

WHEATBELT AGED SUPPORT AND CARE SOLUTION/S FINAL REPORT

living longer, healthier lives in our communities



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Acronyms

Acronym	Definition
4WDL	Wagin and adjacent shires 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

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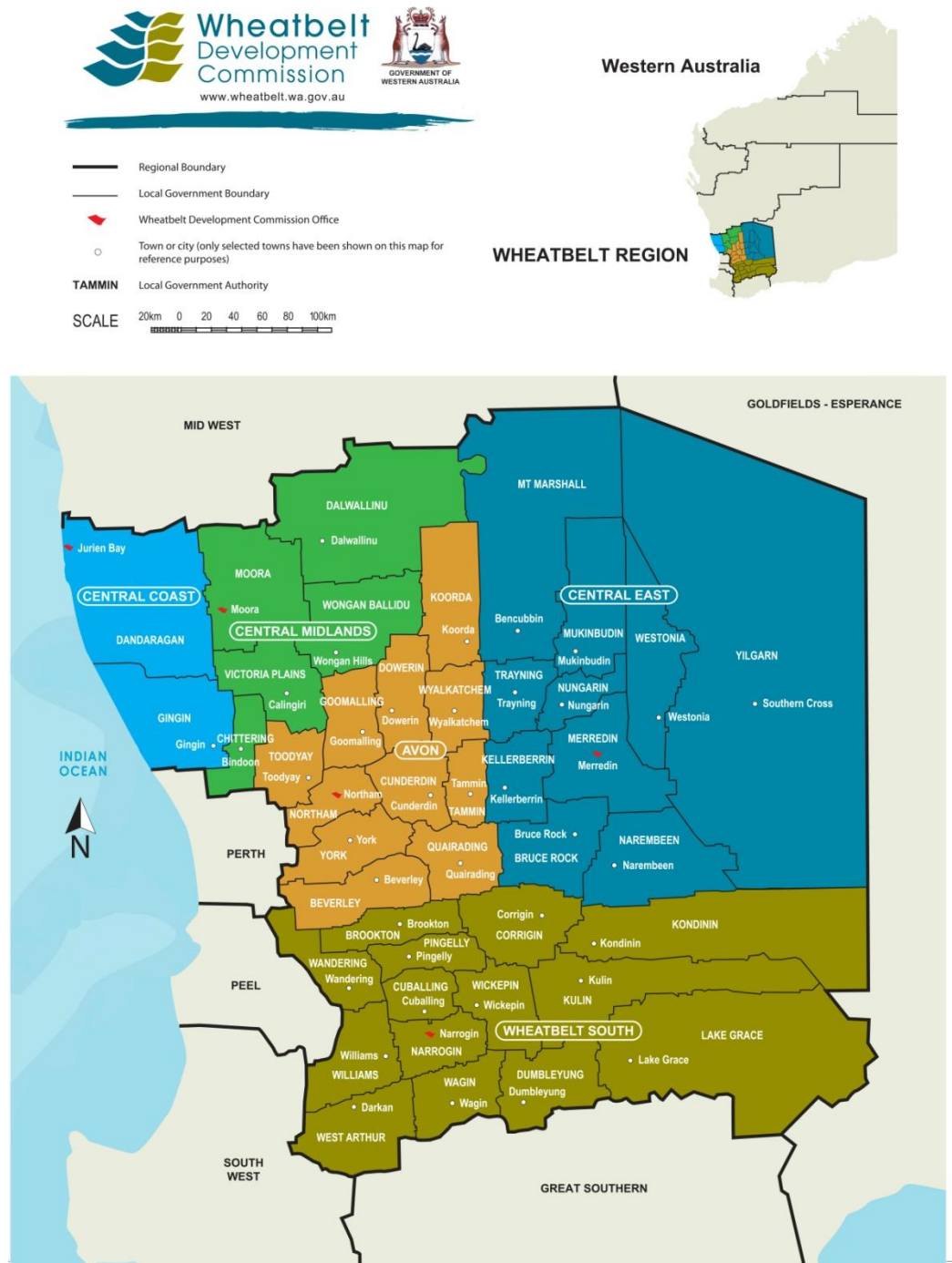
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Map of Wheatbelt - Shires Engaged in Project

Note: Woodanilling Shire from Great Southern also participated as part of 4WDL sub-region.



1 Executive Summary

1.1 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.

1.2 Report Summary

1.2.1 Part 2 – 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

- Honoring 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:

- Continued development of age friendly communities.
- Further development of older persons housing
- Extending community aged support and care – mainly Home and Community Care (HACC) support and Home Care packages
- Reshaping residential aged care

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.

1.2.2 Part 3 – Context

This chapter of the Plan focuses on overarching 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 Wickepin 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.

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 (\$43.4m capital and \$26m for service improvement) 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 at three hospital sites that reconfigure their inpatient services to close all beds.
- Telehealth Investment (\$36.5 million) will introduce innovative 'e-technology' and increased use of telehealth technology across the region, including equipment upgrades, consultant payments and staffing for coordination
- 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 age 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.

1.2.3 Part 4 – 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 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 & 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 Wickopin 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 nongovernment 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 nongovernment 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*

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
CC&CM	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

1.2.4 Part 5 – 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.

1.2.5 Part 6 – 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

Wheatbelt Aged Support & Care Solutions Summary					
Sub-region	Aged 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
CC&CM	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. Staffing models to be reviewed.	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 continue plan for aged care service development 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

Whole of Wheatbelt Solutions
Specialised Dementia Care
Development of 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 ¹

1.2.6 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

¹ This is consistent with the WA State Government's strategic intent to work with NGOs and private providers to explore how best to work with alternate providers.

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.

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.

1.3 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 it's 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.

2 Introduction

2.1 The Wheatbelt Region

With the State's economy and lifestyle driving an expected population increase of 5.4 million by 2056 (Draft State Planning Strategy 2012:10), and with nearly 25 percent going to regional WA, the Wheatbelt is ideally placed to accommodate this growth.

The region's proximity to Perth (bordering the metropolitan area to the north, east and south east); existing key transport and infrastructure corridors; land availability; community infrastructure; natural assets; and proven regional capacity are some of the comparative advantages of the Wheatbelt that decision makers identify when making their choice to live, work, invest and visit.

The Wheatbelt attributes see the region well placed to seize opportunities from global drivers, including population growth in Asia, demand for food (particularly protein), aging populations and application of technology. These attributes will allow the Wheatbelt to play a key role as Western Australia continues to service and capitalise on Asia's growth.

The Wheatbelt region (as defined by the Regional Development Act of 1993 and the Planning and Development Act of 2005) consists of five sub regions: Central Coast; Central Midlands; Avon; Central East Wheatbelt and Wheatbelt South). Each sub region has unique economic and population drivers. The region is serviced by five sub regional centres (Jurien Bay, Merredin, Moora, Narrogin and Northam) with over 200 towns and settlements spread across 155,256 square kilometres, governed at a local level by 43 local governments.

With a population of 74,000, the Wheatbelt is the third largest region in the State after the Peel and South West. It is highly dispersed population and as there is no one dominant regional centre. All five sub regional centres service a broad hinterland.

Agriculture remains the dominant industry, producing 35% of the Western Australia's total value of agricultural production, by far the largest producing region in the State. The sector employs 25% of the region's population. Recent growth in mining, manufacturing, construction, transport, public administration, education and health has resulted in a more diversified economy.

A key characteristic of the business profile in the region is the predominance of small business (employing 0-19 persons). The region is home to approximately 3.3% of the State's population, yet supports 5.2% (nearly 10,000) small businesses. This is the second highest rate of small business in the State after the South West.

The Wheatbelt's unemployment rate is consistently below the State, with a rate of 2.5% giving the region the third lowest rate after the two mining region's of Pilbara (2.1%) and Goldfields Esperance (2.2%).

The region has extensive infrastructure with major transport, water, energy and telecommunications networks cross the region. Innovative approaches will be required to address aging and not fit for purpose infrastructure. Access to global market is via key infrastructure in Perth, the South West, Mid West, Goldfields Esperance and Great Southern

The region has a high percentage (30%) of low income earners (income below \$21,000) compared to the State 26%. It is anticipated that this percentage will grow as metropolitan residents seek affordable living options.

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 done for the shire and sub-regional for the Needs Studies, provided separately 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. A population of 7,646 will have increased to 13,400 by 2027, moving from 10.4% of the total population to around 17%

Those parts of the Wheatbelt experiencing static population or overall decline will find it more difficult to maintain social infrastructure and services for the whole community while at the same time having to intensify their focus on the provision of aged care. This is leading to uncertainty and socio-economic disadvantage, highlighted especially for communities in the eastern half of the Wheatbelt. A major initiative of the Western Australian Government, the WACHS Southern Inland Health Initiative (WACHS-SIHI), funded by Royalties for Regions, seeks to address some of these issues.

The highly dispersed nature of the Wheatbelt's population creates many challenges for federal, state and local governments, the community and service providers. The response to these challenges will require innovative infrastructure and service delivery investment and funding models. Although this report focuses on the solutions for the provision of aged support and care, these solutions should be integrated with coordinated strategies addressing the other socio-economic challenges facing the Wheatbelt.

In 21 interviews with families caring for aged people, Bernoth, Dietsch and Davies (2012) found that difficulties in accessing local aged care “caused many to experience loss, loneliness and a sense of social disconnectedness. The affected rural older person is exiled from their home community only to return to be buried. There are implications for the family and the rural community who are distanced by kilometres, transport and finances and, more significantly, by the emotional ties that bind families, friends and communities”.

