

WHEATBELT AGED SUPPORT AND CARE SOLUTION/S EXECUTIVE SUMMARY

living longer, healthier lives in our communities



ACKNOWLEDGEMENTS

Verso Consulting would like to acknowledge the Aboriginal people of the Wheatbelt as the traditional owners of the land and sea and acknowledge this to be Noongar country. We respect their spiritual relationship with the country and acknowledge the impact this has on Aboriginal health and wellbeing.

We also acknowledge the time and input of the community members, councillors and staff from the local government areas in the Wheatbelt sub-regions of the Avon Regional Organisation of Councils (AROC), Central Coast and Central Midlands (CC & CM), Central East Aged Care Alliance (CEACA) Dryandra (Narrogin and adjacent shires), 4WD and Lakes (Wagin and adjacent shires and Lake Grace), Roe Regional Organisation of Councils (ROEROC) and South East Avon Voluntary Organisation of Councils (SEAVROC).

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- Wheatbelt Development Commission
- Regional Development Australia
- Wheatbelt Local Governments

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Supporting Local Governments (CEACA Project)



Supporting Local Governments (WASCS Project)



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ACRONYMS

| Acronym | Definition |
|------------|--|
| 4WDL | Shires of Wagin, Woodanilling, Williams, West Arthur, Dumbleyung and Lake Grace |
| ABS | Australian Bureau of Statistics |
| ACAR | Aged Care Approvals Round |
| ACAT | Aged Care Assessment Team |
| ACFI | Aged Care Funding Instrument |
| ACPAC | Aged Care Planning Advisory Committee |
| AFC | Age Friendly Community |
| ARIA | Accessibility/Remoteness Index of Australia |
| AROC | Avon Regional Organisation of Councils |
| ATSI | Aboriginal and Torres Strait Islander |
| CACP | Community Aged Care Package |
| CALD | Culturally and Linguistically Diverse |
| CC & CM | Central Coast and Central Midlands |
| CDC | Consumer Directed Care |
| CEACA | Central East Aged Care Alliance (combines NEWROC and WEROC) |
| DoHA | Department of Health & Ageing (now Department of Social Services) |
| Dryandra | Narrogin and adjacent shires |
| DSS | Department of Social Services (Commonwealth) |
| EACH | Extended Aged Care at Home |
| EACHD | Extended Aged Care at Home Dementia |
| FTE | Full Time Equivalent |
| GP | General Practitioner |
| HACC | Home and Community Care |
| HCP | Home Care Packages |
| HSM | Health Services Manager |
| LGA | Local Government Area |
| MOU | Memorandum of Understanding |
| MPS | Multi Purpose Services |
| NESB | Non-English Speaking Background |
| NEWROC | North Eastern Wheatbelt Regional Organisation of Councils |
| NFP | Not-for-profit Provider |
| PATS | Patient Assistance Transport Scheme |
| RDA | Regional Development Australia |
| RDL | Department of Regional Development and Lands Now split into two: Department of Regional Development and Department of Lands |
| RFDS | Royal Flying Doctor Service |
| ROEROC | Roe Regional Organisation of Councils |
| SEAVROC | South East Avon Voluntary Organisation of Councils |
| SEIFA | Socio-Economic Indexes for Areas |
| SPF | Seniors Planning Framework |
| WA | Western Australia |
| WACCC-PAF | WA Community Care Classification Project |
| WACHS | Western Australia Country Health Service |
| WACHS-SIHI | WACHS-Southern Inland Health Initiative |
| WDC | Wheatbelt Development Commission |
| WEROC | Wheatbelt East Regional Organisation of Councils |

WHEATBELT REGION

- TAMMIN** Local Government Authority

SCALE 20km 0 20 40 60 80 100km



EXECUTIVE SUMMARY

About this Project and Report

This Report summarises the outcomes of two major projects and draws on learnings from desktop research, policy developments, extensive community based consultations, conversations with care providers, significant inputs from Wheatbelt Shires and guidance from oversight groups. The initial project, beginning in April 2012, covered the local government areas in the Central Eastern Wheatbelt and the second project covered the remaining Wheatbelt LGA's.

As well as individual shire level Needs Studies the Central Eastern Wheatbelt (CEACA) project resulted in a sub-regional Needs Study and a Report, which contained an extensive description of specific Action Areas. A similar approach has been taken with this report and it contains Appendices which describe suggested Action Areas for each sub-region. Both Reports can be viewed together to provide an overall picture and solutions for the Wheatbelt Region. Selected elements of the CEACA Needs Study and report are referred to in this report to provide a consolidated picture.

The projects were prompted by an apprehension that there are now major difficulties in providing quality support and care for older people in Wheatbelt communities and that this difficulty was set to increase with projected growth in the number of people likely to need support. This apprehension was particularly felt in communities, by local government, by the Wheatbelt Development Commission and in health agencies.

The frequent effect of these difficulties was that older people either had to leave their communities and families to receive appropriate care or that the care offered locally was being provided in residential facilities not set up to deliver care at current standards. The first outcome is very deleterious to older people, families and communities and the second is distressing for families, results in poor outcomes for older people and concerns those around them including care staff.

The major formal outcome required from the projects was development of tailored "Solutions" and action plans to assist improved future delivery of aged support and care. These solutions were required to be developed for each identified sub-region of the Wheatbelt in a way which reflected a consistent region wide approach.

