

19 February 2015

**Aged and Community Services Tasmania (ACST) – Submission to Health Green Paper**  
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**In 2011, one in six Tasmanians were aged 65+; in 2020 there will be one in five aged 65+ years, and in 2030 it is projected that one in four Tasmanians will be aged 65 or more..**

**Difficulty in accessing service providers in the community was experienced by 28% of those aged 65–74 years and 23% of those aged 75+ years**

**Approximately 36% of people aged 65+ years received an aged care service in 2011-12 increasing to 80% of Tasmanians aged 80+ years**

**LGAs along the east coast have the oldest 65+ years structural ageing population in the state – the Glamorgan Spring Bay projection for % over 65 years in 2030 is 44.8 %**

*Facing the Future: a baseline profile of older Tasmanians*  
*Council of the Ageing - Tasmania, 2013*

## **Introduction**

Aged and Community Services Tasmania (ACST) is the peak body representing aged care providers in Tasmania delivering a diverse range of services including residential care, home care, retirement living, independent living, assessment, health & wellbeing programs, respite, palliative care, dementia care, CALD services and day centres. We represent 65 organisations which is more than ninety per cent of aged service providers including not for profit, community, church & charitable, for profit, and state government.

## **Aged Services - growing and everywhere**

Tasmania has an allocation of 5,137 residential aged care places and 1,785 home care places. All home care places are scheduled to convert to a consumer directed focus on 1 July 2015. There is also over 20,000 older Tasmanians assisted in their home through the HACC program which is set to become the “Commonwealth Home Support Program” on 1 July 2015. Tasmania has 38 organisations delivering residential care in 78 sites spread right across our state. In addition many of these organisations offer additional services like respite, day and therapy centres and home care/support. Add to this over 20 home care specific organisations in all regions, and retirement living including affordable housing in rural areas and we are the sector that is a key player in supporting older Tasmanians in their communities.

## **Workforce Planning & Development - the key**

Our workforce continues to grow and we now directly employ over 8,000 people across the state and in some smaller communities our provider members can be either the largest or at least in the top three employers. Our workforce development programs are recognised as some of the most innovative being conducted in Tasmania. We now have the second largest Graduate Nurse Program in the state and we have created a coordinated sector wide approach to attraction, recruitment and retention which is the model for other industries.

## **We believe in working together**

We have invested in critical partnerships and relationships on the understanding the future success of our sector will be underpinned by genuine collaboration with other health subsectors, the broader community service sector, education providers, universities, and many others.

## **An inclusive “health and well-being system” or a set of “sickness” buildings**

We have a firm view that “health” is much more than clinical services or acute services. In fact we all need to broaden the conversation that has allowed this term to be dominated by a narrow discussion about hospitals and acute services. Whilst for Governments hospitals and acute services are their high cost area it should not be assumed that all solutions to their challenges around cost, quality and access are located in this sub-system alone let alone just the broader public health system. If we are serious about developing an inclusive and **integrated** health system then we need to be prepared to talk about health and well-being aspirations for our state and make it everyone’s business. All the evidence points to active communities focused on health and well-being being the most effective tool in turning around our poor health outcomes. A “sickness” approach focused around hospitals will not work. A whole system supporting a “whole person” from community connection, healthy eating through to the challenges of illness.



Source - Tasmanian Medicare Local – information from streamlined care pathways project that drew out the consistent themes from engagement about changes needed in the system

### **Investment and recognition of the front line**

Whilst this paper effectively identifies key issues in the system particularly around quality and access, and understandably focuses on acute services as the big cost driver, what it does in doing this is represent the health system in Tasmania too narrowly painting community services as designed simply to take pressure off acute services. The paper does refer to “having a greater focus on primary and community care” and “shifting the balance of care provision from the hospital to the community” however then allocates less than five per cent of the discussion to what could be the start of a solutions focused strategy. Clearly this discussion needs to move beyond one that is just about how services in the community can take pressure off acute services, - “hospitals need to be freed up...” - to one identifying these primary care services including aged care services as the critical front line in the creation of positive health and wellbeing outcomes for individuals and communities.