The authors concluded that: “The sense of exile is felt not only by the person moving away but also by their family, friends and neighbours. For this reason, rural residential aged care service delivery should be based on the identified needs of the older person and those who love and care for them”.

Sheer economic reality indicates that access to high standard residential aged care in the Wheatbelt is becoming increasingly problematic due to high capital costs and necessary scale of operation. This project has allowed close examination of the issues involved and will propose a different approach in meeting the support and care needs of older people in the Wheatbelt. The range of actions proposed has the objective of allowing people to remain in their communities with improved access to support and care when needed. However the focus of that support and care will be where people ultimately prefer to have it – in the community and at home.

Identifying the ‘needs of older person’ in the Wheatbelt is fundamental to the preparation of the Wheatbelt Integrated Aged Care Plan presented in this report. How well these identified needs are addressed will be the measure of the plan's effectiveness and success.

2.2 Project Brief

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

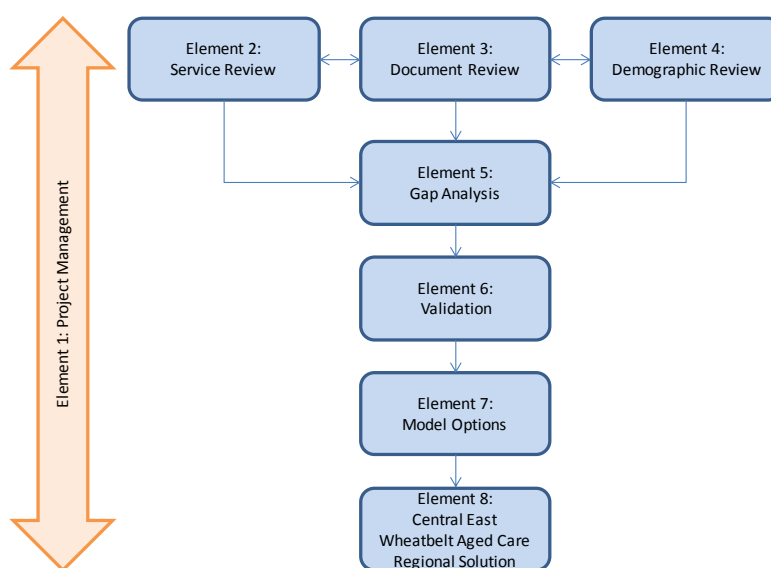
Development Commission engaged Verso Consulting to develop Integrated Aged Support and Care Solutions for the Wheatbelt Region.

In April 2012, a project to develop a Central East Wheatbelt Aged Care Regional Solution covering 11 local governments was commissioned. This was followed by a further project to develop solutions for the remaining thirty two local governments in the Wheatbelt plus Woodanilling as it was part of the 4WDL sub-region. Both projects involved stakeholder, community and provider consultation, demographic analysis and gap analysis in relation to aged care issues and needs.

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 Southern Inland Health Initiative, 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.

This report comprises Element 8 of the Wheatbelt Integrated Aged Support and Care Solutions Project which had a staged approach as shown in the project diagram below:

Figure 1: Project Diagram



It must be emphasised that this report builds on the findings of the research activities, which have been tested and validated by a broad range of stakeholders. Further detail regarding research activities and outcomes, service level data, demographics and gap analyses are available in forty three local government and seven sub-regional Needs Studies produced for this and the earlier CEACA project.

This final report synthesises the findings from the Central East and remaining Wheatbelt projects and recommends actions that provide potential solutions to the aged care issues facing the Wheatbelt. The report gives clear direction on how Wheatbelt shires can develop or facilitate community and infrastructure initiatives and seek service level solutions to address the urgent need for aged care support, housing, services and facilities in the region.

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

The solutions recognise the interface with the health system and in particular the reform agenda of the Royalties for Regions funded Southern Inland Health Initiative. They also identify the quantity and quality of community aged care and residential aged care that will be required over the next decade. Further, they build on and make best use of existing community capacity, services and infrastructure to address the urgent need for aged care services and accommodation in the Wheatbelt.

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.

2.3 Sub-regional structure of the project

Eight sub-regions in the Wheatbelt have been adopted for the purposes of managing this project. They are:

- Avon Regional Organisation of Councils (AROC): Chittering, Dowerin, Goomalling, Northam, Toodyay and Victoria Plains LGAs
- Central Coast and Central Midlands (CC&CM): Dalwallinu, Dandaragan, Gingin, Moora and Wongan-Ballidu LGAs
- Dryandra: Narrogin Town & Shire, Pingelly, Wandering and Wickepin LGAs
- 4WDL: Dumbleyung, Lake Grace, Wagin, West Arthur, Williams and Woodanilling LGAs
- Roe Regional Organisation of Councils (ROEROC): Corrigin, Kondinin, Kulin and Narembeen LGAs
- South East Avon Voluntary Regional Organisation of Councils (SEAVROC): Beverley, Brookton, Cunderdin, Quairading, Tammin and York LGAs
- Wheatbelt East Regional Organisation of Councils (WEROC): Bruce Rock, Kellerberrin, Merredin, Westonia and Yilgarn LGAs
- North Eastern Wheatbelt Regional Organisation of Councils: Koorda, Mt Marshall, Mukinbudin, Nungarin, Trayning and Wyalkatchem LGAs

The latter two regions have been combined and considered together as the Central East Aged Care Alliance (CEACA).

2.4 Principles underlying the proposed solutions

2.4.1 Guiding principles

A series of guiding principles were suggested by the consultants to support decisions and the priorities of the Wheatbelt Aged Care Solutions. These 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

- Convenient access for family and friends, strong community within the facility/service, familiar staff builds confidence for the older person and for their family/friends, maintenance of community connections and being a valued member of their community.

Principle 3: Community's sense of ownership

- Builds trust, builds community capacity (economic/social assets), community cohesion, social capital, iconic, provides point of access to information, the role of facility as a hub.

Principle 4: Focus on the person

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

Principle 5: Choice

- Older persons must be provided with options that maximise their capacity for independence and self determination.

Principle 6: Equitable access

- Inclusiveness 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 future service development; training/staff/innovations/buildings (b) security of tenure (c) capacity to maintain staff and retain organisation learning and intelligence.

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.

2.5 The four planks of aged support and care

The integrated Wheatbelt Integrated Aged Care Plan draws on the research phases of the project and reflect the aspirations of community members to maintain independence and remain in their local community as they age for as long as possible. The solutions have been developed with direct reference to contemporary policy and leading practice and consider the practical issues of funding, workforce and infrastructure requirements.

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:

- Continued development of age friendly communities.
- Further development of older persons housing

- Extending community aged support and care (mainly Home and Community Care (HACC) support and Home Care packages)
- Reshaping residential aged care

Each plank of the solution could be instituted without the other; however by layering one upon another, each plank supports the next with ever increasing impact and inherent synergies. The first three planks are readily susceptible to local action or influence and therefore offer a path to a level of local empowerment.

Figure 2: Four planks of aged support and care



2.5.1 Age friendly communities

One of the most effective ways to create a strong community is to adopt an age-friendly approach to planning at the local level. As the ageing population increases, there is a greater priority for local communities to accommodate the lifestyles of seniors in the community. To support the needs of every WA senior, whether they are 60 or 90, a community must be age-friendly.

The World Health Organisation's Age-friendly Communities concept is part of an international effort to prepare for the ageing of our community.

An age-friendly community is one which:

- Recognises the great diversity among older people
- Promotes their inclusion and contribution in all areas of community life
- Respects their decisions and lifestyle choices
- Anticipates and responds to ageing-related needs and preferences.

An age-friendly community benefits everyone in the community, not only older people, as it creates a culture of inclusion enjoyed by people of all ages and abilities.

The Western Australian Department of Health also supports the foundational concept of Age Friendly Communities as detailed in a discussion paper on the Model of Care for the Older Person in Western Australia². The Department of Health have articulated the following aspiration: "Independence, well-being and quality of life for

² Aged Care Network, Discussion Paper Model Of Care For The Older Person In Western Australia, Department of Health, 2007
Discussion_Paper_Model_of_Care.pdf

each older person in Western Australia through responsive health and aged care services and supports across the continuum of care”. Elements in particular relative to community level planning are:

- A greater emphasis on the phases of the ageing process
- The need to promote healthy ageing as an important part of the continuum of care
- Inclusion of the “Age-friendly principles and practices” as the foundation for the model of care

The WA Local Government and Communities Department has developed a framework and materials to support the planning and implementation of age friendly communities and some local governments in the Wheatbelt have formally entered into planning processes. The state government has a State Seniors Strategic Planning Framework (2012 - 2017) entitled ‘An age friendly WA’.

2.5.2 Second plank: age appropriate housing

The issue of housing is often considered under the first plank of Age Friendly Communities. However, in this study, it is seen as a particular area of focus, which is central in its own right to ageing in community and it can also facilitate the subsequent plank of delivery of in Home Care and other in home support.

Most shires reported waiting lists for available older persons housing, while population projections imply escalating demand. The existence or otherwise of waitlists can be influenced by the nature of housing available. There is major activity being undertaken in respect of older persons housing in some local government areas, however it is crucial that activity in this area is undertaken with a consciousness that housing is likely to be a crucial component of overall aged care delivery.

Local housing associations may or may not be able to deal with an increasing demand nor have plans, resources and space to do so. Where shires are involved or need to take leadership they will be understandably reluctant to assume all the burden of assessing, planning and facilitating the building of required housing. This role will need to be shared and/or supported with new resourcing. Varied ownership options need to be examined to meet the range of older people who may be seeking appropriate, well located housing.