A secondary, unspecified, outcome emerged through the methodology used in the projects. In the course of the multiple community forums and oversight committee meetings, an approach was taken to sketch for attendees

the many factors which assist older people to remain in their communities and to put in perspective the relatively small role that residential aged care actually plays. This approach allowed much more productive discussions and has hopefully created an environment where the solutions provided in this report will have a ready reception.

This Report builds upon forty four* individual shire level Needs Studies and Seven sub-regional Needs Studies as well as the CEACA Solution/s Report. These collectively provide many of the documented outcomes of the project and much of the evidence base.

As part of this Wheatbelt wide project further research and consultations were conducted to develop a "Framework" for Aboriginal aged care in the Wheatbelt. This work will be subject to a specific report which should be considered in conjunction with this one.

* Woodanilling was included as part of 4WDL although not strictly a Wheatbelt shire.

"We have a very supportive community in Beverley...We would support the opportunity to keep our aged in Beverley"

- Beverley Community Forum, May 2013

Report Summary

PART 1 : INTRODUCTION

The Wheatbelt Integrated Aged Care Plan begins by introducing the geography and socio-economic characteristics of the Wheatbelt Region of Western Australia. As a whole, the population of the Wheatbelt is increasing, but this is largely occurring along the coastal strip in the north-west and in the shires bordering the Perth metropolitan areas where people are moving to as part of the sea-change and tree-change phenomena.

The overall population across much of the rest is growing slowly or declining, the consequence of the changing circumstance for agriculture. In contrast the ageing population is growing and growing quickly in some areas. While population growth and decline varies across the Wheatbelt, one trend that is relatively consistent is the ageing of the population in both absolute and percentage terms. The demographic analysis for the needs studies conducted as part of this Wheatbelt project showed that by 2027 the population of the Wheatbelt aged 70 and over will have increased by 75.3% from 2011. The 70+ population of 7,646 will have increased to 13,400 by 2027, moving from 10.4% of the total population to around 17%.

Local governments in the Wheatbelt identified the urgent need to address current issues surrounding aged care and the challenges their individual communities face. To help develop a holistic regional solution that would allow aging residents to remain in their communities as long as possible, those local governments and the Wheatbelt Development Commission engaged Verso Consulting to develop Integrated Aged Support and Care Solutions for the Wheatbelt Region.

Verso Consulting has conducted the Wheatbelt “Solutions” project within the context of Federal and State Government policy initiatives. These initiatives include the State Government’s WACHS Southern Inland Health Initiative (WACHS-SIHI), the Productivity Commission’s 2011 Inquiry Report, Caring for Older Australians and the Federal Government’s Living Longer, Living Better Aged Care Reform Package 2012, as well as the National Health Reform Agreement and the subsequent Healthcare Agreement made between the Commonwealth and Western Australia.

The Wheatbelt Aged Care Solutions outlined in this report are intended to:

- support ageing in place (services assisting the aged to remain in their communities)
- identify existing and required infrastructure and service development needs
- provide a range of actions and responsibilities to effectively implement proposed solutions.

This report takes an overall perspective of the Wheatbelt so that solutions can be part of an integrated approach to the whole region. Particular consideration has been given to issues found in eight sub-regional groupings of shires/councils, thus retaining a focus on shire level issues, but this report also looks across the sub-regions to identify matters that require a broad response.

A series of guiding principles were tested in forums with community members and were found to reflect their aspirations and outlook. The principles are:

Principle 1: The importance of place

Ageing in the community where the older person has lived all their life; place may be very specific.

Principle 2: Community life

Includes convenient access for family and friends, familiar service staff building confidence, maintenance of community connections and being a valued member of the community.

Principle 3: Community’s sense of ownership

Builds trust, builds community capacity (economic/social assets), community cohesion, social capital, provides point of access to information.

Principle 4: Focus on the person

Honouring their own sense of time/values/history/choice/worldview, dignifying their personhood.

Principle 5: Choice

Provide options that maximise capacity for independence and self determination.

Principle 6: Equitable access

Inclusive of: cultures, sexual preferences, religious choices and observances.

Principle 7: Practicality

Choice and options must be balanced against practicality. Filters to balance choice may include: (a) Health/safety considerations (b) reasonable limitations of funding (c) population density.

Principle 8: Viability

Viability means: (a) capacity to create an operational surplus to reinvest into service development; training/ staff/innovations/buildings (b) security of tenure (c) capacity to maintain staff and organisation learning and skills.

Of these principles the first two resonated most strongly with communities but there was also general acknowledgement that the final two (Practicality and Viability) were also common sense realities. Ageing in place' with its emphasis on supporting older people in their home or family setting for as long as possible is a central tenet of Australian, State and Territory Government's aged care policies.

Keeping in mind the guiding principles described above and the thrust of policy and funding priorities, it is possible to envisage aged support and care as resting on four planks. The four planks help give perspective on where the challenges are and what the focus should be in supporting older people to age in their Wheatbelt communities.

The four planks are:



There is a positive effect of providing small amounts of community care for people at a range of dependencies, including high dependency clients. Small amounts of services have been found to be effective in restoring functional decline and more generally protective against a range of adverse outcomes.

"At the moment I live on a two and a half acre block and manage, but in 10-15 years I might not be able to manage and I'd like to think there would be units in town I could relocate too".

- Gingin Community Forum, April 2013

PART 2: CONTEXT

This chapter of the Plan focuses on over arching policy and the aged care funding system.

Broad picture

Most Government policy, action and funding relating to the needs of older people are directed towards:

- maintenance of independence
- illness prevention
- hospital avoidance
- support and care at home
- residential care for complex care needs (most likely involving dementia).