### **New ways – building the capacity of our communities**

A systemic view of health and wellbeing in Tasmania should commence with the condition of the people in their communities now and in the future and how various sub systems support them through life stages. Beyond this then comes a commitment by Government to engagement with all stakeholders on how costs can be reduced through increased personal, family and community responsibility (with essential supports), integration of services and collaborative delivery models, shared workforce/skills strategies and smarter utilisation of community assets. All of this would be driven by a prevention and wellbeing focus. High levels of hospitalisation should signal a failure in systems in the community and subsequently this should be where resources need to be driven too.

The work the Tasmanian Medicare Local has been undertaking in a range of areas should not be wasted and has been laying the foundation for a highly effective primary care system. The Government needs to deepen its relationship with this organisation (and the soon to be established Primary Health Network) and our sector as key facilitators of building capability across the health system. A focus on the social determinants of health will bring in key players like local government and the broader community sector and a discussion on strategies that increase personal and family responsibility for self- managed care etc.

### **The harder and right road – reframing the discussion**

We need to be careful not to repeat the usual problems like avoidable admissions, slow step down and simply suggest a range of program responses rather than specific and targeted strategies. Community assets can play a central role and were not mentioned in the paper. A supplementary paper should be considered that focuses on engaging with communities and reorientating the communities view of “what is the health system”; strengthening the role of primary and community care (including aged care services); examining the contribution community assets can make.

In 2011 the State released a *Health and Wellbeing Strategy* signalling a shift to proactive policy ground that attempts to refocus us from a narrow health service perspective to the preventative, health and wellness space. Our sector supports this approach and continues to increase its investment in the development of appropriate housing for older Tasmanians that incorporates infrastructure for community living and activities that support healthier living. Shortly after, the *Report on Economic Potential of Older Australians* was released identifying four key areas for a fresh approach to the demographic challenge – “health living, housing, participation and lifelong learning.” The sector and Governments now need to work together to make this policy shift a reality including the creation of integrated health, aged care and community infrastructure.

Tasmania is well placed to lead the charge on this and create innovative new models and build communities that embrace and support older Tasmanians -

The first *Tasmanian Plan for Positive Ageing* contained 85 positive ageing initiatives. The second Plan was released in 2007 and provided a broad policy framework for actions by the Tasmanian Government, Local Government and individuals to support positive ageing. The second Plan aimed to:

- provide support for individuals to take a lifelong approach to their ageing;
- facilitate links and initiatives across Tasmanian Government agencies to meet the needs of older Tasmanians; and
- encourage the community, including Local Government, business and community organisations, to provide opportunities for older Tasmanians to continue to participate in their community.

This Review outlines the achievements of Tasmanian Government agencies against 103 initiatives contained in the second Plan. The initiatives aimed to be age-friendly, supportive, and to enable older people to develop and maintain strong community ties and to participate at their level of choosing.

**Source - The Tasmanian Plan for Positive ageing July 2012**

We are pleased the paper states “To manage future demand...more must be done outside of [hospital] walls. This includes investing more in existing services that keep people out of hospitals and continuing to develop new and innovative models of community care.” (P.3 Building a Stronger Community Care System). The test beyond this paper is whether there is a genuine effort to explore such models and collaborate with sub sectors like ours. Our sector is certainly keen to play a role in this space and we are prepared to lead the discussion with future papers that stakeholders can consider.

### **Key Questions, Issues & Solutions**

ACST welcomes the opportunity to respond to the consultation questions and will do so in the next section of our submission, however we would like to make some preliminary comments as a sub-sector of health and user/partner with acute services.

#### **What should we take from the fact that our sector is not represented on the Health Council of Tasmania?**

Considering the significant challenges our health system faces particularly with our rapidly ageing population it is critical we build stronger integration between the subsectors across health and aged care which will underpin more responsive services, the ability to identify and respond to service needs and greater coordination of care for chronically ill and high needs populations within our state. Our organisation is firmly of the view that building a collaborative approach that destroys the current manufactured silos is the only way forward.

It will not be constructive for this or future State Governments to view the aged care services sector as now simply a responsibility of the Commonwealth Government. State Governments should build a strong relationship with our sector that allows a partnership approach to be taken when engaging with the Commonwealth Government. In fact there is significant opportunity that such an approach would offer including joint proposals to trial new approaches and programs that would benefit the whole health system and allow the national aged services system to conduct research and collect evidence to support future policy shifts and subsequent implementation in others states.