2.5.3 Third plank: Community aged care – support and care at home

The overwhelming preference of older people and their families is for support and care to be provided at home. Across Australia over 35% of older people receive support and care this way compared to less than 10% who may require Residential Care. It is important to remember that aged care at home can, and does, cater for all care needs levels including dementia. Much palliative care is also provided at home.

There is a continuum of support and care available under the HACC and Commonwealth Home Care programs supplemented by a well developed Respite Care program to support carers. The issue for the Wheatbelt is whether these programs are widely accessible and efficiently delivered.

A challenge also lies in the fact that widely dispersed delivery of high quality Residential Care is now very problematic in many Wheatbelt areas. Thus the role of quality Home Care is likely to assume increasing prominence.

2.5.4 Fourth plank: Residential aged care

Residential aged care is a combination of accommodation and care. The Commonwealth is responsible for funding and oversight of Residential Care with the accommodation side essentially paid for by the resident through upfront and/or

continuing accommodation charges (means tested). The care which is funded is broadly equivalent to the care funded for Home Care. Changes at the national level mean that Residential Care is likely to be only for high care in future, which calls into question the continued viability of many of the Wheatbelt's low care "lodges" or "hostels". The main issues which arose in this project for Residential Care centre on:

- The unviable scale and outdated fabric of many current facilities (MPS sites in particular)
- The difficulty in providing appropriate staffing to provide quality aged care and also provide urgent acute services at MPS sites
- The absence of non government providers through large areas of the Wheatbelt

A need remains for quality residential aged care in the Wheatbelt which begs the question of who will invest in updated facilities and where. The scale of investment needed to fully meet current and future residential demand and refresh MPS facilities is likely to be over \$200 million within 15 years. On the basis of current thinking in the sector, this is unlikely to be forthcoming. Alternative strategies will be needed.

2.6 Ageing in Place

'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.

'Ageing in place' means different things to different people and has been interpreted very specifically within particular government-funded programs and services. The *Aged Care Act 1997* has an objective "to promote ageing in place through the linking of care and support services to the places where older people prefer to live."³ The objective can relate to individuals who wish to remain in their own home with the aid of additional support services as well as residing in a residential facility and continuing to live in the same place or facility when their care level changes.

Consultations undertaken by Verso Consulting with 138 'well elderly' between 2007 and 2010 revealed that respondents want to stay in their local community. Community is clearly interpreted as a geographical area. The statement "I want to remain in my home" is possibly an abridged statement meaning "I want to remain in my community". However, the reasons surrounding any possible move are so complex that they are not easily described. The evidence points to these complexities being a combination of the older person's judgments regarding the suitability and availability of property in their local community, concerns over family expectations, a deep desire to stay connected to familiar surroundings and the people and networks that have made up the rhythm of life for many years⁴.

For the purposes of this Project, the authors have defined 'ageing in place' within a broad context as it refers to a growing preference for people to remain living in familiar surroundings as they grow older and a desire for services to come to them rather than a need for them to alter their place of living. This is particularly pertinent to individuals who live in regional or remote areas where they have strong affiliations within rural townships or remote communities.

³ Attorney Generals Department. Aged Care Act 1997, Act No. 112 of 1997 as amended on 21 September 2009.

⁴ Unpublished papers Verso Consulting 2007, 2009, 2010

2.7 Early Access to Aged Care

There is a positive effect of providing small amounts of community care for people at a range of dependencies, including high dependency clients. Howe, Doyle & Wells argued that “if admission to residential care is to be delayed, needed services have to be accessed well in advance so that the trajectory of functional decline can be moderated over a longer period.” They also noted that “leaving service provision until a later stage of functional decline could mean that too little could be provided, and too late, to avoid admission”.

Small amounts of services were also found to be effective in restoring functional decline and more generally protective against a range of adverse outcomes. Specific allied health interventions were among those for which there was strong evidence of positive outcomes.

Recommendations from the research are:

- Targeting in community care should focus on provision of small amounts of services to a large number of clients and extend the coverage of moderately and highly dependent clients who currently receive no services
- Access to higher levels of service needs to be managed selectively so that access to higher levels of services and more costly services, including case management, is more clearly related to the outcomes being sought.

2.8 Critical assumptions in the Wheatbelt Integrated Aged Care Plan

Verso Consulting has made the following critical assumptions when developing its solutions in the Wheatbelt Aged Care Plan. These assumptions apply broadly to the delivery of aged care services but also provide some insight into rural aged care. They are:

- All people have the right to choose where they age, including the right to age in their own home.
- A functional aged care system reduces avoidable hospitalisation of older people.
- The social and physical inclusion of older people in rural communities will add to individual wellbeing and community sustainability.
- Sustainable rural/remote aged care models can be adapted for the Wheatbelt.
- ‘Aged care’ includes appropriate dementia care.
- Addressing the region’s deficit of specialist dementia support must be a critical element of the plan.

3 Context

3.1 Aged Care Policy

There are significant changes taking place in policy and programs for health and aged care. These changes will impact on proposals developed through this project in the immediate, mid and long term. Key aspects of these policies are addressed below.

2.1.1 Aged Support & Care Essentials

The 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 has been led for many years by the Commonwealth Government and it provides most of the funding in this area. The HACC program, on the other hand, has traditionally been a joint Commonwealth/State program administered by States. However, recent reforms have seen the Commonwealth, by agreement, assume responsibility in this area as well (except for in Western Australia). It is likely that HACC in Western Australia will also be devolved to the Commonwealth at some point.

The overall government aged support and care system involves:

- Commonwealth/State funding to contracted providers of HACC to meet assessed client needs in target populations (aged and disability in WA)
- recurrent Commonwealth funding to 'Approved Providers' to meet aged care needs in identified regions (e.g. Wheatbelt). This may be for Residential or Home Care.
- co-payments by care recipients (based on capacity to pay)
- periodic competition among Approved Providers for additional recurrent funding to meet unmet needs (growth)
- support and care delivered through recognised programs e.g. HACC, Residential Aged Care, Home Care, Carers Respite & Support, Veterans Home Care etc.

Access to support or care

Older people who may be in need of support or care can seek to have a HACC assessment either through a Regional Assessment Service or an assessment for Commonwealth Aged Care by an Aged Care Assessment Team (ACAT). Families or older people may self-refer or, typically, a doctor or other health worker may refer. The best avenue of approach has previously been via a Commonwealth Respite and

Carelink Centre, although the Commonwealth has now established a 'Gateway' for aged care via the myagedcare.gov.au website and a toll free number: 1800 200 422.

If an older person is assessed as eligible for support or care, they are normally given details of local support or care providers. It is then a matter for the client or family to find a provider that has the available capacity to deliver the form of care sought. An aged care assessment is effectively the entry qualification for a given level of support or care, but it is entirely the choice of the client or family as to the type and nature of service sought. An assessment does not oblige the client to accept any particular care or support and certainly does not imply automatic entry into residential care, a fear of some older people.

Aged care providers

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 provides a level of residential aged care at Multi Purpose Services (MPS) sites or hospitals.

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 substantial in home care level 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, Baptistcare. The number of packages held by these services (249) far outweighs those held by WACHS (64). The total number of funded places for this aged care is currently quite high in the Wheatbelt (313).

Funding levels

Funding to Approved Providers of Commonwealth Home Care is 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 wider spread HACC program averages around \$3,500 per client.

Apart from the accommodation component, funding for Residential Care is normally provided according to the assessed need 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.

Planning for needs: Commonwealth aged care

For many years the Commonwealth has made recurrent funding available to Approved Providers on a competitive tender basis. Every 12 or 18 months it has released funding for aged care "places", both residential and home care, according to planning ratios. Those ratios are based on the 70+ aged population of a particular region; the Wheatbelt is one such Commonwealth planning region.

Before the recent aged care reform process, the Commonwealth made recurrent funding available for 88 Residential Care places and 25 Home Care places (formerly Community Aged Care) per 1,000 people aged 70+ in a region 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 towards aged care at home. This trend is reinforced by consumer and provider preference. In recent years it has been a common experience, especially in WA, that funding bids by providers for Home Care places have been vastly oversubscribed, while bids for Residential Care places substantially undersubscribed.

The Commonwealth can release more of one type of funding if the other is falling under ratio in a region, and this appears to have been the case in the Wheatbelt. The current provision of operational Home Care places is well above ratios, while there are many fewer Residential Care beds than ratios would suggest are needed.

3.2 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 new framework for funding public hospitals and an investment of an additional \$19.8 billion in public hospital services over a decade
- a focus on reducing emergency department and elective surgery waiting times
- increased transparency and accountability across the health and aged care system
- 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.

3.3 Southern Inland Health Initiative

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 Southern Inland Health Initiative is a centrepiece of the State Government's spending on country health and is funded under the Royalties for Regions program. This initiative aims to improve medical resources and 24-hour emergency coverage in the area. It seeks to:

- deliver safe and effective emergency services and good access to general practice

- put private GPs back into country towns, supported by visiting specialists and health practitioners backed up by 'e-technology' such as telehealth
- provide better support to nurses who, due to the lack of doctors in this region, carry greater responsibilities.

Providing sustainable private general practice is the cornerstone of this initiative. GPs in the country provide care in their surgeries and emergency care and inpatient care in hospitals. The State will work with the Commonwealth to support a new medical model in these district centres.