State and Commonwealth programs now emphasise health promotion, primary health, coordination of care, a 'reablement' model of Home and Community Care (HACC) and, due to clear consumer preference, aged care delivered increasingly in the person's home.

Aged care provision & funding

About 75% to 80% of Australian aged care is provided by not-for-profit organisations and this is also the case in Western Australia. Regardless of the nature of the provider, in recent years there has been a distinct reluctance to invest in new residential facilities in WA, reportedly due to particularly high capital requirements. Where there is neither not-for-profit nor private sector interest in providing Residential Care, it often falls to a state agency to fill the gap, often at high cost. This is the case in a number of sub-regions of the Wheatbelt where WACHS has historically provided a level of residential aged care at Multi Purpose Services (MPS) sites or hospitals.

Apart from the accommodation component, funding for Residential Care is normally provided according to the assessed need on entry and then for rising care need levels assessed by the provider using a special tool, the Aged Care Funding Instrument (ACFI). The Commonwealth periodically monitors and periodically audits such assessments to ensure increased funding claims are valid. Unfortunately "block" funding provided for care in MPS facilities is provided on a different basis and funding is not subject to adjustment for care needs via the use of the ACFI tool.

Funding to Approved Providers of Commonwealth Home Care is broadly equivalent to the funding to provide care in Residential facilities. The funding is available according to assessed levels of care need and currently ranges from around \$7,500 p.a. for a basic level care package to \$45,600 for high care. In addition, there is a range of additional supplements available e.g. 10% on all packages if there is a requirement to manage behaviours of concern related to dementia. By comparison, the funding for the widely spread HACC program averages around \$3,500 per client.

HACC is often contracted to WACHS in the Wheatbelt, especially via MPS sites. However local government also provides HACC in some areas. When delivered by WACHS, Commonwealth Aged Care funding for Home Care is mostly folded into the HACC service 'pool'. This partly explains why awareness of this more highly funded in home care program is sometimes low in the Wheatbelt.

Apart from WACHS, there are many other organisations funded to provide Commonwealth Home Care in the Wheatbelt e.g. SilverChain, Uniting Care (Juniper), Baptistcare. The number of packages held by these services (234) far outweighs those held by WACHS (64 at MPS facilities, 2 at Wickiepin and 5 at Williams). The total of 313 funded places for home care is currently quite high in the Commonwealth Wheatbelt region (which includes Boddington).

Before the recent aged care reform process, the Commonwealth normally made recurrent funding available by regions for 88 Residential Care places and 25 Home Care places (formerly Community Aged Care) per 1,000 people aged 70+ i.e. a total of 113 places. Under recent reforms, by 2021/22, funding will be made available for 80 residential places and 45 places for care at home i.e. a total of 125 places. Availability is therefore set to increase significantly, with the emphasis on a shift toward aged care at home.

"People access residential low care because they can't get it in their own home...I think a lot more people would stay at home if they could get the low care in their home".

- Kulin Community Forum, June 2013

Health reforms

Recent health reforms are supported by a National Agreement struck by the Commonwealth with each state for the funding of public health services. The objectives of the agreements include increasing the levels of transparency and accountability, reducing waste, improving health outcomes and reducing emergency waiting times.

Key components of the National Health Reform Agreement (and the related National Partnership Agreement on Improving Public Hospital Services and the National Healthcare Agreement 2011) include:

- a stronger primary care system supported by joint planning with States and Territories and the establishment of Medicare Locals

- the Australian Government taking full policy and funding responsibility for aged care services, including the transfer to the Australian Government of current resourcing for aged care services from the Home and Community Care (HACC). The exception is Western Australia where negotiations regarding these arrangements are continuing.

Nearly half of all bed days in Australian hospitals are required for people 65 and over and these patients also tend to have complex medical needs. There is now a strong impetus to treat aged care and health care as parts of the same continuum of care.

State health initiatives

The State Government has announced \$565 million to reform and improve access to health care for all residents of the Southern Inland area of Western Australia, which includes the Wheatbelt area. The WACHS-SIHI strategy is a centrepiece of the State Government's spending on health across country WA and is funded under the Royalties for Regions program. Relevant funding "streams" for this project include:

- Primary Health Care Demonstration Program (\$43.4 million) will provide communities with the opportunity to re-examine how health services are delivered in their districts. Funding will be made available to boost primary health services for communities that opt in
- Telehealth Investment (\$36.5 million) will introduce innovative 'e-technology' and increased use of telehealth technology across the region, including equipment upgrades
- Residential Aged Care and Dementia Investment Program (\$20 million) will provide incentive for private providers to expand options for residential aged care and dementia care across the Southern Inland area

WA HACC reforms

The WA HACC reforms are being implemented within a National reform agenda. The objective of the reform is to reshape and strengthen the community care system across Australia. The reform work is structured around developing and adopting a set of 'common arrangements', these being processes, methodologies and tools to simplify and streamline a range of activities. The framework will also include national targeting strategies to ensure an appropriate balance of HACC funding across care needs. It will be underpinned by the objective of achieving greater alignment between the HACC Program and other community care programs.

The WA HACC reforms incorporate a wellness/capacity building approach as the policy position for future growth and development in service delivery for all HACC clients.

Change of federal government

Since the change of government nationally there has been little indication of plans for aged care apart from a decision to not fund proposed wage increases for aged care workers. Prior to the election the coalition policy did not propose any major changes to the thrust of recent reforms. The main thrust of the coalition's policy before the election was an undertaking to consult with the industry over a period of 12 months from the middle of next year to develop a four year agreement including measures to cut "red tape" in the sector.

