

C. Aged and community care provision

ACS Vision for aged and community care provision in SA

A well-resourced aged and community care sector, offering timely access to services, and providing real choices for older people and their families to enable older people to live in a place and community of their choice.

Community care background

ACS recognises that the growth and development of the community care system over the last decade has provided important levels of flexible support to enable older people to stay at home, often for their whole lives.

Community care provides a comprehensive range of options to enhance older people's abilities to function well in the community and optimise quality of life. Community care aims to provide a flexible and responsive program of services based on individual needs.

However, community care services are funded on a unit-based framework, making provision of flexible, person-centred care more difficult. A care system that enables people to stay living in the community requires an holistic approach that offers more than just services such as personal support and cleaning. It also covers housing, equipment, products, modifications and socialisation – supports that may drop off due to increased demand on service providers if further funding is not forthcoming.

Recommendation 7:

That the State Government, with the assistance of ACS, lobby for additional funding to ensure that aged and community care services keep pace with the increasing number and needs of frail older South Australians, and that funding for an holistic approach to supporting older people is maintained.

Rationale

The growth of community services as a major service system has resulted in heightened community expectations for older people to remain living in their own homes. This puts pressure on the service providers to meet growing demand, to provide quality services and to be accountable. It puts pressure on the system to be adequately resourced and to have streamlined processes to remove fragmentation and duplication of effort. Funding partnerships need to be promoted with clients through meaningful dialogue.

The increase in people with mental health issues and chronic disease living in the community is affecting the demand for community care and services.



5. Making South Australia Fairer for Older People (cont'd)

vision

Residential care background

Although residential aged care is funded by the Commonwealth Government, there are a number of areas where residential care and the State Government intersect. The State Department of Health has recently convened a state-wide committee to develop a new mental health strategy for older persons. In time the committee will, amongst other things, make recommendations regarding future arrangements for service delivery around transitional and intensive care units, the location of such units and future staffing needs.

The new model envisages a partnership between the government and selected aged care providers with the former providing staffing expertise and the latter the facilities.



Recommendation 8:

That the State Government establish a formal mechanism to inform the Commonwealth Government (Department of Health and Ageing) of developments regarding the Older Persons Mental Health Services initiative, ensuring coordinated activity around planning and service delivery.

Rationale

The closure of Glenside Hospital and the proposed relocation of some elderly residents to residential aged care facilities may significantly affect the aged care sector. There are a considerable number of people for whom residential places and additional community care will need to be found.

ACS supports in principle the development of the Older Persons Mental Health Service model⁵. The model aims to create partnerships with aged care and other organisations to develop a mental health plan for people aged over 65 years who experience later-life onset of depression and anxiety or mental illness; behavioural disorders associated with brain disorders such as dementia; and long-term mental illness complicated by age-related issues.

⁵ *Older Persons Mental Health Service Model*, Mental Health Unit, SA Department of Health, 2007

D. Health and well-being

ACS Vision for health and well-being in SA

Health care promoting the well-being of all older people, including services which support health promotion, recovery, restoration, rehabilitation and oral health.

Background

Many older people are healthy (albeit sometimes frail), and the health care system only impacts on their lives for particular episodes of care. It is therefore important for health provision to move away from reactive health care for older people to focus on health promotion, restoration and rehabilitation.

Health care is the maintenance of physical, emotional and mental well-being of older people and their active engagement with life. It extends well beyond the health and community service sectors, as well-being is affected by socio-economic status, social interactions, employment and voluntary work, housing and transport.

Contemporary evidence about best practice, along with economic imperatives, suggests that the nature of health services for older people need to be changed. There are significant well-being and economic benefits to be realised from health investment.

ACS has been an active participant in the development of South Australia's *Health Care Plan for Older People*. While the primary intent of the plan is to improve health services delivery to older people, the document recognises the need for a new approach to the delivery and coordination of health care services for older people. An integrated service model strengthening the partnership between aged care and health, and drawing on the expertise of the aged care sector, is proposed.

The aim is to optimise health and well-being by, amongst other things, adopting a population health approach, improving health and well-being promotion, advocating independence and self-management and early intervention, and strengthening primary health care services.

ACS supports this model and the principles underpinning it.

Recommendation 9:

That the State Government ensure that when older people have a particular episode of care requiring use of the health care system, they are treated on the basis of their care needs, rather than on the basis of their age.

