



Submission to the Royal Commission into Aged Care Quality and Safety

July 2020

Dear Commissioners

Thank you for the opportunity to provide a submission to the Royal Commission into Aged Care Quality and Safety.

Star Health is a leading not-for-profit provider of primary health and community services in the inner south of Melbourne and surrounds. Operating from a social model of health, we provide a comprehensive range of holistic, wrap-around services including GP, dental, allied health, aged care, mental health, alcohol and other drugs, Indigenous health, homelessness and family violence.

In working towards our vision of *Health and wellbeing for all*, Star Health has a strong focus on social justice, and specialist expertise in engaging, supporting and advocating for our most vulnerable community members. We also engage in community building and health promotion activities to build the health and wellbeing of our local communities.

As part of our comprehensive service offering, Star Health delivers a range of services for older people, including:

- Allied health services – including podiatry, occupational therapy, physiotherapy, diabetes education and dietetics
- Group exercise programs – including: gentle exercise, strength training, falls prevention/balance, hydrotherapy, and community gym programs
- Commonwealth Home Support Program
- Home Care Packages
- Post-Acute Care
- Older Persons High Rise Care Coordination & Social Support Program
- Supporting Accommodation for Vulnerable Victorians Initiative (SAVVI).
- Residential Aged Care Mental Health Support Program.

Please find attached our submission which has been developed in consultation with a number of our aged care staff and older people who are our consumers, volunteers and local community members.

If any aspect of this submission requires clarification, please contact me at the Star Health office on (03) 9525 1300.

Yours sincerely



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Star Health

Summary of recommendations

1. Healthy ageing – staying active and connected

- 1.1. That the Commission consider promoting and/or expanding opportunities for older people across Australia to stay physically active and connected in the community, such as group exercise programs.
- 1.2. That the Commission consider mechanisms to support older people across Australia to transition to retirement, provide positive messaging about ageing and initiatives to address isolation and loneliness.

2. Improving the aged care system

- 2.1. That the Commission consider simplifying information about aged care for older people and providing alternatives to online information.
- 2.2. That the Commission consider mechanisms to increase capacity in the system for Home Care Packages and hospital-based assessments, such as ensuring unspent funds from existing Home Care packages are reinvested in new packages.
- 2.3. That the Commission consider support for the sector to respond to changing compliance and regulatory requirements, including acknowledging and addressing overlapping standards.
- 2.4. That the Commission consider system design and incentives to create the conditions that maximise the quality of services and care (particularly through maintaining a skilled workforce) whilst at the same time minimising costs for consumers.

3. Supporting vulnerable older people

- 3.1. That the Commission consider advocating for models/funding to ensure isolated, high risk and vulnerable clients are discharged safely from hospital, e.g. discharged to experienced community-based health case managers.
- 3.2. That the Commission support funding and service models that facilitate the engagement of skilled and experienced community-based health workforce with smaller caseloads, to take into account the complexity of these cases and facilitate better outcomes.
- 3.3. That the Commission consider increasing access to affordable geriatric services, to provide assessments for care planning as well as other important requirements e.g. for VCAT.
- 3.4. That the Commission consider support and practical strategies for health/social support workers to navigate elder abuse, such as an independent entity empowered to actively investigate suspected elder abuse upon mandatory reporting.
- 3.5. That the Commission consider housing affordability for older people and prioritising older people for appropriate housing (including housing them with others with similar needs and issues).
- 3.6. That the Commission consider mechanisms to provide specialist psychosocial and primary mental health support for older people, including the more appropriate use of medication, and more options for older people to connect with each other and younger people (such as partnerships between aged care facilities and schools) to address loneliness and isolation.
- 3.7. That the Commission consider mechanisms to address poverty faced by older people, acknowledging that it has compounding negative effects on their health and wellbeing, and consequent demand on a whole range of services.
- 3.8. That the Commission consider mechanisms to provide additional support to older people from non-English speaking backgrounds to understand and access support available to them.