There was a large measure of bipartisan agreement for the "Living Longer Living Better" reforms when they went through parliament in late June 2013.

Reform implications for Wheatbelt

Of particular significance when considering the development of models for the Wheatbelt is the intention to do away with the distinction between high and low care in Residential Care. Residential Care will, in effect, be 'ageing in place'. Under this approach, residents who come into a facility with a low care assessment and experience a change in their needs will have to be provided with the services they require without having to move.

The result of this reform is that any new residential aged care solutions developed for the Wheatbelt will need to encompass low through to high care within a strategy of ageing in place. It is unlikely that much of the aged low care infrastructure in the Wheatbelt area, especially in WACHS facilities, will be able to accommodate this change.

The other critical element of the health reforms is the greater emphasis on community support and care. Over the next 10 years (2012 to 2022) the number of Home Care places per 1,000 persons 70+ will increase from 25 to 45 and, in most states, the Commonwealth has taken responsibility for HACC delivery. Given a distinct reluctance to invest in more Residential Care capacity in WA as a whole, and the particularly apparent lack of enthusiasm for such investment in the Wheatbelt, solutions to meet accelerating aged care demand are likely to heavily rely upon high levels of access to support and care in the home.

WA health planning

In 2012 WACHS prepared service plans for health districts across Western Australia. Four service plans covering all aspects of health service provision were prepared for the Western, Southern, Eastern and Coastal health districts of the Wheatbelt. Due to their comprehensive nature, the plans were limited in their treatment of the separate health service components. However they provided a number of insights and recommendations for aged support and care, as well as proposals for capital works and service reforms at various hospitals across the Wheatbelt that would benefit the general community as well as older persons. Regional Development Australia also produced a strategic plan for the Wheatbelt which included recommendations about aged care.



PART 3: COMPARATIVE ANALYSIS OF WHEATBELT SUB-REGIONAL CARE SERVICES

Clear differences in current support and care service levels have emerged in both the CEACA project, which covered eleven eastern Wheatbelt shires, and this later Wheatbelt Integrated Aged Care Solutions project encompassing 33 local government areas. The effect of that variability increases when future demand projections and patterns of service operation are taken into account.

The main programs of funded support and care for older people available in the Wheatbelt are HACC, which is a joint Commonwealth/State program, and the Commonwealth Home Care, Residential Care and Respite Care programs.

HACC

In general terms the Wheatbelt appears to have good reach in HACC with 30.6% of the age 70+ population receiving a HACC service. This compares well with the overall Western Australian figure of 26%. However, reports during consultations for this project indicated a good deal of 'patchiness' and an absence of some services largely due to workforce issues. This particularly applied in the area of home maintenance, to some extent in transport and also in the areas of allied health, especially social work support, and the reach of HACC into more isolated places.

Home Care (Cwlth.)

At this point in time there is a relatively generous allocation of funding for Home Care places in the Wheatbelt. Commonwealth service provider lists indicate a total of 313 Home Care places are funded to a variety of providers (mostly not for profit organisations).

According to recently applicable Commonwealth planning ratios the number of funded places would normally be around 200. However two observations can be made about this situation:

- It is likely that a lack of residential care places in most Wheatbelt areas has influenced the additional allocation of Home Care places.
- Planning ratios are being substantially increased for Home Care such that the former ratio of 25 places per 1000 people aged 70+ will become 45 places by 2021/22

The implications of the latter point are that, despite there being a good number of Home Care places now available, there will still be an indicated requirement for a further 200 or so additional place by 2022.

Residential Care

Residential Care is being provided in a quite variable pattern from sub-region to sub-region. When the Commonwealth's benchmark planning ratios are

considered, there is a current major shortfall in available beds in the Central Coast and Central Midlands sub-region, the Avon Regional Organisation of Councils (AROC) sub-region and the 4WDL sub-region (Wagin and adjacent shires). CEACA is also well below indicated bed requirements. However in the South East Avon Voluntary Regional Organisation of Councils (SEAVROC) sub-region the number of beds is well above planning ratios, while available beds in the Dryandra sub-region are somewhat above ratios. Roe Regional Organisation of Councils (ROEROC) currently has around the number of beds required under the planning ratios.

Respite Care

Respite Care is provided at a number of the Wheatbelt residential facilities and a level of respite is also provided under HACC and Home Care. However consultations and information obtained during this project revealed a need for better community awareness of available services and the significant unmet demand. Some forms of respite care are not generally available e.g. overnight in-home respite and cottage respite. There is also limited capacity for brokerage of respite by the relevant Commonwealth respite service, which has funding available, due to a lack of providers who are in a position to offer the service regardless of there being funds available. A number of WACHS services were reportedly unable to provide brokered services because of FTE staff limits or other constraints.

Avon Regional Organisation of Councils (AROC) sub-region

A range of large Home Care service providers are based in the AROC sub-region towns of Northam and Toodyay. With substantial Residential Care facilities at Northam, and an MPS with 10-12 aged care beds at Goomalling, it could be presumed that aged care needs are well catered for. There is, however, a major current deficiency in Residential Care that, without decisive action, is set to increase greatly within 15 years. By then about 250 new beds will be required in the sub-region.

On available evidence the locally based supply of Home Care may be masking the current Residential Care gap, but it is also suspected that this is also tending to 'capture' Home Care places in the sub-region to the detriment of the remaining Wheatbelt. There was also evidence of difficulties in accessing support or care in the home in some of the shires within the sub-region e.g. Dowerin.