Building capability in the aged services system will not only improve overall health outcomes in our state let alone pressures in other areas of the system like hospitals but will give our state the opportunity to lead the nation in aged services delivery and potentially see an export market develop for “our models”.

To support the above and undertake work described below and for the State Government simply to forge a genuine relationship with our sector we need to be able to identify at least one senior public servant who has responsibility for our sector. Currently we too often sit outside processes and have no consistent and appropriate engagement points.

### **Building a partnership approach to the Federal Government**

#### Entitlement model

As home care grows the number of admissions from the community to our hospitals grows. Home Care Packages for older people are rationed and if waiting lists continue to grow then the risk to public hospitals will grow. An “entitlement” trial in Tasmania will allow older people to access wellness/re-ablement focused support as and when they need it rather than continue to sit on waiting lists. Short-term interventions to support people in their own homes will be significantly cheaper than potentially multiple admissions to hospital if people deteriorate or have a fall/accident. This trial will provide the Federal Government the opportunity to trial a move away from rationed aged care services and also allow the State Government to measure the impact on hospital admissions. Assistant Minister for Social Services Senator Mitch Fifield who has responsibility for aged care has publicly indicated his preference for a system that responds to older people’s needs when they arise and is subsequently open to a discussion about how and from our point of view “where”. This is surely an opportunity for the State Government and our sector to partner in an approach to the responsible Commonwealth Minister.

#### Embedding of the Teaching Aged Care Facilities (TACF) model & extension to community/home care

ACST has worked with the University of Tasmania & the Wicking Dementia Research & education Centre for the last 6 years in bringing the concept of TACF to life and we now have four TACFs across every region. It is only 18 months in and significantly more time is needed to embed this model and create a stronger network with these institutions at the centre. We want to commence a conversation with the Commonwealth Government about ongoing funding for this program to see this occur and also extended to community care in a similar manner to how Norway has created 20 TACFs, a strong national research network, evidence based policy responses and an extension to community care. This type of capability development would have enormous advantages to the broader health system and again we could partner in the approach to the Commonwealth Government.