1. Healthy ageing – staying active and connected

Supporting healthy ageing is important to ensure that older people stay well in their homes for as long as possible, reducing the risk of hospitalisation and premature admission into residential aged care.

We asked consumers and community members what staying well as they get older meant to them. The following key themes emerged:

- Staying physically active, and able to participate in activities
- Being able to live an independent life, according to one's own choices
- Being connected to family, friends and the community
- Maintaining good mental health and alertness.

Ways consumers and community members report staying **physically active** include walking or other self-organised exercise, participating in group activities and going to a gym. Several consumers noted that there is a need for more affordable, accessible gyms in the community.

Ways consumers and community members report staying **connected** include: spending time with family and friends, participating in local groups or clubs, studying and learning, volunteering, working, swimming, dancing, going on active holidays, gardening and having pets. The usefulness of community-based clubs such as Rotary were highlighted as being important in providing support, particularly for those who live alone.

Group exercise programs offered by community health services such as Star Health provide an example of a model that helps older people to stay active and connected, which could be applied more broadly. Star Health runs several group exercise programs including: gentle exercise, strength training, falls prevention/balance, hydrotherapy, and community gym programs. Group programs like this run by health professionals offer the opportunity to incorporate education sessions from podiatrists, dieticians, community health nurses and other relevant disciplines, over and above what might be available at private gyms or other mainstream exercise providers. Through these programs we are able to work at a client's pace and build their confidence, motivational levels and skills until they can manage their issues independently and remain living safely in their own homes.

Key aspects of group programs contributing to their effectiveness include:

- Multi-disciplinary education – further assists safe, independent living through providing guidance and a variety of content including: appropriate footcare to decrease the risk of falls; adequate nutrition to minimise risk of unintentional weight loss and compromised strength; and the safe administration of medication.
- Peer support and social connection – implicitly fostered through group programs for many older people who may otherwise be housebound and isolated. Through group programs, friendships develop and participants are inspired by each other, often leading to large changes in demeanour.
- Referrals: As a community health service we also have ready access to a diverse multidisciplinary team, so we can refer consumers to other services as required, such as podiatrists, diabetes educators, dieticians, community health nurses and counsellors. In this way we can provide a comprehensive service and enable our consumers to become more motivated and skilled to self-manage their health.

CASE STUDY

When Sarra, Helen and Olivia first attended Star Health for individual physiotherapy appointments, they had never met each other. Each came from a different background, but all were hoping for a solution to long held aches and pains. Following an initial independent assessment by a Star Health physiotherapist, they were referred to the same treatment group to continue work focussing on improving strength, balance and endurance.

These sessions take place in a “gentle and relaxed atmosphere” in the new gym at the South Melbourne site. Under the guidance of Allied Health Assistants, the women began attending twice per week and, as Olivia states, “we quickly became friends and really helped motivate each other”.

It soon became apparent that Sarra, Helen and Olivia had improved so much that they required further challenges and the women were referred to a Star Health community strength training group. These programs operate in partnerships with community gyms that by agreement, allow our consumers to use the facilities for a low cost at off peak times with the support of Star Health physiotherapists and exercise physiologists. This was a major step for the trio who were initially quite intimidated as they had never been to a “big gym” before.

The bonds established through the treatment program helped these women through their introductory sessions at the community gym and they have been attending these sessions ever since. Sarra feels very lucky to have a Star Health staff member present who explains how to do each exercise and she hopes to keep attending this group “for as long as possible”, while Olivia reports that as a result of attending these groups she is “stronger than she’s ever been”.

Star Health programs have enabled the trio to not only improve their physical well-being, but to develop friendships they did not expect when their original assessments took place.

*Sarra, Helen and Olivia have consented to their story being told.

Other suggestions from consumers and community members to support healthy ageing that could be considered for older people across Australia include:

- More readily available information about what services are available
- More affordable, reliable and regular transport options
- More access to affordable, fresh food
- More access to more holistic wellbeing programs and services including mindfulness, interpersonal skills, therapeutic/expressive arts programs; tai chi and yoga
- More physical activities targeted to those who are 50 years of age
- Assistance with using technology – access to “computer nerds”.

