

The National Report

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Aged & Community Services Australia



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Government Floats Changes to User Fees in Aged Care

Melbourne's *Herald Sun* newspaper covered a story on 12 March suggesting an "increase in nursing home fees for wealthy couples" may be included in this year's budget. ACSA and many other stakeholders in aged care would welcome such a move which would introduce greater equity in user charges especially for accommodation and the nation would benefit by avoiding a crisis in the supply of nursing home beds not to mention the economic stimulus to be provided by unlocking stalled aged care building projects.

Energy Efficient Aged Care Homes in Doubt

The aged care industry has called on the Government to clarify and confirm the eligibility of aged care services for the insulation and solar hot water rebates.

Greg Mundy, ACSA CEO, has said that aged care homes are just that, people's homes, and residents in them should be treated in the same way as other Australians. It would be unfair if frail older Australians living in aged care homes were not treated as well as people living in other forms of accommodation.

The insulation and solar hot water rebates should be available on a per resident basis and paid to aged care facilities as they would be to landlords for rented accommodation. This could help many older aged care homes without insulation to become more energy efficient and improve the comfort of their residents

We presume that this was Minister Elliot's intent when she urged aged care homes to apply for the \$1,600 Solar Hot Water rebate and the \$1,000 insulation rebate.

There now seems to be some confusion about the eligibility of aged care homes to apply for these rebates which will cause anxiety until the Minister's intent is re-affirmed. Responses to Opposition questions in the Senate Estimates process appear to cast doubt on the Government's intent in this regard.

The Australian Government now needs to confirm this approach and put an end to the confusion surrounding this matter.

ACSA is still seeking clarification around exactly what aged care providers are eligible to apply for.

Review of the Existing Supply Arrangements of PBS Medicines in Residential Aged Care Facilities

Workshops on this review are now to be conducted in all States and Territories during April. These will help to assess the feasibility of the options proposed in responses to the discussion paper.

Those wishing to attend the workshops, especially those who made submissions, need to register and sign a consent form, both of which should have been received by 6 March. Subject to space availability, later registrations may be accepted. Details at:

- Department of Health and Ageing : www.health.gov.au/internet/main/publishing.nsf/content/pharmacy-4cpa-reviews
- Pharmacy Guild of Australia: www.guild.org.au

National Health and Hospitals Reform Commission Interim Report

ACSA President Klaus Zimmermann and CEO Greg Mundy attended a consultation session on aged care with some of the Commissioners and other stakeholders on 6 March to consider the Interim Report.

All stakeholders, including charitable and for-profit aged care provider groups and consumer representatives were enthusiastic about the prospects for change and keen to discuss some of the details.

Transition arrangements were a particular focus and participants in the meeting have agreed to prepare some advice for the NHRC on the staging of the proposed reform. ACSA has agreed to convene a small group to progress this task.

It is understood that similar consultation sessions have been held with other care sectors to assist the NHHRC prepare its final report to Government.

ACSA will also provide them with written comments on the report.

Some organizations have raised concerns about specific details in the Interim Report while supporting its broad thrust: Palliative Care Australia for example is worried by the NHHRC's decision to promote the roll-out of one particular program.....

Australian Ageing Agenda on line reported that Palliative Care Australia's CEO Donna Daniell said she welcomed further funding and coordination for advanced care planning in residential aged care, but that the recommendation to roll out the Austin Health RPC program was premature.

"There are still questions about whether the level of human resources needed to implement it properly are actually available," she said. "Australia should not invest in signing up to the national roll-out of that product because we believe it may not be sustainable." Ms Daniell said she hoped the wording of the recommendation would be changed in the final report.

Innovation Fund for Disadvantaged Job Seekers

Brendan O'Connor, the Minister for Employment Participation, has announced the organisations that have been successful in joining a panel for the Innovation Fund. These panellists will be able to compete for \$41m over 3 years to pursue innovative responses to unemployment in local communities.

Members may wish to partner with panellists to develop proposals. Details about the fund and the panellists can be found at: www.innovation.fund@deewr.gov.au.

Senate Inquiry into Residential and Community Care

The Senate Finance and Public Administration Committee is continuing to hold hearings as part of this current Inquiry.