Central Coast and Central Midlands (CC & CM) sub-region

This sub-region is experiencing a comparable level of shortage of Residential Care as the AROC sub-region and the same prospect of greatly increasing demand. There is also evidence that aged care at home is not readily available throughout the area. Jurien Bay (Dandaragan Shire) and other locations distant from services suffer from a particular shortage of local age support and care in respect of Residential Care, Home Care and Respite.

The Central Coast & Central Midlands sub-region depends heavily on WACHS facilities as the sole providers of Residential Care. However, due to the scale of potential demand there is every reason to think that at least one private/non-profit provider could be encouraged to establish a facility, if not two, given the potential demand for 250 new beds within 15 years.

Central East Aged Care Alliance sub-region

The Eastern Wheatbelt CEACA sub-region (a combination of the WEROC and NEWROC sub-regions) is the largest in area and in the number of shires. It is also distinguished as one of the few sub-regions heavily dependent on WACHS for Residential Care. The issues for the CEACA sub-region is its small and dispersed population, the unviable scale of facilities (their fabric, operational economics and skills maintenance) and the logistical challenges in providing HACC and Home Care to more isolated places. Many of the small MPS facilities are not built for purpose and would not meet Commonwealth standards.

There is a projected demand for a small number of additional beds in the next 15 years, taking into account the 21 additional beds awarded to Dryandra Lodge, but not on a scale ever likely to encourage private/non-profit providers.

Dryandra sub-region

The shires of this sub-region often look to Narrogin for a range of services including aged care.

The provision of aged care varies across the Dryandra sub-region. Wandering is fully dependent for services delivered from outside the shire but Wickepin has a well run, nurse-led health centre which has its own small allocation of Home Care places. Pingelly is in a transitional stage. Its former hospital is in the process of piloting a Primary Health Care model of operation and a former low-care hostel is winding down due to its uneconomic scale.

The Dryandra sub-region currently has a small number of Residential Care beds above the Commonwealth planning ratios. To maintain those ratios will, however, require another 40 beds within the next 15 years and the probable major refurbishment of the largest residential facility in Narrogin.

There is good evidence of effective HACC and Home Care being delivered in the Dryandra sub-region. Silver Chain and the Narrogin Community Aged Care, in the Town of Narrogin, are the main providers.

4WDL sub-region — Wagin and adjacent shires including Woodanilling and Lake Grace

This extensive sub-region in the southern part of the Wheatbelt stretches along an east-west axis from Lake Grace to West Arthur and Williams. Wagin is a prominent service centre from an aged care perspective. The main challenges for this sub-region are to ensure the wide availability of in-home support and care (HACC and Home Care) and Respite Care, and to address the existing and predicted widening gap in Residential Care.

There is already a shortage of around 22 aged care beds in the sub-region, but this is projected to rise to 72 beds within 15 years. The only current provider of Residential Care, apart from WACHS, is the Waratah Lodge low-care facility at Wagin which is supported in its operation by the adjacent Wagin Hospital.

Roe Regional Organisation of Councils — ROEROC sub-region

The current level of formal aged support and care services in the ROEROC sub-region are at levels consistent with Commonwealth planning expectations.

HACC is available to a relatively high proportion of older residents and Home Care is apparently delivered at appropriate levels by both non-government providers and WACHS services.

WACHS is the only provider of Residential Care and, given the scale of likely demand, it is doubtful that there will ever be interest from a non-government provider to establish in the sub-region. Current facilities are

relatively small, meaning that at times local residents cannot be accommodated and have to go away for care. The facilities are also in need of refurbishment to meet modern aged care standards.

Although the current provision of HACC and Home Care are reasonable in the ROEROC sub-region, the challenge for regional providers is to plan to expand the number of their available HACC/Home Care services in accordance with predicted growth in the population of older residents. Up to 20 additional residential beds may also be required in the next 15 years.

South East Avon Voluntary Organisation of Councils — SEAVROC sub-region

The SEAVROC sub-region appears to have a small shortage in the number of Home Care packages delivered to older residents but, unusually for the Wheatbelt, has a significant current excess of available Residential Care beds. Some of this extra capacity is no doubt utilised by residents from surrounding shires/regions due to shortages nearer their homes.

It is estimated that around 35 to 40 additional Home Care places will be needed within 10 years and, despite the current excess capacity, some 25 or so additional aged care beds within 15 years.

Like Pingelly, Cunderdin is in a process which may see it transition to a Primary Health Care model.



Overall sub-regional Picture

The following table summarises the overall situation with regard to service levels and providers in the Wheatbelt.

| Current Wheatbelt Service Levels and Provider Summary* | | | | | |
|--|------------------------------|--|--|---|--|
| Sub-region | HACC | Home Care | Resid. Care | Respite Care | Providers |
| AROC | Good but gaps in some shires | Good but likely covers residential gap | Major supply shortage against planning ratios | Shortages and lacking key forms of respite care | Mainly NFP**. Scope for major expansion in residential care |
| Central Coast and Central Midlands | Fair but major local gaps | Poor | Major supply shortage against planning ratios | Major gap in several shires and key forms lacking. | WACHS resid. with scale for NFP/private entry. Some NFP home care. |
| CEACA | Patchy | Patchy but improving | Formally adequate but many unsuitable facilities | Some residential respite but shortage of in-home plus low awareness | Mainly WACHS plus NFP residential (Dryandra Lodge) & NFP home care ex Merredin |
| Dryandra | Good but local gaps | Good | Adequate but some facilities need upgrading | Relatively good but some local gaps | Mainly private, NFP & Local Government |
| 4WDL | Good | Good | Significant supply shortage | Relatively good residential. Other forms unclear. | Mainly WACHS plus Local Govt. home care |
| ROEROC | Good | Good | Formally adequate but facilities need investment | Evidence patchy. In home not universal. Hyden has a centre. | WACHS plus NFP home care |
| SEAVROC | Good | Slight shortage | Surplus supply | Residential not always available & home respite the same | Mainly NFP |