Recommendation 1.1

That the Commission consider promoting and/or expanding opportunities for older people across Australia to stay physically active and connected in the community, such as group exercise programs.

Consumers also identified some barriers to healthy ageing, including:

- **Transition to retirement** – Several consumers described transitioning to retirement as a significant life event that requires considerable adjustment. Information and support to adjust to this new stage of life, in areas such as finances, could be provided to enhance healthy ageing.
- **Respect for older people** – Some consumers noted the prevalence of ageism, including in the workplace, and that older people could be better respected and valued for their skills and contribution to the community more broadly. Positive public messaging about ageing, such as sharing positive stories about older people's lives, may be one way to address this.
- **Isolation and loneliness** – Several consumers told us that isolation and loneliness are big issues for many people in their communities. Suggestions from consumers to address isolation and loneliness include regular check-ups via phone, text message or the internet (which could be automated); more opportunities for gatherings to create a sense of community; and initiatives that facilitate engagement between children and older people.

Recommendation 1.2

That the Commission consider mechanisms to support older people across Australia to transition to retirement, provide positive messaging about ageing and initiatives to address isolation and loneliness.

2. Improving the aged care system

There are several opportunities to improve the aged care system:

Complexity of the system for consumers

Many consumers and staff told us about their frustration with the complexity of the aged care system, particularly My Aged Care. This includes a lack of clear, consistent information (including what the different fee types mean) and challenges accessing and using technology for online information and services, particularly for vulnerable older people - including those experiencing homelessness.

Many consumers need support from family, friends or service providers to understand and navigate the system, with the complexity deterring some from accessing services at all. We also heard that there are still some misconceptions around what Home Care Packages are, e.g. that they are a step towards permanent residential aged care, which acts as another deterrent.

Suggestions from consumers include providing more up to date, printed (hard copy) information, community education sessions and information in public places (e.g. at supermarkets or in local papers).

Recommendation 2.1

That the Commission consider simplifying information about aged care for older people and providing alternatives to online information.

Long wait times for services

Home care packages – Older people who are approved for a Home Care Package can wait for over a year before they can access the services and supports they require. These consumers can be offered an ‘interim’ package whilst they wait for a higher-level package. High need, complex consumers do not have the funds allocated through low level funding to fully support their assessed need, leading to potential health decline, safety issues, carer burden, and unmet consumer expectations. One option is to ensure unspent funds from existing packages are reinvested in new packages.

Interface between the aged care system and acute settings – There are significant delays for hospital-based assessments, which constrain the ability of health services to coordinate the appropriate transfer of older people from acute settings back to their home. This can lead to prolonged stays in acute and sub-acute settings, and associated safety issues relating to hospital acquired infections, deterioration, premature admission into residential aged care and in some situations premature death. In addition, where an assessment for longer-term care is completed, further delays are often experienced by consumers due to waitlists for the Commonwealth Home Support Program and Home Care Packages, as noted above.

Recommendation 2.2

That the Commission consider mechanisms to increase capacity in the system for Home Care Packages and hospital-based assessments, such as ensuring unspent funds from existing Home Care packages are reinvested in new packages.

Compliance and regulation

Support is required for the sector to develop and transform to meet changing compliance and regulatory requirements. In addition, there is duplication across the accreditation standards for community health services, with no mutual recognition for overlapping standards. The burden of compliance and reporting is costly, time-consuming and has a significant flow-on impact on service delivery.

Recommendation 2.3

That the Commission consider support for the sector to respond to changing compliance and regulatory requirements, including acknowledging overlapping standards.

Workforce and quality

The aged care sector faces potential challenges attracting and retaining a skilled workforce due to unfavourable media coverage, particularly surrounding issues uncovered by the Royal Commission. It is crucial the system design include incentives that allow for the quality of services and care to be maximised (particularly through maintaining a skilled workforce) whilst at the same time minimising cost for consumers.