WACHS-SIHI includes six streams:

- District Medical Workforce Investment Program (\$182.9 million) to significantly improve medical resources and 24-hour emergency response across the districts
- District Hospital and Health Services Investment Program (\$147.4 million) to provide major upgrades at six district hospitals. Funding will redevelop and enhance the campuses at Northam, Narrogin, Merredin, Katanning, Manjimup (Warren Hospital) and Collie. Recurrent funding of \$26 million will also be provided under this program to boost primary health care services across each district
- 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. Capital funding will be made available to boost primary health services for communities that opt in
- Small Hospital and Nursing Post Refurbishment Program (\$108.8 million) will provide a capital works program for small hospitals and nursing posts to be refurbished or, if required, rebuilt to enable delivery of health care services that will match the needs of their communities.
- 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

A particular focus under WACHS-SIHI is Primary Health Care, with the emphasis placed on the role it plays in supporting healthy communities.

Practical impacts include:

- new positions recently filled to help roadmap health care pathways for patients with chronic health conditions. The new Primary Health Care integration services work in the Western, Southern and Eastern Wheatbelt and the Central Great Southern Health Districts. The services will improve patient care and support general practitioners in regional areas
- the recent awarding of a contract to Silver Chain to provide three nurse practitioners to Katanning, Northam and Narrogin as part of SIHI. The nurse practitioners will play a critical role in helping people access care in their communities, reducing unnecessary hospitalisation and boosting primary health care services and advice. This follows the success of a Nurse Practitioner in her work across the Eastern Wheatbelt
- a strong focus by the new nurse practitioners on chronic conditions, aged care and mental health. This will forge close links with the local hospitals and support the role of GPs already servicing the community

- extension of an Aged Care Nurse position in the Eastern Wheatbelt following a successful trial in which waiting periods for Aged Care Assessment Team assessments were reduced from four weeks to 10 to 14 days.

3.4 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 reform includes the development of an overarching framework within which all community care programs operate. The framework will seek to achieve consistency across all community care programs in the following key areas:

- assessment for need and eligibility
- access to services
- eligibility criteria
- a common approach to determining fees
- accountability
- quality assurance
- information management and data collection
- planning.

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.

Reform of the WA HACC Program to improve eligibility screening, assessment, coordination and service delivery processes has been underway for a number of years. This reform has been guided by WA and national policy initiatives and projects including:

- National HACC Framework for Assessment (1995)
- WA Community Care Classification Project including the development of the WACCC-PAF (1997)
- WA HACC Assessment Strategy including the development of the WA HACC Needs Identification (HNI) instrument (2003)
- The release of the report, 'A New Strategy for Community Care: The Way Forward' (2004)
- Implementation of the Wellness Approach incorporating the key strategy of face-to-face wellness focused assessment (2006)
- Model of Care for the Older Person in Western Australia developed by the Aged Care Network (2007).
- Building on the reform work undertaken nationally and at the local level, over the past few years the WA HACC Program developed the Assessment Framework – Service Redesign document. It is being used to guide the future direction of HACC assessment and service delivery in WA and to reform the broader community care sector.

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.

Wellness is based on the principles that people want to retain autonomy and build capacity, which in turn has a positive impact on their self esteem and ability to manage day-to-day life. In this context, independence is not limited to physical functioning but extends to social and psychological functioning.

It is an important philosophical change in the thinking behind and delivery of HACC services in WA. The WA HACC service sector will be supported to develop and implement service models that build capacity by actively working with the client to:

- prevent loss of independence by focusing on the retention of existing skills
- focus on regaining skills and a subsequent increased level of independence and well-being.

This service model is more conducive to the emerging trends in health care and consumer advocacy, and is in contrast to a service model focused on continuing or increasing dependence on services.

These reforms, when applied to the HACC program in the Wheatbelt, will significantly impact on the current service types, service levels and geographic spread of services. Across Australia the HACC program commonly services a large number of people with very modest service levels. HACC is generally provided as an entry level service in the aged care system. It works best when there are one or two well targeted services.

When reformed, the Wheatbelt HACC program is more likely to reflect this service profile. The reforms may also create the opportunity to review the current contracts for HACC, raising the possibility of alternative providers bidding to provide services.

A well functioning HACC service that is available to assessed and eligible residents of the Wheatbelt will facilitate better access to information and a greater likelihood that other aged care services will be accessed when required. This, of course, will require the development of a fully functioning community aged care sector with the capacity to service recipients in townships and in rural locations.

3.5 Aged Care Reforms

The most significant reform in aged care since the establishment of the Aged Care Act 1997 has now been implemented. It was detailed in the Commonwealth Government's Living Longer, Living Better – Aged Care Reform Package May 2012. This package responds to the Productivity Commission's enquiry into Aged Care and involves a range of reform measures. The reforms include:

\$955.4 million to help people to stay at home through:

- an integrated Home Support program (Commonwealth version of HACC)
- more Home Care packages with new levels of packages
- greater choice and control through Consumer Directed Care available across all new Home Care packages
- fairer means-testing arrangements for Home Care packages

\$54.8 million to help carers access respite and other support

\$660.3 million to deliver better residential aged care through:

- more residential care facilities to be built

- supporting the viability of services in regional, rural and remote areas
- trialing Consumer Directed Care in residential aged care
- strengthening means testing for residential care by combining the current income and asset tests
- establishing a new Aged Care Financing Authority
- improving the Aged Care Funding Instrument

\$1.2 billion to strengthen the aged care workforce

\$39.8 million to support consumers and research through:

- empowering consumers through advocacy
- better connecting the lonely and socially isolated
- improving the knowledge of older people's care and support needs

\$80.2 million to ensure better health connections through:

- complex health care
- multidisciplinary care
- service innovation.

\$268.4 million to address dementia including:

- a new Dementia Supplement in home and residential care
- improved hospital and primary care
- increased focus on people with younger onset dementia
- reducing the time between symptoms and diagnosis.

Increases in Home Care numbers and types

The Living Longer Living Better policy documents note that the Government currently funds more than 58,000 Home Care packages. Demand for these packages far outstrips supply, leaving many people forced to wait a long time for care. The Government is to greatly increase the number of Home Care packages available across Australia over the next 10 years – more than 80,000 new packages by 2021–22. The Government is committing \$880.1 million over the next five years to expand care in the home, whilst simultaneously reducing the emphasis on residential care.

These reforms are intended to enable older Australians to get the help they both need to remain living in their own homes for as long as possible.

The current processes in place for supported access to aged care, the types/names of services available, and even the provision of support for people with dementia, will all change during the implementation of the aged care reforms.

Firstly, there is the amalgamation of the former CACP (Community Aged Care Package), EACH (Extended Aged Care at Home) and EACHD (Dementia) into Home Care Packages. These packages will be provided along a Level 1, Level 2, Level 3 and Level 4 continuum, with Level 4 being like the old EACH and Level 2 being CACPs. The expansion of Home Care packages will include two new types of packages: Level 1 for people with intermediate care needs and Level 3 one for people with basic care needs. New fee arrangements will be implemented, including a cap on costs, so that full pensioners will pay no more than the basic fee.

An additional dementia supplement (10%) applicable to the care level finding will enable the provision of support for people with dementia behavioural issues whatever their physical care needs.

Dementia support

Further support will be provided to people with dementia by:

- expanding the scope of Dementia Behaviour Management Advisory Services (DBMAS) to include support for people with dementia in primary care and hospitals. Health professionals will be better able to support people with dementia presenting with behavioural and psychological symptoms
- supporting GPs to make a more timely diagnosis of dementia, allowing opportunities for earlier medical and social interventions, reduced risk of premature admission to aged care services and reduced hospital admissions

The current federal government also foreshadowed, in its pre-election policy, \$40m per year over five years to support dementia research.

3.6 Change of 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 August 2013.

3.7 Implications of Reforms 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.

3.8 Other Aged Care 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.

3.8.1 Aged care in WACHS health service plans

It was noted by the service plans that in the Wheatbelt:

- More resources are needed to enable more timely aged care assessments in the hospitals and the community.
- There is little choice of alternative care and respite services for the community and carers.
- More local community supported accommodation and respite services are needed for aged care and disability services.
- Greater flexibility in HACC services is needed.
- Community packages are available but not fully funded and not a flexible service.

District level plans

Particular district service plans included the following relevant recommendations or observations:

- Develop an aged care focused sub-acute service, including sub-acute beds, located in Northam for (Western) Wheatbelt residents to enable rehabilitation to be provided closer to home
- Implement processes to ensure allied health assessment of older people with an acute illness and who are inpatients to prevent functional decline.
- Increase FTE to decrease the waitlist and meet the projected demand for ACAT services due to an ageing population.
- Increase access to visiting geriatrician services and review what specialist follow up care could be provided by videoconferencing.
- Develop capacity to provide appropriate accommodation for people requiring respite and/or transitional care to meet the need in the Western Wheatbelt.
- Increase access to respite care either through HACC in home respite, Moora or private aged care provider (e.g. proposed Jurien Supertown Lifestyle village at Jurien).
- Consider greater access to community aged care packages where there is an identified need and explore the potential for transfer of HACC to a nongovernment provider.
- Many MPS sites would not meet the Commonwealth Aged Care Standards for care or facilities

- Older people make up the majority of inpatients in the acute ward at Narrogin Hospital and in the smaller district hospitals. The high care beds in the smaller hospital sites are often not fit for purpose.
- More resources are needed to enable more timely Aged Care Assessments in the hospitals and the community to be conducted.
- There are no sub-acute aged care services / beds at Narrogin Hospital and not enough activities and therapy to prevent functional decline for patients or aged care residents accommodated in the smaller hospital sites.
- There are very limited overnight respite beds and limited extended aged care packages to support people living with high care needs at home.
- Acute care beds are being used as respite beds.
- Lifestyle activities for aged care residents in the small hospitals are limited.
- There are no available dementia specific residential care facilities in the Eastern Wheatbelt.
- There is a need to explore options with local government to provide independent living units (supported and unsupported)

3.8.2 Regional Development Australia Wheatbelt strategic regional plan

Regional Development Australia revised its Wheatbelt strategic plan in September 2013 and it is now the *Wheatbelt Regional Plan 2013-2018*. In its commentary on aged care in the region it says:

“Aged care service provision is at present the core business of many small hospitals in the Wheatbelt, as a result of the Multi-purpose Services (MPS) program. The MPS program allows rural communities to pool Commonwealth and State health and aged care funds within a designated geographical area, creating opportunities to coordinate community health and aged care needs.