*Current situation only – not a reflection of projected demand growth

**NFP – Not for profit provider

PART 4: BEST PRACTICE IN AGED CARE

The examples detailed in this Part provide:

- insights that can be used to develop aged care plans
- evidence of the benefits of particular innovation or approaches
- evidence that reinforces the challenges, dynamics and barriers of providing aged care service in rural locations.

The case studies highlight practice innovations in a variety of rural settings on the NSW/Queensland border, in the Mallee Track and high country areas of Victoria and also illustrate a —consortium approach to aged care among local government providers which has now operated successfully for some years.

PART 5 — WHEATBELT INTEGRATED AGED CARE SOLUTIONS

Summary demographic data in this Part set the context for a discussion of the situation found in the Wheatbelt in relation to the —four planks around which solutions for aged care in the Wheatbelt are proposed.

Age friendly communities

The state government has a clear policy encouraging shires to develop age friendly communities and there are materials and guidance available to assist the process. The government has issued “The Seniors Strategic Planning Framework 2012—2017” which has at its core “An age friendly WA”.

In summary terms, infrastructure investment, supports and strategies which foster age friendly communities still need development in most locations in the Wheatbelt.

Few shires reported concerted strategic activity in this area. The exceptions are shires in the 4WDL sub-region and Moora Shire which have conducted community consultations and have entered into some strategic activities.

One of the greatest impediments to age friendly communities identified in many sub-regional needs studies is transport.

Housing

Housing is often considered as one of the age friendly communities planning domains but it has been singled out and given its own status in this project. This is because appropriate housing is an essential enabler of formal non-residential support and care services.

Older persons' housing supply in the Wheatbelt is currently highly variable, especially of housing types built for ageing in place. Overall, existing stock is in short supply, as indicated by extensive waiting lists, and is often old and unsuitable and restricted in its entry requirements. Most importantly, suitable housing needs to be made available with a variety of ownership options. This is to cater for the range of economic circumstances of older people who would be assisted to age well in their communities by access to appropriate housing.

Support and Care at Home

HACC and Home Care appear to be currently in adequate aggregate supply in the Wheatbelt, according to normal funding guidelines. However, during the project, questions have arisen about uneven service distribution and specific gaps in services. Some of the shortage issues in a number of sub regions may be arising from Home Care being used to offset major shortfalls in residential care beds in two particular sub-regions.

However this project found that there were sometimes significant local deficits in the range of HACC service types available (especially home maintenance) and that delivery can be hampered due to staffing limitations when delivered via WACHS services. Home Care (formerly Community Aged Care) is less well known. It is a more highly funded program of individual care "packages" intended provide a continuum of support above HACC. If issues relating to a lack of community awareness, confusion with HACC, staffing models and some restricted availability are addressed, its potential to deliver care can be greatly expanded.

Due to likely increasing difficulty in providing quality Residential Care in a number of locations in the Wheatbelt there is a strong need to promote an increasing role for support and care at home.

Residential Care

Many Residential Care facilities are of fairly old design or built as low care "lodges" and many are not suitable

for delivery of modern aged care despite the best efforts of staff. The number of available beds is already well below benchmark levels in half the sub-regions with the population of older people set to increase considerably. The current and looming shortages in the AROC and Central Coast & Central Midlands sub-regions are very large with 4WDL sub-region also having a high proportional shortfall. There is a significant shortage of purpose built dementia care facilities across the Wheatbelt with few specialised beds in operation.

Residential Care is delivered by both WACHS and non WACHS providers with a majority available from the latter. However in some sub-regions WACHS is either the sole or dominant provider. One of the key findings of this project has been the sub-regional variation in service provision and this is very clear when it comes to Residential Care.

As mentioned, many WACHS facilities are not built for purpose to provide modern high standard aged care and this necessarily compromises the quality of care available despite the dedication of staff. Staff members in the many very small facilities also have the added difficulty of trying to provide good aged care while still needing to attend to the requirements of emergency response and acute care. The two requirements are not really compatible in such small scale settings.

A range of solutions

The "four planks" approach provides a framework for the proposed solutions to aged support and care issues in the Wheatbelt. For some of the planks, namely age friendly communities and housing, the background state of preparedness found was similar across a number of sub-regions thus there is an inevitable similarity in the solutions which are outlined. For care at home and care in a residential facility there is notable variation between sub-regions.

A potential new model of local provision of care, combined with accommodation, is also identified, which may lessen the need for many older people to move to a residential facility away from their community. This is a solution which may be suitable where it is no longer possible for the person to be cared for in their own home for any reason.

It involves a combination of specially designed housing "clusters", an appropriate model of operational governance, close monitoring of relevant "care domains" and efficient delivery of in home care, including that of family/other carers. Such a cluster model of home accommodation and care would be potentially feasible on a relatively small scale and may be relevant and viable in many of the smaller Wheatbelt centres.