Recommendation 2.4

That the Commission consider system design and incentives to create the conditions that maximise the quality of services and care (particularly through maintaining a skilled workforce) whilst at the same time minimising costs for consumers.

3. Supporting vulnerable older people

Many of the more vulnerable older people that Star Health supports, such as those experiencing poverty or severe mental illness, experience significant additional challenges to those outlined above. Many of these older people are also isolated, often due to being estranged from family, and have few or no other supports to assist them. These factors mean that these people are often missing out on the aged care supports and services they are entitled to as they can't navigate the system themselves or require significant assistance from service providers to do so. Our staff highlighted several key issues affecting vulnerable older people for the Commission's consideration:

Discharge from hospital

Some older people experience poor or hasty discharge planning which does not adequately support them to remain independent in their own home; it may even result in a vulnerable older person falling into a higher risk category. At the extreme level, some older people may be discharged into homelessness or otherwise unsafe home environments without adequate exploration of their home environment and options (e.g. excessive clutter or squalor, poor/dysfunctional essential home equipment, lack of family/friend support, lack of services and/or the ability to navigate a complex health service system even if services are organised for them).

Even when discharge planning is organised, the communication and documentation between client, service providers and GP can be patchy and inadequate. The client can easily become confused, overwhelmed and, as a result, may end up declining other services. Further, critical information is not always provided to service providers which can result in misinformation, confusion and poor clinical outcomes.

Recommendation 3.1

That the Commission consider advocating for models/funding to ensure isolated, high risk and vulnerable clients are discharged safely from hospital, e.g. discharged to experienced community-based case managers.

Adequately skilled and experienced workforce

Experienced and health professional case managers are very important for isolated, vulnerable and marginalised older people. Responsible, best practice case management provides a stable framework for the monitoring of a consumer's home situation and changes that can take place. Case managers that are community-based rather than hospital-based but still part of the broader health system, such as community health services like Star Health, can play a pivotal role in coordinating services across different parts of the health system and beyond. They also have the cross-sector experience and networks to support clients to keep safe in the community through acting as professional advocates in a range of settings and minimising hospital readmissions. Even providing this sort of case management model in short- and medium-term capacities can have significant benefits for vulnerable older people.

It is important that funding and service models facilitate the engagement of a skilled and experienced community-based health workforce with smaller caseloads, given that older marginalised vulnerable consumer cases are complex, and usually highly time consuming. This can be due to consumer cognition issues, hearing deficits, mobility issues or the need for considerable advocacy efforts for complex issues. High caseloads risk poor consumer outcomes.

Recommendation 3.2

That the Commission support funding and service models that facilitate the engagement of skilled and experienced community-based health workforce with smaller caseloads, to take into account the complexity of these cases and facilitate better outcomes.

Assessing cognitive capacity

Affordable and accessible geriatrician services are urgently required, to provide detailed, reliable and affordable medical assessments and reports addressing older people's health conditions, including dementia and their ability to make lifestyle, executive and financial decisions. This is an essential service for both consumers and clinicians, for whom timely assessment and supporting documentation is not only crucial in care planning, but also for establishing Powers of Attorney, VCAT hearings, Aged Care Packages and other services.

Numerous private geriatricians are out of reach for older pensioners as they are too expensive or inconveniently located; public geriatric services are usually in high demand with waitlists over six months. Further, it can be difficult to get some older people to undertake assessments, which needs to be taken into account by the above bodies.

Recommendation 3.3

That the Commission consider increasing access to affordable geriatric services, to provide assessments for care planning as well as other important requirements e.g. for Victorian Civil and Administrative Tribunal (VCAT).

Elder abuse/family violence

Our staff report significant instances of elder abuse, which can include physical, psychological and/or financial abuse. Our ageing population and the rising incidence of dementia leave older people more vulnerable to elder abuse, which can go undetected for months or years. Older people can find it challenging to report abuse; they may feel even more vulnerable to increased threats should their perpetrator find out.