The effectiveness of the MPS model is often questioned and is anecdotally attributed to some of the inadequacies of aged care service delivery in the region. The lack of dementia care facilities (currently only 45 beds across the whole of the region), respite beds, accommodation and funding for health care professionals are other significant issues impacting on aged care provision in the Wheatbelt.

There is already significant pressure on aged care infrastructure and services in the Wheatbelt and this will continue to increase according to population projections that suggest by 2026 1 in 4 people in this region will be over the age of 65 (Western Australian Planning Commission, 2012).

In April 2013, the Shires of Merredin, Bruce Rock, Mukinbudin, Wyalkatchem, Kellerberrin, Koorda, Mt Marshall, Trayning, Nungarin, Westonia and Southern Cross forming the Central East Aged Care Alliance (CEACA) launched a collaborative regional solutions report into aged care in the sub-region. The unprecedented inter-shire cooperation has allowed a more strategic and focused response to the unique and growing demands for aged care services.

The initial successes of the Central East Wheatbelt Aged Care Regional Solution/s Report have created wider interest across the region, with the next phase now conducting research and community consultations for an Integrated Wheatbelt Aged Support and Care Solutions across the entire region.”

The RDA identifies implementation of solutions arising from this current project as a priority for planning in the region.

4 Comparative analysis of care services in Wheatbelt sub-regions

4.1 The approach in this section

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.

This section provides an overview of the current situation in relation to direct support and care for older people. It also considers the likely demand trajectory for formal services and highlights the main areas of challenge for each sub-region. Because sub-regions are themselves not equal in service provision or unmet needs, the analysis refers to individual shires where there are significant distinguishing features in need of identification.

The main focus here is on the provision of support and care at home, care in a residential facility and care as respite for carers. However the provision of age friendly communities and age appropriate housing are also key factors in support of older people, with the former subject to state government promotion and support. Shires such as those in 4WDL sub-region and Moora Shire have already embarked on research into 'age friendliness' and are developing/implementing strategies—this area of aged support must be strongly pursued as part of a comprehensive strategy. However this project has not closely analysed the existing 'age friendliness' of shires and thus a comparative analysis is not possible.

Similarly, while a level of information concerning age friendly housing has been gathered, there has not been enough consistent data available concerning the availability of suitable stock and projected unmet demand to make a meaningful analysis at this time. More focused research would be advisable in the course of a necessary broader strategic program to address this aspect of aged support.

It should also be noted that programs of recognition and support for carers, apart from care as respite, need to be well developed and broadly available to help maintain them in their vital role.

4.2 The broad picture in funded support and care

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

HACC is a widespread program supporting older people to remain independent at home. After an individual assessment establishes a support need, HACC provides assistance to address specific areas of need to enable an older person to remain at home. An estimate of average funded value per client per year is around \$3500, although the value in each instance can vary widely according to the form of support provided. A considerable proportion of HACC is provided in group programs or services such as transport or day centre activities.

Home Care (Commonwealth) provides a package of care to an older person at home who has been assessed as needing support above what is generally available under HACC. The package of care is flexibly developed under a jointly prepared care plan that is subject to a home care agreement between the provider and the consumer. The funding for the package is at the equivalent level of that provided in Residential Care. The value of home care packages can range from \$7,501 per annum to \$45,607 depending on assessed care needs. A range of supplements can also be paid and include a 10% additional allowance to cover care for people with dementia.

From 1 July 2013, all new Home Care must now be offered on a 'consumer-directed' basis. This enables consumers, who include family members, to choose that the funding for the package of care be held in a personal account by the provider and used to provide them with the care they request.

A means tested co-payment by the consumer is required for the care.

Residential Care provides for accommodation as well as care. Accommodation costs are essentially the responsibility of the resident although there is supplementation available from the Commonwealth if the person does not have sufficient means to meet minimum payment requirements.

Additional accommodation payments are made as a 'contribution' if people can afford to pay some of their costs or, if the resident has higher means, as a 'payment' in the form of a refundable lump sum (formerly a 'bond') or daily payment. Accommodation contributions or payments now apply for all care levels as the former high care/low care distinction has been removed.

Care subsidies and care levels are broadly comparable with those for Home Care.

Carers Respite is a substantial Commonwealth program providing support for carers. Its main focus is to provide respite by looking after the person needing care while the carer has a break. Depending on the on-ground services available, the program funds respite at home (day or overnight), in special houses, (cottage respite) at day centres (day respite) or in residential care facilities. As an example of the level of support available, the program will fund up to 63 subsidised days of residential care per year if assessed as eligible by an Aged Care Assessment Team.

4.3 The overall Wheatbelt picture

4.3.1 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.

HACC is most commonly delivered from WACHS facilities but with some significant examples of delivery by local government. There are acknowledged constraints on the delivery of HACC by WACHS in a number of places, largely due to workforce limitations and the need to meet 24/7 staffing rosters and to provide for community-based service delivery. Nevertheless community feedback generally acknowledges the important role played by HACC. Where MPS sites deliver HACC it is often boosted by the folding in of funding received for Commonwealth Home Care (formerly Community Aged Care). This has the effect of boosting budgets for HACC but obscures the community's awareness of the separate Home Care program.

4.3.2 Home Care

At this point there is a relatively generous allocation of funding for Home Care places in the Wheatbelt. Commonwealth service provider lists (for its Wheatbelt region which includes Boddington) 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 places by 2022, based on the increased planning ratios and the rapid growth of the 70+ population. The following tables show the current allocation of funded places for Home Care:

Table 1: Non MPS Home Care Providers - Commonwealth Wheatbelt allocated packages

Operated from	Low care	High care	High care dementia	Provider
Boddington	8			WA Country Health Service
Girrawheen	11			Baptistcare Inc.
Narrogin	6			Silver Chain Nursing Association Incorporated
Narrogin	19			Town of Narrogin (Narrogin Community Aged Care)
Toodyay	4	2		Perth Home Care Services
Northam	33			Share & Care Community Services Group Incorporated
Northam	5			Silver Chain Nursing Association Incorporated
Northam	10	31	12	Uniting Church Homes
Toodyay	10	10		Regional Home Care Services Inc.
Toodyay	31	16	7	Silver Chain Nursing Association Incorporated
Wagin	4			Shire of Wagin
Welshpool		16	7	Baptistcare Inc.
Wickepin	2			WA Country Health Service
Williams	5			WA Country Health Service
Total	148	75	26	

Sources: DoHA Aged Care Services List 2012; ACAR 2012 Allocations

Table 2: MPS funded Home Care - low care

MPS Service Name	Location	Low care
Beverley MPS	Beverley	5
Bruce Rock MPS	Bruce Rock	2
Corrigin MPS	Corrigin	2
Cunderdin/Meckering/ Tammin MPS	Cunderdin	3
Dalwallinu MPS	Dalwallinu	3
Dandaragan/Moora MPS	Moora	7
Dumbleyung MPS	Dumbleyung	1
Eastern Wheatbelt MPS	Merredin and multiple sites	23
Kondinin/Kulin MPS	Kondinin	4
Lake Grace MPS	Lake Grace	2
Mortlock MPS	Wongan Hills	5
Quairading MPS	Quairading	2
York MPS	Daliak	5
Total		64

Sources: DoHA Aged Care Services List 2012; ACAR 2012 Allocations

4.3.3 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 AROC sub-region and the 4WDL sub-region. CEACA is also well below indicated bed requirements. However in the SEAVROC sub-region the number of beds is well above planning ratios, while available beds in Dryandra are somewhat above ratios. ROEROC currently has around the number of beds required under the planning ratios.

While not seeking to play down the difficulties that result from bed shortages in the Wheatbelt, it must be seen in the context that Western Australia as a whole has a significant shortfall in residential beds with little recent interest by providers in building new facilities or expanding existing ones. This may now change with the recent aged care reforms that should improve the economic operating environment for residential care; however even these changes will still probably require a scale of operation above the demand level commonly seen in the Wheatbelt. There are some exceptions to this are identified below.

The growing population of older people in the Wheatbelt signals a large future bed shortage overall and the need to deal with it in all eight sub-regions. The following table depicts the current situation and the projected growth requirements:

Table 3: Wheatbelt residential beds summary and growth estimates

Sub-region	Currently Available	2011 planning ratio target	2027 planning ratio target
AROC	97	185	350
CC&CM	44	115	305
CEACA* (excl. Naremben)	71 (funded)	76	112
Dryandra	92	80	127
4WDL	32	54	104
ROEROC (incl. Naremben)	37	35	55
SEAVROC	123	88	151
Boddington	10 (WACHS funded)	10	24
Total	479	643	1228
* Dryandra Lodge was approved for a further 21 beds in the 2012/13 Aged Care Approvals Round			

Sources: DoHA Aged Care Services List 2012; ACAR 2012 Allocations

4.3.4 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.