The model would be based on the same financial arrangements common in the development of independent living units combined with care provision through residents being eligible for Home Care support from an approved provider and implementation of systems which would systematically monitor an older person's care needs status and have the capacity to respond quickly when needed.

Advancement of the concept would be best achieved through a piloting of the model in several selected locations and the Wheatbelt region could present such

locations and it would be a very positive outcome from this project if necessary support could be arranged for piloting of the proposed model.

The tables below provide a brief synopsis of the key components of each solutions by sub-region and, secondly, identify critical whole of Wheatbelt issues. HACC, Home Care and Respite are shown as separate components of care or support delivered to maintain people at home. Appendices 1 to 8 of this Report expand extensively on these solution summaries.

Wheatbelt Aged Support & Care Solutions Summary

| Sub-region | Age Friendly Communities | Home Support & Care | | | Residential Care |
|---|--|---|--|--|---|
| | | HACC | Home Care | Respite Care | |
| AROC | All shires to start/progress action in line with WA Seniors Planning Framework (SPF) | Research reported areas of lower availability and shortfalls in available service types. Plan to address gaps. | Providers coordinate to ensure wide Wheatbelt coverage. Plan for high demand growth. | Provider coordination to maximise availability and to utilise available funding | Consult with Juniper re expansion plans and/or new provider to establish facility |
| Central Coast and Central Midlands | Moora to progress existing work – other shires to begin action per WA SPF | Research low service levels in Moore HACC sub-region. Plan to meet gaps in service types. | Discuss situation with providers to facilitate better coverage. Assist as needed. Plan for growth. | Coordinate service coverage of whole sub-region. WACHS to review staffing models. | Enter dialogue with Dept. Social Security re entry of new provider. Open discussion with RSL Care. |
| CEACA | All shires to start/progress action in line with WA SPF | Ensure MPS HACC delivered according to benchmark levels/standards | Monitor extent of coverage & raise community awareness as alternative to residential care | Coordinate and plan for wider availability of in home respite & better public awareness | WACHS to consider how to provide suitable care in very dispersed MPS sites. |
| Dryandra | All shires to start/progress action in line with WA SPF | Plan to maintain service levels and to address periodic service gaps | Maintain service coordination and ensure new packages sought to meet demand | Explore local gaps in service and awareness. Plan to provide full range of respite types. | Providers in Narrogin to plan for modest growth. Pingelly to consider new care models. |
| 4WDL | Shires continue action in line with community consultations and existing report | Research and address specific service type gaps and specifically pursue reported lack of services in Woodanilling | Ensure service coordination and raise community awareness as alternative to residential care. | Plan to maintain availability of resid. respite & seek improved availability of range of respite offerings | WACHS to plan continuing role & plan for growth with Waratah Lodge. Explore scope for new provider. |
| ROEROC | All shires to start/progress action in line with WA SPF | Plan to maintain existing high service levels & address gaps | Initiate dialogue with providers to ensure rising demand is met | Establish nature of gaps and coordinate to cover | WACHS to plan for continuing role as sole provider |
| SEAVROC | All shires to start/progress action in line with WA SPF | Establish clear picture of service gaps/limits & plan to address | Plan with providers to meet expected large growth in packages | Research gaps & coordinate to widen availability locally and by type of respite | Plan for modest growth in 5-10 years. |

Whole of Wheatbelt Solutions

Specialised Dementia Care

WACHS and private providers to liaise and develop a region wide Dementia Care Plan including an investment case

Transport

Coordinate stakeholders and develop sub-regional integrated transport strategies

Older Persons' Housing

Review stock, assess demand, develop ownership & management options, explore capital sources & plan growth

SOLUTION THEMES

Certain themes are present in the range of proposed sub-regional and Wheatbelt wide solutions contained in Appendices 1 to 8. The presenting situation and rationale for a number of these are briefly explained.

Progressing action on age friendly communities

With some exceptions most shires are only at the earliest stages in moving to develop age friendly communities as a formal strategy. The Western Australian government through its Department of Local Government and Communities has a clear policy to promote age friendly communities and has already funded pilots in this area which have been undertaken by some Wheatbelt Shires. There is a relevant planning framework and there are resources available to guide the development of shire level strategic plans. Accordingly this existing state policy setting is referred to as a guide to action.

Closer evaluation of home support and care availability and improved understanding

While the overall picture with regard to Home Care and HACC emerged from research and consultations there is still a good deal of uncertainty about the exact level of availability of these services at local level. HACC shortfalls were reported anecdotally and some WACHS service providers advised of limitations in the flexibility of their service delivery. There is also a shortfall in the awareness of older people and their families about the nature and availability of Home Care.

Action to increase the understanding of the exact service availability situation is needed. This requires further dialogue with providers and the Commonwealth Aged Care Assessment Team. Dialogue took place with a range of providers at group meetings during the project. This led to a level of understanding about current service delivery but closer understanding is needed to fully assess where availability issues are most pressing.



Continuing effort in relation to community information availability is also needed. On a positive note, the community consultations which were part of this project have already raised awareness significantly. Some feedback has indicated that the increased awareness has tended to place an additional workload on Community Resource Centres. If they are the natural place for people to go then this needs to be recognised with appropriate support.

Coordination of Home Care providers

Because there is a relatively good current supply of Home Care packages in the Wheatbelt it was surprising to hear that in some areas very little Home Care seemed to be available. As noted above, this finding needs further clarification, but it appears that there isn't a current overall system to ensure that Home Care packages, which are generally allocated on a whole of region basis, are being uniformly promoted and made available.