Greg Mundy appeared before the Committee in Melbourne on 20 February as did ACCV CEO Gerard Mansour and a number of Victorian aged care providers including ACCV President and ACSA board member Valerie Lyons. Greg stressed the pressing need for action on aged care funding - both capital and recurrent - to avoid a crisis in the supply of aged care services to an ageing population. This is a strong theme in most of the submissions to the inquiry, and reinforced by the evidence presented in the hearings.

The hearings continue in Canberra this Friday when ACT-based witnesses will present. Transcripts of the hearings and copies of the submissions can be found at:

http://www.aph.gov.au/Senate/committee/fapa_ctte/aged_care/index.htm

Nursing Home Oral and Dental Health Plan

Minister Elliot has announced details of the plan at a cost of \$3 million over two years. It includes establishing – for the first time – a nationally consistent approach to dental assessments in the Aged Care Assessment Team (ACAT) process. The oral health assessment tool is to be included in the proposed set of assessment tools for ACATs.

A specially developed national training package will be provided later this year. It will cover practical advice to help aged care workers, such as:

- Providing standard protective oral hygiene, including proper brushing, preventing gum disease and reducing tooth decay and ulcers;
- Care, removal and cleaning of dentures;
- Responding to dry mouth (Xerostomia) – a side effect of some medications;
- Brushing techniques for residents with challenging behaviour, perhaps as a result of dementia, who may refuse to have their faces touched, bite the toothbrush or are unable to rinse;
- Helpful oral desensitisation techniques to help aged care workers relax the resident to allow brushing such as body language and a process where the aged care worker begins the brushing and helps the resident to finish;
- Distraction techniques especially for people with dementia, which will allow aged care workers, to brush the residents' teeth; and
- Dental care for people at the palliative stage.

The results of the \$1.3 million Better Oral Health in Residential Care project (currently being trialed in seven aged care homes in South Australia, NSW and Victoria through the Encouraging Best Practice in Residential Aged Care (EBPRAC) program) will be incorporated into the training programs. The project covers oral health assessment, oral health care planning, daily oral hygiene, and dental referrals.

Remote areas will receive additional support through electronic delivery of the package. The plan will consider opportunities to include training in nationally accredited training for aged care workers to give them a recognised qualification.

The dental plan will be complemented by the Aged Care Access Initiative which provides funding for services by allied health professionals to residents in aged care homes. It is not clear at this stage how this training may fit with accredited training courses and the relevant units in the Health and Community Services training packages. ACSA has long campaigned for increased government effort on oral and dental health and while this is a small step, it does represent recognition of the importance of oral health and the need for Government to find an increased level of oral care.

Respite Services Grants

On 9 March Minister Elliot announced 342 one-off funding grants worth \$6.8 million, for community-based respite services across Australia.

It is part of the Australian Government's commitment to carers through the National Respite for Carers Program, which is providing \$194 million in 2008-09.

Medicare Australia Update

Medicare Australia is launching an electronic newsletter this month – *Aged Care e News* - as its primary and preferred communication channel with the aged care sector. While *National Report* will continue to report highlights, readers are encouraged to subscribe to the electronic newsletter - it's free - by going to www.medicareaustralia.gov.au/aged.

Medicare reported at the recent meeting of its advisory Aged Care Industry Working Group of progress on the introduction of an electronic ACCR form into ACATs. 23 teams are already using this facility and by mid year, Victoria, Western Australia, Tasmania and the ACT, and 50% of NSW, are expected to be using the on-line forms.

South Australia, Queensland, and the Northern Territory and parts of NSW currently use different software and will join this initiative later. More details will be provided by Medicare Australia in a future newsletter.

The first of the new Web Forms - the Care Recipient Profile – will come into operation from 29 March. Medicare Australia is writing to all aged care providers with the relevant details.

Australian Communications and Media Authority (ACMA) Ruling on Inaccurate Aged Care Story on Today Tonight

ACMA has found that Channel Seven Sydney Pty Ltd, the licensee of ATN, breached the *Commercial Television Industry Code of Practice 2004* by failing to present factual material accurately in a segment broadcast during *Today Tonight* on 7 July 2006, and its associated promotions broadcast on 6 and 7 July 2006. ACMA also found that the licensee failed to correct a significant error of fact at the earliest opportunity.

The segment, entitled '*What a Disgrace*', reported on an aged care facility run by Residential Gardens for Spanish Speaking Frail Aged Limited in Sydney.