Respite Care is a vital component of the aged support and care regime put in place by the state and federal governments. It is particularly important in maintaining the role of family carers by giving them time for other daily activities or for taking a break from caring duties. The current levels of available respite will need to be supplemented to allow for a greater emphasis in care at home, both as the normally preferred means of aged support and care and as the most likely way forward in the Wheatbelt. This will be discussed in more detail later in a later section of this report.

*Table 4: Current Wheatbelt Service Levels and Provider Summary**

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
CC&CM	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

4.4 Sub-regional characteristics

4.4.1 Avon Regional Organisation of Councils – AROC

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. However, Table 3 above reveals 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 would normally 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 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.

The AROC sub-region does not heavily depend on WACHS for aged care. The main residential provider is Uniting Care (Juniper) at Northam and there are also multiple locally based Home Care providers. The level of potential demand for Residential Care should be regarded as a positive. It gives the opportunity for the existing provider to invest in substantial expansion or alternatively offers the chance for a new provider to establish in the sub-region on an economic scale.

4.4.2 Central Coast and Central Midlands – CC&CM

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 age support and care in respect of Residential Care, Home Care and Respite.

The CC&CM sub-region depends heavily on WACHS, the sole provider 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. Actions to facilitate such investment should be a priority and include discussions with the Commonwealth regarding erstwhile restrictions on nongovernment providers establishing services in notionally MPS serviced areas.

Action is also needed to ensure wider access to Home Care and a raised community awareness of its existence. Close coordination by existing providers would be a critical first step in this.

4.4.3 Central East Aged Care Alliance – CEACA

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. Apart from Dryandra Lodge at Kellerberrin, all Residential Care is provided by WACHS via multiple sites of the Eastern Wheatbelt MPS based at Merredin and the Bruce Rock Memorial Hospital/MPS. Until recently the sub-region has also depended on the MPS facilities to provide Home Care. However, a non-profit provider has recently established at Merredin and there is also some evidence of providers from outside the sub-region providing Home Care services.

The issues for the CEACA sub-region is its small and dispersed population, the unviable scale of facilities (their fabric, economics and skills maintenance) and the logistical challenges in providing HACC and Home Care to more isolated places. There is no evidence of a major formal shortage in Residential Care but many of the small MPS facilities are not built for purpose and would not meet Commonwealth standards. The built form and staffing profile does not allow the implementation of properly developed aged care programs. As a result, there is a major issue with older people having to move far away to obtain the required care.

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. The challenge for the CEACA sub-region is to establish capacity for high standard aged care facilities at selected locations to enable those older people who need Residential Care to receive it at the proper standard and as near to home as possible.

To minimise the need for Residential Care now and in the future, there is a need to ensure age friendly communities, a good supply of appropriate housing and fully developed services for HACC, Home Care and Residential Care in the CEACA sub-region. Communities must also be made more aware of the nature and advantages of aged care in the home.

In-home support and service providers will have particular challenges in this sub-region, but innovative staffing arrangements emerging during this project (refer Dryandra sub-region) hold great promise of effective local delivery even in remote locations.

Due to its prominence in service provision, communities look to WACHS to be active in planning processes designed to meet future service provision. There is now a

better understanding of the CEACA sub-region's challenges and possible ways forward since the release of the CEACA Aged Care Support and Solutions report in October 2012. This report provides detailed avenues for action and some of them are already being pursued.

4.4.4 Dryandra – Narrogin and adjacent shires

The shires of this sub-region mainly look to Narrogin for a range of services including aged care. Pingelly is, however, much closer to Brookton's significant aged care residential facility in the adjoining SEAVROC sub-region, but this should not preclude use of that nearby facility as the preferred option should residential care be needed.

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. The Narrogin facility provides care throughout and beyond the sub-region and Narrogin Home Care has adopted innovative staffing approaches that have enabled cost-effective delivery of care at more isolated locations. These involve connections being made to potential carers living near more remote clients through the clients themselves, followed by employment and training to provide care.

Respite for carers is available throughout the sub-region.

The future provision of aged support and care in the Dryandra sub-region will depend on the planning and coordination of local non-government providers to deal with projected growth in demand for services. It will be vital to ensure the availability of services and continuing community education and advice in all shires. Development of new models of Home Care delivery may be needed to allow older residents of shires without residential care facilities to age in their community.

4.4.5 4WDL – 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. It has an acute hospital and an adjacent residential aged care facility, and HACC is operated by the Wagin Shire which also has funding for four Home Care packages. Home Care is also provided into 4WDL by Narrogin Community Aged Care, and there are aged care beds at the MPS sites in Lake Grace and Dumbleyung.

The 4WDL sub-region has been active in pursuing an age friendly community strategy. There is a substantial stock of purpose-built aged accommodation at Wagin and activity in relation to older persons housing development in most shires. There is a very active and effective volunteer support organisation (Care and Share) in Wagin.

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. Table 3 shows that 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.

The 4WDL sub-region is one where it will be necessary for WACHS to play an active role in planning to meet future Residential Care demand. WACHS facilities provide half the current available beds, while Waratah Lodge depends upon WACHS operational support.

4.4.6 Roe Regional Organisation of Councils – ROEROC

Broadly speaking, 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 nongovernment providers and WACHS services. However, the WACHS services may be perceived as HACC due to the pooled funding arrangements applying at MPS sites. Silver Chain operates a Respite Centre at Hyden.

Residential Care is provided at MPS sites at Kondinin, Corrigin and Narembene, with the total number of beds largely consistent with planning ratios. 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 nongovernment 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 is to expand the number of their available packages in accordance with planned funding growth and the rising population of older residents. In relation to Residential Care, there appears to be no alternative than for WACHS to plan for future provision of sufficient capacity to meet expected demand in appropriate sub-regional facilities which allow for a high standard of care.

4.4.7 South East Avon Voluntary Organisation of Councils – SEAVROC

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.

The main residential facilities are Kalkarni at Brookton, Belladong Lodge at York and at the York MPS. There are also MPS residential beds at Beverley, Cunderdin and Quairading. Cunderdin is in transition towards a Primary Health Care model and is examining innovative models of aged care for the future.

It is estimated that around 35 to 40 additional Home Care places will be needed within 10 years in the sub-region and, despite the current excess capacity, some 25 or so additional aged care beds within 15 years. Non government agencies are the main current providers of aged care in the sub-region and therefore the main task in planning for growth, particularly for Home Care, would logically lie with them. Even so, WACHS will need to consider its role and the suitability of facilities and programs it has in the context of plans by the other providers.

5 Best practice in Aged Care

The examples detailed in this section 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.

5.1 Yetman Community Service Model: ageing in the local community

The Yetman Community Service Model is an outstanding example of aged care and disability service delivery in a remote rural setting. Yetman is a small community of approximately 350 people in the Inverell Shire near the NSW-Queensland border comprising 100 houses, of which 75% are occupied by retirees.

The service model had its beginnings as a weekly community lunch, an extension of the ‘unofficial’ meals-on-wheels service under the auspice of Glen Innes Severn Council. The lunch helped reduce social isolation—a disproportionately high number of single older men live in Yetman and, with encouragement, became participants and were helped to develop mutually supportive friendships. The lunch also provided an opportunity to monitor and assess the well-being of attendees.

From that simple start the initiative has developed into a HACC multi-service providing a day centre, activities, regular meals at the community hall, outings using community transport under Inverell-based North West Slopes Community Transport, HACC Case Coordination (18 people) and CACP Case Management (2 people)

The Yetman Community Service Model incorporates:

- support and information provided by a nurse
- telephone follow-up of any issues of concern
- liaison with GP regarding referrals
- de facto HACC assessments (verified 6-monthly by the HACC Assessor) which allows services to commence before they are officially signed off
- other outings, meetings and ‘special interest’ sessions.

Community members see the nurse monthly and stated that this gives them:

- confidence regarding general health
- opportunities to talk about issues and concerns
- information about other services they may be eligible for without waiting to see a GP
- the capacity to plan for future needs.

By flexibly combining a number of services, the Yetman Community Service Model achieved critical mass to deliver community aged care services in a remote location and keep quite frail people living at home (as is their choice). This approach harnesses the best elements of a rural community to ensure mutual support from

other residents, particularly the aged, and facilitates a caring and safe environment. The combined funding has facilitated stable employment for a nurse.

5.2 Ashford Rural Transaction Centre

Ashford is a small, rural village of approximately 500 people and located 56 kms north of Inverell on a major arterial road connecting the Gwydir and Buxner highways through to the Queensland border.

Ashford was successful in gaining funding under the Regional Partnerships Program for a Rural Transaction Centre to provide a range of services to the local community:

- financial services
- post, Phone, Fax, Internet
- Medicare Australia Access Point
- Centrelink
- facilities for visiting professionals
- printing, secretarial services
- tourism, involvement in employment schemes
- insurance, taxation
- Federal, State and Local Government services
- library services.

The Ashford Rural Transaction Centre also coordinates a range of other services, including vet appointments, electrician appointments and low care health needs, and are all accessible on one phone number.

Flexible and innovative thinking in rural locations can result in services being maintained in very small communities. In the context of aged care, a service hub may be colocated within a small housing development and support older people to independently remain in their community for longer.

5.3 Mallee Track

Murrayville has an ARIA score of 5.06 and is 213km by road and 5 hours round trip from the Victorian city of Mildura. annecto brought together the board members of the now defunct local bush hospital, who were in the process of disbanding, and recruited their commitment, skills, and local knowledge to form an association focused on the aged care needs of their district. The committee has subsequently assisted annecto to recruit two Direct Care Staff from the local areal.

annecto provides Community Aged Care Packages and general and dementia-specific respite in this very isolated location with the support of service arrangements/agreements with the Mallee Track Community Health Service. The model is currently being duplicated in other isolated Victorian locations, such as Sea Lake and Underbool, to find workable solutions for meeting urgent remote needs. Without appropriately trained local workers it is impossible to provide the service coverage required.