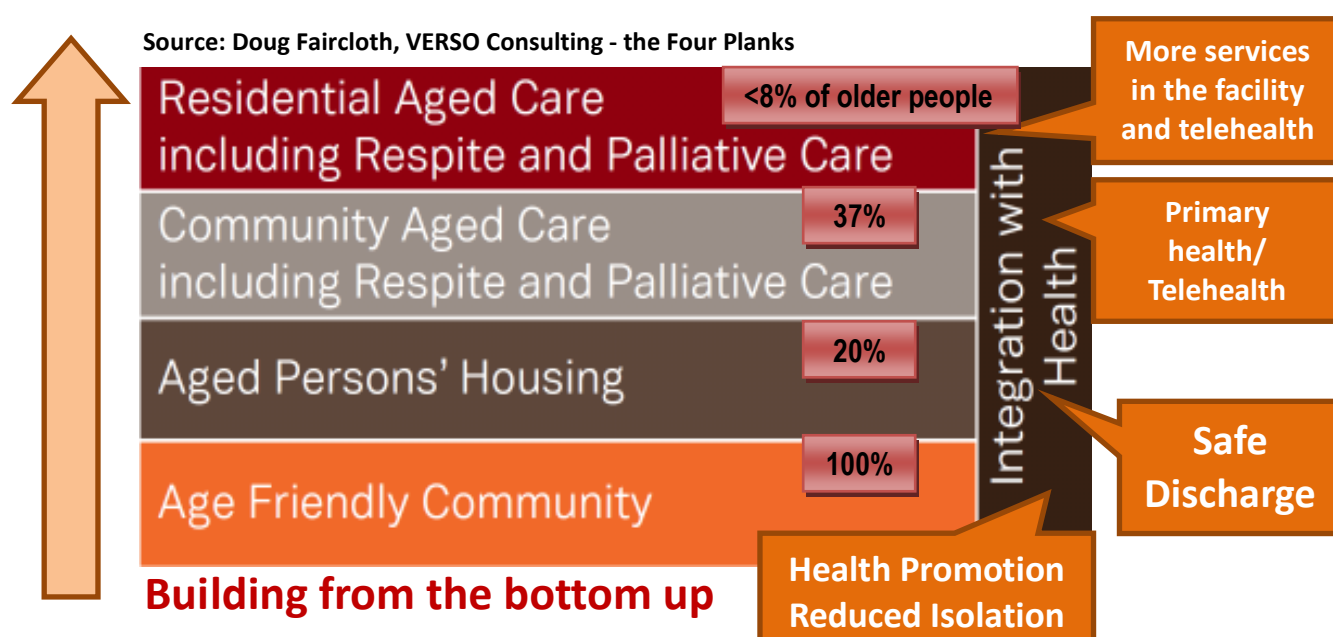
#### Mersey Hospital redesign

Examine the feasibility of redesigning the Mersey into an innovation hub supporting the ageing demographic, the new health and aged system models and providing the new jobs that will be required. The infrastructure would trial a physical Aged Care gateway (My Aged Care) including the Regional Assessment Service, a Health & Wellbeing Centre and Assisted Living Apartments. Again partnering to approach to the Commonwealth Government to explore this proposal could be considered.

#### “Community Life” trial in small rural community

Considerable work has already been done on this integrated model driven by the creation of age friendly community, older person’s housing, community and residential aged care all working in partnership with other health services. This trial would start from the principle of “health” being everyone’s business – an all service approach focused on the person and communities at the centre

and allowing older people to age where they have lived all their lives keeping them socially connected and improving their health and wellbeing. We could evaluate and examine the lessons where not for profit (NFP) have taken over smaller regional health services and this would inform a framework to guide future change. We could also consider the model from previous work undertaken by Verso in 2010 which produced the “Community Life” approach and examine where these can be extended in consultation with a local community. Partnering in an approach to the Commonwealth Government for us to conduct this trial would be a constructive extension of comments in the paper that refer to investment in innovative models in the community.



### Consultation Questions

In responding to the consultations questions we chose to respond to the “community” and “clinician” questions where we could provide a relevant response:

- **Is the Tasmanian health system all it should be, or should we be open to change in order to improve outcomes for all Tasmanians regardless of where they live?**

There needs to be a broader discussion beyond what is contained in this Green Paper. We should be encouraging a “whole of system” approach based on creating a system for all Tasmanians. A sickness focused hospital centric system will not produce the positive health outcomes we need for our population. A whole of system approach will ensure changes in one part of the system do not adversely impact other parts. It is important that this should be irrespective of which level of Government funds a particular part of the system. For older people our sector is focused on continuing our connection to local communities all around the state so where it can be achieved people can choose to age where they have lived. Where our sector can collaborate with other health and community services to improve quality, access, mix of services and sustainability we will definitely explore this. What Government’s need to do to enter this zone is to put aside “who pays” and simply explore what can be achieved and then examine who pays, who can contribute, what are the savings elsewhere in the system and does this build a cultural and sustainable shift. Part of this shift needs to be that the system can’t be all things to all people but that health (and wellbeing) is everyone’s business.

The shift from “better access to services” to “access to better services” should be supported, however in the face of communities showing fear of “losing” services statements like on page 3 that argue the principle of “equal access to quality services for all Tasmanians regardless of where they live” need to be clearly explained. This can’t mean access to all services in all location and this should be clear.

The principle of optimal relationships across the primary, secondary and tertiary health sectors (p.3) is admirable and should be supported. This must involve the aged services sector. It is vital that the current capacity, skills, resources, services and infrastructure that make up the Tasmanian aged services sector be given due regard and serious consideration in developing a new health sector plan for Tasmania.

The community hub (see *Community Life* model p. 5 & 6) is worth exploring further as a model underpinned by community development principles and practices. In addition using these as a development ground for spreading the use of technology as an enabler for treating and supporting people in the community should be considered. This spread of technology needs to be beyond just public sector facilities and to the broader inclusive health network as an investment in system improvement and integration.

- **How would you find out about what travel support, information and services are available to you to get the right care, by the right person, the first time?**

This must be viewed beyond the narrow and in fact will prove ineffective if the engagement points the aged services sector offer are not utilised. Older people will access their information at community level through our organisations and more in the future will go through the new My Aged Care Gateway structure. Having information available through our sector will be critical to ensure that people access the right service at the right time. In addition it is often our services that provide direct access or a connection to community transport and other supporters that allow older people to navigate their way through the system.

For older people, their families, relatives and carers we need to have information available at all levels, weaved through the community and most importantly keep them linked up and connected in a way that works for them.