Providers have made efforts to coordinate already in some areas. However one part of a solution in this area is to formalise a process of consistent coordination to seek to monitor and engender wide delivery of Home Care as efficiently as possible.

Respite Care

Respite care is available at various levels and for a variable range of respite types. This arm of the aged care system is substantially funded and is vital to enable informal carers to continue support for older people in their homes and having inconsistent availability of different forms of respite is not satisfactory. The major deficiencies are for in-home respite and overnight cottage respite in a home-like setting and the availability of residential respite being dependent on availability of beds at local MPS sites.

The fact that during the project the Commonwealth Carelink and Respite Centre representative was seeking to fund brokered services but often had difficulty in finding an available provider highlighted some serious service capacity constraints.

Residential Care

Because of capital requirements and high operating costs, responses in relation to Residential Care issues have to be realistic. The majority of residential beds are provided by non-government providers in the Wheatbelt in a small number of locations. WACHS currently provides a form of bed based care more widely at many MPS sites and elsewhere, effectively due to "market failure" in a system which normally envisages non-government providers operating at least at a financially viable level.

The project Principles of Viability and Sustainability have a very large influence on potential solutions. Most WACHS facilities are not viable or sustainable and are not able to provide high quality aged care. The future of residential aged care must mainly lie with expansion of existing facilities or establishment of new facilities by non-government providers. This is feasible in a number of the identified sub-regions due to the existence of current and/or future likely scale of demand.

In several sub-regions it is not possible to realistically anticipate new investment by non-government providers and it is in these two or three areas that WACHS will need to plan for ongoing involvement in Residential Care through re-configured arrangements to allow delivery of high quality care in consolidated facilities. Re-configured arrangements could include the piloting of new models of care in residential housing "clusters" and consolidation of varied services to form more sustainable services.

"The next generation needs to be aware of a lot more information when they come to look after us, more than what we had access to for our parents".

- Pingelly Community Forum, June 2013

Specialised dementia care

Dementia care is currently managed both at home and in non-specialised residential settings. However there are some forms of dementia care which can only be provided with specially trained staff in a secure setting.

The Wheatbelt population is widely spread and the incidence of need for people with high level dementia care requirements is also widely spread. There is a need for more purpose built residential capacity to meet current and future needs and it will be important that investment be made. But it is also important that the location of such facilities be as evenly spread as possible to assist family access and maintain as much connection with community as possible.

To stimulate the development of a Wheatbelt wide approach to demand assessment and capacity development it is essential that WACHS and the major non-government residential providers enter into discussions to consider the development of an overall plan to deliver specialised dementia care. It would greatly assist in gaining Commonwealth support if providers worked to a joint strategy of service location and capacity. Individual providers would not be expected to relinquish business autonomy but it is reasonable to request that they cooperate at a high planning level to best meet the needs of this most vulnerable group.

Transport

This critical and widespread issue in the Wheatbelt is highlighted for its crucial importance in allowing older people to remain well and independent. The background includes current capacity which isn't always fully utilised, confusion about paid access to HACC transport, a major role played by volunteers, substantial state government support through PATS and the Fuel Card scheme and a varied cast of players with responsibilities in this area.

The solution offered builds on the premise that the first step is to maximise use and coordination of current resources at a sub-regional level. Engagement with state transport authorities to seek improvements in schedules and services would follow as well as specific efforts to strengthen the volunteer base. Coordination would have to be ongoing and, to be truly effective, establishment of a dedicated position needs to be considered at sub regional level.

Housing

Appropriate housing is very important to prolong the independence and wellbeing of older people. Worries about upkeep and maintenance of a house can be a preoccupation and sometimes lead to hasty decisions to leave a community or enter residential care earlier than necessary. Well designed housing can also facilitate effective provision of formal care and enable an older person to remain at home through all stages of their life.

A good stock of appropriate housing available to all members of the community provides a crucial basis to assist older people to remain in their communities. During this project considerable information was gathered which indicated significant unmet demand. However the scale of this demand against existing stock remains uncertain at a sub-regional level and the need for a comprehensive response necessarily requires the input of multiple partners. Therefore solutions must begin with an audit to establish the level of suitable stock and efforts to assess real demand. Options for varied models of ownership and management will need to be considered.

This issue is one where local governments often play a role already but for solutions on the scale that will be required to make a real difference in the Wheatbelt it will be crucial for other levels of government to become involved together with larger housing provider organisations if they can be recruited. Government agencies will be of greatest assistance if they are open to innovation in this area.

Conclusion

There is reason for optimism in facing the current and increasing demand for quality aged support and care in the Wheatbelt. The fact that multiple shires, the Wheatbelt Development Commission, WACHS and other major stakeholders including Regional Development Australia have recognised the issue and committed so strongly to finding a rational way forward is a strong signal that the solutions outlined will be seriously addressed. All these stakeholders will be critical to implementation.

Many solutions lie heavily within the remit of local shires, local community groups and local providers. In some of these the support of state government agencies and their openness to innovative approaches will be vital. WACHS is a stakeholder and provider and through its engagement in this project, programs like WACHS-SIHI and comprehensive service planning, pilot projects and planned clinical service reform it has shown itself to be ready to address necessary changes to service provision. This may require that historical patterns of service delivery be substantially changed but historical patterns almost certainly won't suffice to allow older people to age in their communities in the face of demographic realities.

For more information visit
www.wheatbelt.wa.gov.au