To facilitate training and to guarantee a suitably qualified workforce, annecto has developed a traineeship scheme through an agreement with the registered training organisation, Action on Disabilities within Ethnic Communities in Mildura. The traineeships are supported by internet-based studies and direct support incorporating

annecto's training model (person centred model). Additional support is provided through annecto's mentoring model, using shadow shifts, extensive supervision support and debrief opportunities.

5.4 Upper Murray Health and Community Services

The Upper Murray area is a small and relatively isolated rural community located in the north east of Victorian and south west of New South Wales. Like other small rural communities in Australia, its catchment population of 3,200 is declining and ageing. The nearest regional centre is Albury/Wodonga, some 140 kms to the west of Corryong.

Corryong District Hospital was a traditional and small rural hospital providing acute, aged care residential services supported by district nursing, physiotherapy and occupational therapy. The 1993 implementation of the Casemix funding formula for health services posed a serious threat to the ongoing sustainability of the hospital. A review of the hospital found that beds were being used inappropriately for older people for long periods of time, while community services were being under used. It also found that the implementation of Casemix would make the operation unsustainable. An application was made to become an MPS with capital funding to co-locate acute and residential aged care and the efficiencies gained were provided to community services based on community need.

The review's recommendations have been the major driver for service planning at Corryong since 1997. Upper Murray Health and Community Services now provides a broad range of hospital, residential and community services with more than 65 full time equivalent staff. The integration of health services at Corryong has been achieved by:

- co-locating the physical infrastructure within a single campus under one management structure.
- ensuring the majority of services are physically close together and use staff across a number of settings
- by using strategies or processes to improve integration and service coordination including:
- point of entry advocacy
- standardised (locally developed), multi-disciplinary, integrated assessment and management plans, used across care settings
- care coordination (case management).

The Corryong MPS program provides the community with services based on need rather than being restricted by funding formulas, and enabled the best possible options for addressing the health needs of the community. It gives insight into the factors that may drive communities to maintain and seek to improve MPS models across the Wheatbelt.

5.5 The Loddon Mallee Consortium

The Loddon Mallee Local Government Consortium is a coalition of the 10 Local Councils in the Loddon Mallee Region of Victoria. At 600 km across, it is the largest geographical planning region in that state.

The Consortium has been working for more than 15 years to strengthen the community service system and deliver coordinated CACP, EACH and EACHD packages

to communities. It promotes active ageing and 'ageing in place', especially for older persons in remote areas with limited residential care options, as well as all older persons choosing to live in their local community with home-based support. The Consortium also works to prevent premature admissions to residential care when older persons are required to move out of local communities and where high care facilities are not locally available e.g. remote areas such as Loddon and Gannawarra.

The Consortium operates through a 'lead agency' model and the Swan Hill Rural City Council acts in that role. It is the approved provider and, as such, provides the governance and employs the manager of the Commonwealth-funded programs. The coordinator for packaged care works across the region with a small support staff to supervise service delivery and quality, to assist and work with council staff in the ongoing management of the service, to develop the service, to identify shortfall in services and to identify unmet demand.

The Consortium has jointly developed a range of aged care services that respond to the particular needs of older persons across a large rural planning region. This provides for the aged care needs of isolated rural communities that other providers will not or cannot support. The Consortium demonstrates the benefit of collaborative care approaches being delivered by the 10 local councils.

6 Wheatbelt Integrated Aged Care Solutions

6.1 Drivers and gaps in Wheatbelt aged care

6.1.1 Demographic trends

The following are snapshots of some of the key ABS demographic data assembled during this project and more extensively detailed in the range of individual shire Needs Studies and in Sub-region Needs Studies produced and provided earlier to shires and sub-regional groups.

In relation to the measures referred to below:

ARIA is a measure of remoteness in Australia essentially based on distances from service centres

The **70+ population** is a focus because Commonwealth funding made available for aged care is allocated on the size/growth of that population

The Aboriginal and Torres Strait Islander (**ATSI**) population is referred to since people from this group experience issues related to ageing at an earlier age and this is reflected in Commonwealth funding and programs

Dementia needs estimates are important because specialised care is needed for a proportion of those people

Insecure tenure is important since it can be an indicator of a person's likely ability to remain at home and receive services

The proportion of people **living alone** can reflect the likelihood of an informal carer being available (family member/friend)

The SEIFA measure of **relative advantage** can indicate likelihood of being able to contribute to care costs and form of ownership which may be preferred in the case of new aged housing

4WDL

- ARIA scores reflect 'Accessible' through to 'Remote' areas for localities within the 4WDL sub-region. Scores range from 2.8752 (Williams LGA) to 7.4204 (Lake Grace LGA). The accessibility restrictions are sufficient for services in Dumbleyung, Lake Grace, Wagin and Woodanilling to qualify for subsidies from the Commonwealth to help cover the added costs of providing aged care. The viability supplement commences at an ARIA score of 3.52.
- The 70+ population in 4WDL is increasing. There were 613 people aged 70+ in 2011, by 2027 there will be 977, an increase of 59.4% or 364 people. The largest increases are projected to occur in Williams (80 people 70+ in 2011 rising by 92.5% to 154 in 2027), Lake Grace (99 people 70+ in 2011, rising by 84.8% to 183 in 2027) and Wagin (which has the largest population aged over 70; 248 people in 2011 rising by 67.7% to 416 in 2027).
- Small ATSI population in 4WDL. 26 persons aged 50-69 from a total aged population of 1,726. This translates to 1.5% of the total aged population identifying as ATSI.

- Dementia needs are projected to increase in the 4WDL sub-region. In 2011 there were an estimated 53 people aged 70+ living with dementia, rising to 62 in 2017, and 83 in 2027.
- The 4WDL sub-region has the largest percentage of people in the Wheatbelt living in potentially insecure tenure arrangements. 17.9% of the 70+ population, which equates to 105 people, are at potential risk of homelessness.
- High percentages of people aged 70+ living alone in the 4WDL. 185 people, or 30.1% of the 70+ population in 4WDL are living alone. This is somewhat higher in percentage terms than the rest of the Wheatbelt (26.3%) or WA (27.6%).
- Most areas in 4WDL are considered relatively advantaged. SEIFA 2013 scores show all LGAs in 4WDL to be above 1,000 (indicating relative advantage) except for Wagin, which sits at 940.

AROC

- ARIA scores reflect 'Highly Accessible' through to 'Accessible' areas for localities within the AROC sub-region. Scores range from 1.3029 (Northam Town LGA) to 3.3433 (Dowerin LGA). No LGAs in the sub-region qualify for the viability supplement as these commence at an ARIA score of 3.52 or higher.
- The 70+ population in AROC is increasing at a higher rate than any other sub-region in the Wheatbelt. AROC also has the largest amount of people aged 70 or over in the Wheatbelt. There were 2,100 people aged 70+ in 2011, projected to rise to 4,120 by 2027, an increase of 96.2% or 2,020 people. The largest increases are projected to occur in Chittering (326 people 70+ in 2011 rising by 191.7% to 951 in 2027), Victoria Plains (59 people 70+ in 2011, rising by 118.6% to 129 in 2027) and Toodyay (428 people 70+ in 2011, rising by 108.4% to 892 in 2027). Northam LGA has the largest population of people aged 70+ in the whole of the Wheatbelt. As of the 2011 Census there were 1,087 people aged over 70, and this number is projected to increase to 1,821 by 2027.
- The AROC sub-region has the highest number of ATSI residents of any in the Wheatbelt. Most ATSI persons live in Northam LGA. 75 of 121 persons aged 50-69 identifying as ATSI in the sub-region live in Northam.
- Dementia needs are projected to increase rapidly in the AROC sub-region. In 2011 there were an estimated 180 people aged 70+ living with dementia, rising to 252 in 2017, and 386 in 2027.
- Insecure tenure numbers for those aged 70+ in AROC sub-region are consistent with WA percentages.
- 5 of 6 LGAs in AROC sub-region considered relatively disadvantaged according to SEIFA 2013 Index. Chittering LGA is the only shire scored above 1,000 meaning it is considered relatively advantaged.
- The highest percentage of people aged 70+ living on a weekly income of less than \$400 reside in the AROC sub-region. This translates to 63.4% of those aged 70+, or 1,331 people throughout the sub-region.

CC&CM

- ARIA scores reflect 'Accessible' through to 'Moderately Accessible' areas for localities within the CC&CM sub-region. Scores range from 2.4200 (Gingin LGA) to 5.6374 (Dalwallinu LGA). All LGAs in the sub-region with the exception of Gingin qualify for the viability supplement as they have an ARIA score of 3.52 or higher.
- The 70+ population in CC&CM is increasing at the second highest rate of any sub-region in the Wheatbelt (behind AROC). There were 1,307 people aged 70+ in

2011, projected to rise to 2,417 by 2027, an increase of 84.9% or 1,110 people. The largest increases are projected to occur in Gingin (528 people 70+ in 2011 rising by 104.9% to 1,082 in 2027), Dandaragan (356 people 70+ in 2011, rising by 94.1% to 691 in 2027) and Moora (204 people 70+ in 2011, rising by 76% to 359 in 2027).