ACMA found that Channel 7 failed to present factual material accurately in statements made about the quality of catering, the categorisation of the operating profit of the aged care facility and the amount of money the facility spent on food for its residents. The statement made about the profit was found to be a significant error of fact, which the licensee failed to make reasonable efforts to correct at the earliest opportunity.

ACMA also found three non-breaches relating to the presentation of factual material and a further three non-breaches relating to fair representation of viewpoints, a person's personal or private affairs and unfair identification of a person when commenting on the behaviour of a group.

ACMA is currently in discussions with industry generally around current affairs programs and compliance with the Code. In light of these, ACMA does not, at this stage, propose to take any action in isolation in relation to this matter.

A copy of [investigation report 1820](#) is available on the ACMA website.
http://www.acma.gov.au/webwr/_assets/main/lib310803/atn7_report_1820.pdf

Closing the Gap on Indigenous Disadvantage

This statement, released on 29 February outlined the Australian Government's approach to closing the gap on indigenous disadvantage.

Page 30 refers to aged care, stating ... "Additionally, in 2008 the Australian Government announced a \$46 million Indigenous Aged Care Plan to support a number of programs, plans and measures to improve Indigenous aged care, including the first quality framework for Indigenous-specific services. The Government is committed to taking practical and commonsense measures to improve the care and welfare of older Indigenous Australians, and will establish an Indigenous Aged Care Taskforce this year to oversee the implementation of this Plan."

Strong Growth in Health and Community Services Workforces

Australia's health and community services labour forces are continuing to grow strongly, according to the *Health and Community Services Labour Force 2006* report released by the Australian Institute of Health and Welfare.

Between 2001 and 2006 the health workforce increased by almost 23% while the community services workforce grew by 36%. However, for the health workforce there was a fall in supply in very remote areas, where the health workforce supply decreased by 346 workers per 100,000 people (from 1,725 to 1,379). Conversely, there was a rise in the supply of community services workers in very remote areas, from 1,252 to 1,696 workers per 100,000 people.

According to the report, around 843,000 people were employed in health and community services occupations in Australia in that year - 65% were health workers and 35% were community services workers.

Across the nation there were 2,649 health workers for every 100,000 people, and 1,422 community services workers per 100,000 people.

The supply of health and community services workers combined was highest in major cities at 4,155 workers per 100,000. Inner regional areas had 4,076 health and community services workers per 100,000 people, and outer regional areas 3,609 per 100,000. In very remote areas, there were 3,076 health and community services workers for every 100,000 people.

The number of Aboriginal and Torres Strait Islander workers in health and community services occupations grew at double the rate for Australia as a whole between 2001 and 2006. Growth in the number of Indigenous health workers was almost 45%, while for Indigenous community services workers the numbers rose by almost 73%.

Indigenous Australians were under-represented in the health labour force, but well-represented in the community services labour force, with just over 15,000 Indigenous Australians employed in health and community services occupations. Of those, just over 5,500 Indigenous Australians were employed in the health workforce, comprising just 1% of health occupation workers - well below the 2.5% Indigenous representation in the population. There were around 9,500 Indigenous Australians working in community services, or 3.2% of all community services workers.

IT Knowledge Gap in Community Care

Management consultants Verso told the recent Tristate conference that a survey of 20 community care providers showed a 'huge variability' in the quality and cost of computer-based care management solutions being used, and dissatisfaction with their IT applications.

In a market scan 12 out of 16 suppliers claimed their products included rostering functions, while only four said their programs linked to payroll systems. Among the 16 products annual licensing fees ranged from \$3,000 to \$10,000 and start up costs went from \$250 per user to \$112,911 for implementations with unlimited work stations.

But 10 of the 16 suppliers refused to disclose their prices without offering an onsite demonstration of their product.

Verso is now calling on more community care providers to participate in the survey to gauge the level of satisfaction with IT applications.

