 Conference: Canberra 17 November

Greg Mundy will be one of the keynote speakers at this one day conference which will bring together the nation's leading thinkers and the latest statistics in many areas including disability, ageing, carers and families.

Other speakers include the Reverend Tim Costello, Mick Dodson, Minister Jenny Macklin and chair of the Social Inclusion Board, Ms Patricia Faulkner. This year the conference is focussed on encouraging a deeper understanding of the importance of social inclusion and well being while exploring the impact of government programs and services. For more information go to: <http://www.aihw.gov.au/eventsdiary/index.cfm>

From creative ageing to end-of-life in rural and remote Australia Seminar in Canberra on 17 November

Academics from the United States and Britain, together with the heads of three key Australian agencies will attend this free half day (morning) seminar at the CSIRO Discovery Centre, ANU to discuss creative ageing for Australians who live in rural and remote areas.

The overseas contingent comprises Susan Perlstein, Director of Education and Training at the National Centre on Creative Ageing in Washington DC; Mike White, Senior Fellow in Arts in Health at the Centre for Medical Humanities at the University of Durham, and Alison Clough, Director of the Pioneer Projects and Looking Well Centre at Bentham, both in the United Kingdom. For more information go to www.nhra.ruralhealth.org.au

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