- **If you are already a user of these services, are they sufficient?**

As a sector we are a user of other health sub-systems like acute and primary care. Our residents and clients like any other Tasmanian want “access to better services” and because they are either residents or clients of our sector within a Commonwealth system this principle should not be ignored. This offers opportunities for collaboration and where possible focusing on developing the capability of our sector to support the remainder of the health sector where possible. This could be through the use of our locations for telehealth, developing our support staff, or providing temporary resources for older people to remain in their chosen living environment whilst receiving some services.

- **If it improves the quality and safety of care do you agree we should limit the number of sites at which some services are provided?**

It is reasonable to support the limiting of sites on this basis however it is important that aged services are integrated into the service delivery structure. To be genuine about a connected and integrated health system the Government should extend the *Role Delineation Framework* to incorporate general practice, primary health and the aged and community services sector.



It is important this is an inclusive exercise to allow a stronger understanding to be developed at system and local level of community assets and capability of stakeholders. Aged services will add value to the delivery infrastructure (for example low to moderate inpatient services) as they already do in some rural areas. Innovate services in post-acute support (transitional care programs) could also be considered.

Workforce and skills supply projections particularly in small communities encourages us to look at the breadth of health/community assets and consider where safe and quality services can be sustained by integrating resources, delivery and skills/workforce.

- **If yes, what should we consider in deciding where a service is located and what support needs to be considered to ensure patients have equitable access?**

Firstly let's refer to "people" not patients. People generally will spend most of their time in their community living as opposed to being "treated" in an acute service and they will be exposed even more to health and aged services in their community setting. With the increased use of technology as an enabler to support, diagnose and treat people and innovative programs like *Hospice@ Home* delivering end of life care in the home we should be prepared to look to the primary and aged services system for expanded services outside the hospital walls.

Where a service is available in the community it should be just that and artificial barriers should not be accepted. For example it is reasonable to argue that current palliative care initiatives should be expanded to residential aged care to facilitate older people being able to die in their chosen "home" as the criteria refers to an individual "residing in the community with a palliative end of life or life threatening outlook, who is assessed to be within the final 12 months of life, or as determined by a Medical Doctor". Despite this, older people in residential care still "residing in the community" and palliative care funding through the relevant (federal) funding instrument being limited to the last weeks and days such services are not available to these people.

In Tasmanian the reality is we need to provide services where we can ensure safety, quality and sustainability. Where partnerships, collaborations, integrations and optimum use of community assets can occur this may be able to ensure some services remain in communities. Beyond this there needs to be investment in the effective use of technology and the development of efficient and responsive transport systems.

- **How do we promote and maintain safe primary and community care to consumers and communities such that they seek out these services rather than attend Emergency Departments when their conditions are more advanced?**

Treating more people (not patients) in the community needs to be a driver of whole system change not seen as simply a mechanism to alleviate stress on the hospital system. Prevention, education and connection through the primary care system underpinned by a population health and a focus on priority conditions approach is the big game in town. Part of this is deepening the connection with the aged services sector in all its diversity so the remainder of the health sector can refer to available services and support and most importantly older people can gain the early interventions that make a difference. The State Government through the Minister needs to take the lead in this and commit to a partnership with the sector that is focused on whole of system advancement – see p.2 *Building a partnership approach.....*



- **How do we determine which services to focus on to expand the role of primary and community care?**

Aged services as a major player in the primary and community care are interested in exploring what more we can do in this space and the expansion of current programs. On p.25 “Further development of rehabilitation and sub-acute support services will also be encouraged in local centres” provides one such opportunity in which aged service providers could be considered candidates.

In considering any such expansion of roles it is important that innovative and/or integrated models underpinned by a commitment to collaboration are positively weighted. The principle of people and communities at the centre is important and service provider kingdoms need to be put aside. Technology included Telehealth would be an enabler in this space.

- **What services do you currently receive in a hospital setting that you think could be safely delivered in your community?**

This needs to be subject to a comprehensive assessment of the resources and capability in the community and in some cases what could be added to allow a service to be delivered in the community in a safe and sustainable manner. The specific funding for palliative care programs like *Hospice @ Home* are an example of this, however like this program there needs to be a comprehensive evaluation to provide evidence of the value to the whole system and the person and community. Telehealth creates great opportunity but a commitment to an upfront and equitable investment is required.