Clinicians must navigate any suspected elder abuse sensitively, particularly in relation to family relationships. Given this, there is an urgent need to review how family members can access an older person's bank account or unlawfully trigger their Power of Attorney (even when a person has cognitive capacity) and for further investigation into other avenues that leave a compromised older person open to financial abuse.

Recommendation 3.4

That the Commission consider support and practical strategies for health/social support workers to navigate elder abuse, such as an independent entity empowered to actively investigate suspected elder abuse upon mandatory reporting.

Housing

For many, especially those on aged pensions, the private rental market is unaffordable (particularly in inner city locations). They are often forced to move further out where cheaper rents may be more possible to manage, leaving them outside the boundaries of their usual support, transport and medical networks. The reintroduction of required services (i.e. GP, transport, community supports etc) in a new and unchartered area can be very challenging for an older, isolated and marginalised person. Very often their plan of restructuring supports fails altogether or is significantly delayed and puts them at risk of readmission to hospital.

Organising and affording a house move without assistance is usually overwhelming for vulnerable people. Star Health has witnessed consumers going into complete denial regarding a house move until they are in crisis and about to be turned out of their home into homelessness. Services often cannot adequately respond to these crisis circumstances. Critical timeframes, staff and program availability and housing stock all impact this scenario.

Older persons experiencing homelessness are of concern. Crisis housing offered usually consists of rooming houses, cheap motels or caravan parks, with wait lists for priority and transitional housing at best greater than 2 years (or in many cases much longer). Many crisis housing options are not adequately managed, have substandard conditions and have some tenants with serious behavioural and substance issues. Staff have reported instances of marginalised older people preferring to sleep rough (in cars, couch surfing or on streets) as it is a safer option.

Recommendation 3.5

That the Commission consider housing affordability for older people, and prioritising older people for appropriate housing (including housing them with others with similar needs and issues).

Mental health and wellbeing

There is a need for specialist psychosocial and primary mental health support for older people. Mental health issues experienced by many older people, including depression, anxiety, trauma and PTSD, often go undiagnosed, or are overlooked and/or poorly controlled. The mental health needs of older people are usually addressed through an over-reliance on medication as the main course of treatment, or on the other hand, complete neglect. Whilst some well-established and effective psychosocial support models exist, they are predominantly targeted at younger people.

Loneliness and isolation also significantly impact on the mental health of older people. There is an opportunity to provide more options for older people to connect with each other through group settings to facilitate positive mental health and wellbeing outcomes. Another option is to connect older people with younger people, such as through partnerships between aged care facilities and schools, which is an approach that has been shown to provide positive impacts for both cohorts.

Recommendation 3.6

That the Commission consider mechanisms to provide specialist psychosocial and primary mental health support for older people, including the more appropriate use of medication, and more options for older people to connect with each other and younger people (such as partnerships between aged care facilities and schools) to address loneliness and isolation.

Poverty

In addition to the well-documented physical and mental impacts of poverty, poverty also impacts vulnerable older people in practical terms. A lack of resources makes it difficult to: access transport to get to appointments; meet utility bill costs; access and understand technology including phones, phone credit and computers to connect with services and health providers. It can also lead to poor food choices due to cost/food insecurity issues, health literacy issues, and discrimination.

Recommendation 3.7

That the Commission consider mechanisms to address poverty faced by older people, acknowledging that it has compounding negative effects on their health and wellbeing, and consequent demand on a whole range of services.

Older people from non-English speaking backgrounds

Older people from non-English speaking backgrounds face additional hurdles to those presented above. This not only relates to additional health literacy needs, but also many of these older people's real or perceived lack of capacity to ask for help. Many migrants have expectations of being cared for in their old age by family but when that is not possible (for many valid reasons) they suffer from mental anguish which compounds issues discussed above.

Recommendation 3.8

That the Commission consider mechanisms to provide additional support to older people from non-English speaking backgrounds to understand and access support available to them.