*To participate in the survey or find out more information, contact **VERSO** on 03 9489 3233.*

HACC 2007-08 National Statistical Bulletin

This statistical bulletin is a compilation of statistics describing HACC services that were provided in 2007-08. Some key points from the seventh edition of the Home and Community Care Minimum Data Set (HACC MDS) Annual Bulletin are:

- As at 30 June 2008, there were approximately 3,300 active agencies registered in the HACC MDS Agency Register. An average of 91% of registered agencies reported data for each quarter and the reported statistics are therefore derived from data provided by those agencies, and not adjusted to account for non-reporting agencies.
- The number of individual clients reported as receiving HACC services has increased by about 30,000 to 831,500 in 2007-08. This represents 3.9% of the total Australian population.
- HACC clients aged 65 and over accounted for 77% of all clients, with the largest age cohort being 80-84 years, which accounted for almost one in five clients.
- Just under a third of clients were provided with domestic assistance accounting for 8 million hours of assistance, 18% with transport (4.9 million single trips), 13% were provided with meals at home (11 million meals), and 6% with meals provided at a centre (1.4 million meals).

The complete Bulletin can be obtained by emailing haccmds@health.gov.au.

Hospitalisations Due to Falls by Older People Report

Older Australians are being hospitalised at an increasing rate due to falls, and the total annual number of cases is rising, according to the *Hospitalisations due to falls by older people, Australia 2005-06* report released by the Australian Institute of Health and Welfare (AIHW).

According to the report, the rate, at around 1 in 40 people aged 65 and over, is about 5% up on 2003-04 figures, despite a decrease in the rate of femur (hip bone) fractures in older people.

The total estimated number of hospitalised injury cases due to falls in older people was up 10 %, or 66,800 in 2005-06. Among the over 75s, the rate of fall injury cases was substantially higher than that for the over 65s, at around 1 in 25 people. Older women still account for most hospitalised fall injury cases.

The most common type of fall that results in hospitalisation is a fall on the same level, from slipping, tripping or stumbling. Half of all fall injury cases for people aged 65 years and older occurred in the home, but falls in residential institutions were also common.

Older people who lived in aged care facilities were found to have a rate of hospitalised falls five times as high as that for people of the same age who lived in the community. This is because people in aged care facilities tend to have much higher care needs and are more likely to be frail, the report commentary stated. <http://www.aihw.gov.au/publications/index.cfm/title/10683>

Promoting Social Networks for Older People in Community Aged Care

This paper, prepared by The Benevolent Society and the Social Policy Research Centre in NSW outlines how the presence or absence of social contacts can have a significant impact on health and wellbeing.

It draws together existing research about older people's social networks, and looks at how this can be used by aged care workers and service providers. The research into practice briefings are based on reviews of current literature and research, and are presented in a concise and user-friendly way, to provide clear pointers towards good practice right across the community aged care sector.

<http://www.bensoc.org.au/uploads/documents/research-to-practice-briefing2-OLDER%20PEOPLES%20SOCIAL%20NETWORKS-feb2009.pdf>

Palliative Care Australia National Program launch

Patients requiring palliative care, their families and carers can expect consumer-driven quality improvements in their experiences of specialist palliative care with the launch of a national program from Palliative Care Australia on 11 March.

The *National Standards Assessment Program* (NSAP) is a national framework for continuous quality improvement built on the *Standards for providing quality palliative care for all Australians*. The NSAP is a program designed for specialist palliative care services. It provides tools for services to:

- assess the care they provide against the *Standards*;
- analyse the results and identify areas for improvement;
- develop and implement a targeted action plan for improvement.

Importantly, the views and opinions of patients, their families and carers about the care they receive are central to the evaluation and quality improvement process. It is envisioned this model will be further developed to support quality improvement against the *Standards* in all care settings. This recognises that quality care at the end of life is realised when strong networks exist between specialist palliative care providers, primary care providers, acute care providers, aged care providers (both residential and community based), other specialists, families and the community, all working together.

A pilot of the program involving a fifth of Australia's palliative care services identified room for improvement in communication with families, advanced care planning and managing home deaths. Over 90 per cent of providers involved in the pilot reported that they were successful in providing continuity of care, referrals, safety and culturally appropriate care to their clients.

The program will now be rolled out to 147 palliative care services across the country. Palliative Care Australia hopes to develop the program for other health and care settings, including aged care.

www.palliativecare.org.au

Retirement Communities World Australasia 2009 Forum: 30 March - 2 April 2009 Sydney

Retirement Communities World Australasia is billed as Asia-Pacific's only retirement property development and investment forum that brings developers, investors and operators together to strategise on new frontiers in retirement living. Of the attendees, 50% are property developers or owner/operators and many from the not-for-profit aged care housing sector.