See fourth dot point above for further comment.

- **How can we better help you understand the standard of care you are entitled to, and support your involvement in your healthcare decisions?**

A commitment to person centred care beyond the rhetoric. Aged services have already commenced moving to a consumer directed model and will be a useful model to follow if the health system more broadly is genuine about moving this way. The alternative view is that this may only happen if it is mandated from the top, that people must be provided with full information and be consulted about, and asked for permission to deliver, care/treatments. The hospital and broader health system workforce (and aged services workforce) needs assistance to understand and practice this approach.

Aged services are deep within a comprehensive system reform and a consumer directed and centred approach is a key to this in a growing competitive environment encouraging organisations to explore and innovate. Many systems are now embedding these principles in their operations, for example

*The four domains of the Victorian clinical governance policy framework are:*

1. **consumer participation**
2. *clinical effectiveness*
3. *an effective workforce*
4. *risk management (encompassing incident reporting and management).*

**Healthcare decisions** are as important in the community as anywhere and need to be part of informed and supported decision making before contact with the health system. For older people this is even more important, we need a system that supports the “whole” older person rather than often describing them in terms of hospital admissions or long stays.

Much of their feedback as system users indicates they too want to maintain control and be active in their own health and wellbeing at all stages. -

**“What are key issues for you as you age”? was one of the questions posed by COTA through postcard feedback in 2010 and 2011**

.... A wide variety of responses were received including:

- **“Staying fit, healthy and engaged in life”**
- **“Slowing down as I get older”**
- **“Staving off dementia – keeping my brain active/alive”**
- **“Stimulating activities”**
- **“Friends to do things together”**

### **The top 3 key issues by number of responses**

Response	Number
Health and Wellbeing	143
Access to facilities and services	78
Social connections, family and friendships	74



Source:  
**KEY ISSUES FOR OLDER  
TASMANIANS SUMMARY REPORT  
MAY 2013**  
**COTA TASMANIA**

- **What public-private partnerships should we explore for the delivery of health services in Tasmania?**

Rural hospitals and health centres should be considered for community control through a partnership with aged service providers, for example not for profits with the capability to operate such organisations. Community nursing services have been delivered by not for profit organisations in the state for many years and again there is no reason that this area could not be subject to similar arrangements.

Where the State Government still delivers aged services including those that may also deliver some services to under 65's there could be consideration of an expressions of interest process where providers within our broader sector could indicate their interest in operating and managing services and provide the evidence to demonstrate their experience, capability and willingness to engage with the local community including a governance structure to underpin this. This would allow the future Tasmanian Health Service to focus on its core areas, whilst leveraging off the expertise of those whose core businesses is aged and other services. The other opportunity that could be built into such a process through the engagement with the community is to look at innovative hub models like the previously mentioned "community life" example and increasing community ownership and capacity.

### **Concluding comments**

ACST is enthusiastic about what could be achieved in genuine and inclusive health reform. We have commenced our own process which started with a *Transform Workshop* at the end of last year and we will be conducting further events in this series in 2015 as we work towards a *Blueprint for Innovation, Quality and Collaboration across Health & Aged Services*.

ACST believes it is important for the State Government to see our sector as a key partner. We will be supporting a candidate for the Tasmanian Health Service (THS) Governing Council as we believe we need to be at the table.

We have diverse aged service organisation embedded in communities all around the state, they support older people in facilities, in the community, their families/carers, they work with and depend on their volunteers, they use local suppliers, they employ locals and they are linked intimately with the local fabric that makes their community. These are incredible community assets that should not be ignored. Now is the time for the Minister and other stakeholders to visit Emmerton Park in Smithton, Toosey in Longford, Huon Eldercare to name just a few, there are many more - ....and see what they have achieved and what they can do.

On page 25 the paper suggests "We must view all of Tasmania's public health care facilities – acute, rural hospitals and community centres – as part of a statewide network of campuses". This is aiming too low and too narrow and limiting the ability to create real system change and innovation. Aged services and broader health and community services have to be part of such a network or at least provided the opportunity. The test beyond this paper is whether this harder path is chosen or we continue down the same old path for the same old results and close the door to keep ourselves safe in the same old silos (with the person banging on the door not at the centre).