Recommendation 10:

That the State Government recognise the expertise of the aged care sector by establishing a high-level interface group comprising representatives from general practice, the community and aged care sector, which will:

- improve communication between all involved in the health care of older people with the aim of ensuring better transitioning between services.
- strengthen coordination across the health, community and aged care system by reducing complexity and improving flexibility of service provision.

5. Making South Australia Fairer for Older People (cont'd)

vision

Recommendation 11:

That the State Government recognises at the outset that a key feature of the plan revolves around the need to establish well-resourced multi/interdisciplinary teams (with expertise where required in mental health, chronic disease, dementia, palliative care and cultural diversity) to provide quality assessment and care to older people with increasingly complex health issues.

Recommendation 12:

That the State Government explores the possibility of providing increased resourcing to allow older people in residential care to be treated at home (i.e. within the residential facility) and not transferred to acute care when they have a sub-acute medical condition.

Rationale

The health services aspect of the plan is underpinned by a number of key directions. These focus on: supporting older people, including those with special needs, to take the best care of their own health; strengthening primary health care services to support people at home; enhancing restorative activities and reorientating acute hospitals to better meet needs; establishing specialist geriatric services to ensure high quality health care.

The plan importantly also acknowledges that, to meet its primary objective of improving the health of the older population, it is imperative that support be provided for those who care for older people – both informal care and care workers.

The 'interface' between the acute sector and aged and community service providers in the residential and community setting is very important. The plan not only acknowledges this important relationship but identifies a number of areas where, through greater cooperation, the support for older people can be improved. For example, improving communication between the sectors to ensure better transitioning between services and strengthening (by reducing complexity) access point linkages across the sector, thereby improving safety and effective coordination of care.

The plan suggests that the SA Department of Health, in collaboration with the aged care sector, explore the development of workforce partnerships between teaching hospitals and (teaching) aged care centres of excellence.

The high level interface group would be the obvious 'mechanism' through which greater cooperation between the two sectors could be explored.

Recommendation 13:

That the State Government promote service providers' use of compatible information and communication technology (ICT) systems to allow sharing of information (subject to privacy requirements) between aged care providers, GPs and acute care.

Rationale

The current piecemeal approach to using ICT systems in community and residential care causes duplication and inefficiencies where information needs to be shared electronically.

Oral health background

There is considerable evidence worldwide that confirms that good oral health assists the general well-being of an individual. Research has shown, for example, that high dental plaque levels dramatically increase an older person's risk of developing aspiration pneumonia. The ability to maintain acceptable levels of oral health and mastication among residents is highly likely to affect essential nutrition.

It is imperative that oral health be considered an integral part of health and well-being. As part of the overall health assessment, oral health care planning and oral hygiene practices should feature prominently.

Older people deserve and need to be able to eat and talk comfortably, be happy with their appearance, stay pain-free and maintain self-esteem in their oral hygiene and care.

Recommendation 14:

That the State Government enter into negotiations with the aged care sector and the Department of Health and Ageing to develop a planned approach and funding program aimed at purchasing portable dental equipment for aged care facilities.

Recommendation 15:

That the State Government commit to increasing funding support to the existing *Better Oral Health in Residential Care* program to subsidise an additional four private dentists visiting aged care facilities, with the initiative to commence in 2009/10. Further statewide expansion of the program to be determined annually and to be coordinated with the better oral health in residential care project.

Rationale

Recognising that there are often high levels of oral disease and conditions evident in people residing in aged care homes⁶, a national consortium for *Better Oral Health in Residential Care* has been formed. The SA Dental Service, public dental providers in Victoria and NSW and the Australian Research Centre Population Oral Health (ARCPOH) have formed a lead organisation to test an oral health assessment tool kit for General Practitioners (GPs) which will be trialled at six sites. GPs and Registered Nurses (RNs) will implement the kit (originally commissioned by the Department of Health and Ageing but not released to date), which aims to develop an evidence-based best practice model within the aged care sector. The GPs and RNs will oversee the development of individual care plans, with care workers implementing them. It is intended that, in future, oral health becomes a part of the health assessment and an integral component of individual care plans.

⁶ *Better Oral Health in Residential Care* - SA Dental Service, Introductory Paper, 2008, page 1