The conference offers to:

- Gain strategic insights from major developers, operators and financiers;
- Capitalise on development growth: industry consolidation & leading developer insights;
- Stay at the forefront of the market: regulatory changes & impact of real estate slump on village sales;
- Boutique business models: lessons learnt from the smaller players;
- Prepare for the aged care crisis: financing challenges, innovative case studies & workforce challenges;
- Masterclass on developing superior models & structures for retirement living & aged care
- One whole day - Thursday 2 April - is dedicated to aged care.

The conference is offering ACSA members a 15% discount on registration costs. Details at: www.terrapinn.com/2009/rcw_au.

Alzheimer's Australia National Conference 2-5 June Adelaide

The core objectives of the 2009 biennial Conference are to exchange challenging and innovative ideas about policy and advocacy, dementia care and research, to involve people with dementia, carers and families in the life of Alzheimer's Australia and in dementia care service and to develop policy and services to ensure Alzheimer's Australia continues to deliver best practice in dementia care.

Choices and ethical questions will be raised and addressed at the Conference where positive solutions, based on evidence and best practice, will be explored and promoted. A number of eminent speakers including Cameron J Camp, Myers Research Institute, USA; Dr Richard Head, Director of the CSIRO Preventative Health Flagship; Professor John Hodges, Prince of Wales Medical Research Institute, Australia; Dr Julian Hughes, North Tyneside General Hospital, UK; Pino Migliorino, Managing Director Cultural Perspectives Pty Ltd, NSW and Professor Richard Shultz, University of Pittsburgh, USA will delivery keynote presentations addressing the themes of:

- Health and Wellbeing,
- Quality Dementia Care,

- Human Rights in Dementia, and
- Dementia and the Wider Society.

The Conference website is <http://www.alzheimers.org.au/content.cfm?infopageid=4939>

Fact Sheet - Pension Drawdown Relief for Retirees

The Government has produced this information regarding its suspension of the minimum payment requirement for account-based pensions for the second half of 2008-09. This will be achieved through a 50 per cent reduction in the minimum payment amounts that would otherwise apply for the 2008-09 financial year.

This change will benefit account-based pension holders to the extent that it avoids having to sell assets at a loss in order to meet the minimum payment amount for the current year. The fact sheet provides additional detail on the measure in the form of answers to frequently asked questions

Indexation Delivers Increase to Pensions and Other Income Support Payments

More than 3.4 million Australians will receive an increase in their pensions and other income support payments and allowances from 20 March 2009. Indexation will deliver an increase of \$7.70 a fortnight in the maximum single pension and \$6.40 in the maximum partnered rate for each member of a pensioner couple.

The single pension is rising in line with its benchmark of 25 per cent of Male Total Average Weekly Earnings, with a proportional flow on to partnered pensions. The maximum single pension rate will now be \$569.80 and the maximum partnered pension rate will be \$475.90 a fortnight for each member of a pensioner couple.

Some 365,000 veterans, their partners and war widows will benefit by up to an extra \$14.10 a fortnight.

Government Further Reduces Deeming Rates for Pensioners and Veterans

The Government has further reduced the deeming rates to reflect lower returns available to pensioners, including veterans from financial investments as a result of the global economic crisis. From 20 March 2009 the upper deeming rate will decrease from 4 per cent to 3 per cent for the balance of financial investments over \$41,000 for single pensioners or \$68,200 for a couple. The lower deeming rate will decrease from 3 per cent to 2 per cent for balances up to those amounts. Part rate pensioners paid under the income test, with financial investments mainly in term deposits, shares, managed investments and other accounts, may receive an increase in their pension payments, to reflect the reduction in their assessable income.

Social Security and Veterans Entitlements Amendment (Commonwealth Seniors Health Card) Bill 2009

This Bill, which has been introduced into Parliament, proposes amendments to the adjusted taxable income test that is used for the Commonwealth Seniors Health Card (CSHC) to take into account income from a superannuation income stream with a taxed source and also income being salary sacrificed into superannuation.

The amendments are proposed to reduce administration of the CSHC and to enable more self funded retirees to gain access to the health card following the downturn in the global economy and to take into account the probable increase in salary sacrifice superannuation contributions that workers will make to make up for the losses experienced over the past 18 months.

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