- Relatively large numbers of ATSI persons in Moora LGA. 49 persons (8.4% of the total aged population of Moora) of 111 persons aged 50-69 identifying as ATSI in the sub-region live in Moora. As a sub-region 3% of the aged population is of an ATSI background.
- Dementia needs are projected to increase in the CC&CM sub-region. In 2011 there were an estimated 107 people aged 70+ living with dementia, rising to 139 in 2017, and 207 in 2027.
- 4 of 5 LGAs in CC&CM sub-region considered relatively disadvantaged according to SEIFA 2013 Index. Dalwallinu LGA is the only shire scored above 1,000 meaning it is considered relatively advantaged.

Dryandra

- ARIA scores reflect 'Accessible' through to 'Moderately Accessible' areas for localities within the Dryandra sub-region. Scores range from 2.4571 (Wandering LGA) to 4.9932 (Wickepin LGA). All LGAs in the sub-region with the exception of Wandering qualify for the viability supplement as they have an ARIA score of 3.52 or higher.
- There will be a steady increase in the 70+ population of the Dryandra sub-region. Between 2011 (782 people aged 70+) and 2027 (1,256 people) the 70+ population will increase by 60.6%, or 474 persons. Narrogin Shire is projected to have quite explosive growth over the same period, with a 331% increase in its 70+ population.
- Dryandra has the highest percentage of ATSI residents in the Wheatbelt. 4.4% of the aged population are recorded as ATSI, or 81 persons. There are relatively high numbers of ATSI persons in Narrogin Town and Pingelly (55 persons of ATSI background in Narrogin Town and 22 in Pingelly). This makes up 77 of the 81 ATSI persons aged 50-69 in the whole of the Dryandra sub-region (4 recorded in Narrogin Shire).
- Dementia needs are projected to increase in the Dryandra sub-region. In 2011 there were an estimated 75 people aged 70+ living with dementia, rising to 84 in 2017, and 115 in 2027.
- Percentages of those people in insecure tenure aged 70+ in the Dryandra sub-region are slightly higher than WA as a whole (Dryandra 14.8%, WA 12.3%). 86 of a reported 116 people potentially living in insecure tenure in the sub-region are from Narrogin Town.
- SEIFA 2013 figures show that both Narrogin Shire and Wandering have scores above 1,000, indicating relative advantage. The remaining three Shires have scores below 1,000.

ROEROC

- ARIA scores reflect 'Moderately Accessible' through to 'Remote' areas for localities within the ROEROC sub-region. Scores range from 4.6842 (Corrigin LGA) to 7.3413 (Kondinin LGA, which is the second most remote Shire in the Wheatbelt, behind Lake Grace). All LGAs in the sub-region qualify for the viability supplement as they have an ARIA score of 3.52 or higher.

- The ROEROC sub-region will experience the smallest percentage growth of its 70+ population of any of the sub-regions of the Wheatbelt between 2011 and 2027. The 2011 census showed there to be 401 people aged 70+ in the sub-region, projected to rise by 52.6% to 612 by 2027. Kondinin Shire is projected to have the largest growth of any Shire in ROEROC, increasing its 70+ population by 117.5% from 57 people in 2011 to 124 in 2027.
- Small ATSI population in ROEROC. 41 persons aged 50-69 from a total aged population of 1,076. This translates to 3.8% of the total aged population identifying as ATSI.
- Dementia needs are projected to increase in the ROEROC sub-region. In 2011 there were an estimated 36 people aged 70+ living with dementia, rising to 47 in 2017, and 61 in 2027.
- SEIFA 2013 figures show that Kulin has a score above 1,000, indicating relative advantage. The remaining three Shires have scores below 1,000.

SEAVROC

- ARIA scores reflect 'Highly Accessible' through to 'Moderately Accessible' areas for localities within the SEAVROC sub-region. Scores range from 1.8326 (York LGA) to 3.5740 (Tammin LGA). Tammin Shire is the only LGA in the sub-region to qualify for the viability supplement as it has an ARIA score higher than 3.52.
- The 70+ population in SEAVROC is increasing. There were 1,149 people aged 70+ in 2011, by 2027 there will be 1,948, an increase of 69.5% or 799 people. The largest increases are projected to occur in Beverley (240 people 70+ in 2011 rising by 94.6% to 467 in 2027) and York (427 people 70+ in 2011, rising by 93.9% to 828 in 2027).
- There are 91 persons aged 50-69 in the SEAVROC sub-region identifying as ATSI, which translates to 3.3% of the total aged population. The largest numbers are from Quairading, which has 28 ATSI residents, making up 8.4% of the total aged population.
- The SEAVROC sub-region has the highest percentage of unpaid carers aged over 70 looking after a person with a disability, of any in the Wheatbelt.
- Dementia needs are projected to increase in the SEAVROC sub-region. In 2011 there were an estimated 95 people aged 70+ living with dementia, rising to 116 in 2017, and 169 in 2027.
- All 6 Shires that make up the SEAVROC sub-region are considered relatively disadvantaged according to SEIFA 2013 figures, as their score falls below the 1,000 benchmark.

CEACA

Demographic data relating to the Central East Aged Care Alliance can be found in the Central East Wheatbelt Aged Care Needs Study (November 2012).

- The Accessibility/Remoteness Index of Australia (ARIA) scores localities within the CEACA area which range from 3.61 (Wyalkatchem township in Wyalkatchem LGA) to 7.62 (Mt Jackson in Yilgarn LGA). The scores reflect Moderate Accessibility and Remote areas, indicating "significantly" to "very" restricted access as defined by the ARIA. All LGAs will qualify for the viability supplement.
- The 70+ population will increase from 1,019 (10.3% of total area population) in 2011, to 1,196 (11.5%) by 2017, and to 1,616 (15.9%) by 2027;
- In 2011 there were 105 ATSI persons aged 45+ recorded in the CEACA LGAs, representing 13.4% of this cohort in Wheatbelt as whole

- The data indicates that there are 6 unpaid carers aged 85+ living in CEACA LGAs, although there were a reported 67 aged 70+
- The need for dementia specific care for older residents of CEACA LGAs is likely to increase over the projected period from an estimated 90 persons aged 70+ in 2006 to 156 persons by 2027. This represents an increase of 66 people (73.3% increase)
- All CEACA LGAs are relatively disadvantaged (ie SEIFA score less than 1000) the most disadvantaged is Kellerberrin (ranked 134 of 142 in WA).

6.1.2 The current situation regarding the “four planks”

Supporting older people to be able to age in their communities requires a combination of services and infrastructure which this report has identified under “four planks”. Considering the Wheatbelt as a whole there is much variability in services and infrastructure which is reflected in the variations in sub-regional Plans outlined in the appendices which follow. The following is a brief sketch of what was found in the Wheatbelt overall.

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”.

An age friendly community encourages active ageing by optimising opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms, an age friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capabilities’. Areas of focus include:

- Walking and cycling routes
- Streets
- Housing
- Local destinations
- Open space
- Public and other transport
- Supporting infrastructure
- Fostering community spirit

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. 4WDL shires collectively and Moora shire entered into pilot programs supported by The Department of Local Government and Communities which involved community research, workshops and other information gathering leading to research reports. In some cases these studies have led to particular strategies or have influenced strategic planning in varying degrees.

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

solutions may need to include individuals, volunteers, organisations, shires and state government and various funding programs.

The focus of transport needs for an ageing community relates to the capacity to support older persons to maintain the instrumental activities of daily living ability thus assisting the maintenance of their independence. The instrumental activities of daily living include a series of life functions necessary for maintaining a person's immediate environment – e.g. shopping, cooking, laundering, housecleaning, managing one's medications and phone use. In addition financial management and maintaining social and spiritual connections, practices and relationships is considered vital. In addition the maintenance of the health of older persons includes the need to access GPs and medical specialist.

Age friendly community development is clearly an area which needs considerable focus in future to strongly establish the first plank of age care and support in all locations. The most obvious course is for shires to initiate action under the existing state wide planning framework – to consult with their communities, assess the outstanding needs and make use of the various tools available to develop age friendly plans to guide activities and investment. In doing this it should be recognised that activity in this area should be undertaken as part of an overarching strategy to facilitate support and care to enable people to remain in their communities as they age.

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. Innovative configuration of housing for older people may also form the basis of aged care service models which could further lessen demand for residential care and allow greater ability to “age in place”.

The optimum outcomes from this strategy will occur when both the broad age friendly community strategy and housing strategies, enabling wide availability of support and care at home, have been enacted. This includes the capacity of older persons to move from a rural property to their local town and for older people living in unsuitable housing in town to move to housing matched to their needs, choice and aspirations. The availability of suitable aged person's housing in Wheatbelt townships will enable alternative forms of support and care to people who may have moved away for care and options for people seeking to return or to move into communities. Age friendly community strategies and housing strategies for the Wheatbelt should aspire to maintain walkable access to key services such as; shopping, clubs, the chemist and health services where this can be achieved.

By ensuring older persons' housing is developed in each township a platform will be created that directly links community aged support and care to the community through locally delivered services. This will enable each community to be more equitably treated and, in the longer-term, the services will always remain anchored locally. It is important to note that persons who live in their own homes are still likely to be the largest group receiving community aged care. Housing developments are really to accommodate those who don't have secure housing or whose housing for some reason is not ideal for their needs or the requirements for effective service delivery.

The strategy can be extended to support clustering of community aged care services to multiple residents in innovative housing developments leading to the creation of greater efficiencies for community care service provision (minimising the cost and time required for travel when delivering services). It is envisaged that the older persons housing developments will be modest in size and in some instances may be only 2 or 3 independent living units while in other larger townships there may be 30 or

more independent living units established over time. This strategy would be enacted giving due consideration to existing housing stock and the extent to which the stock meets ageing in place requirements (built according to “universal design” principles). To develop a sustainable model a provider would likely require capital support for the social housing component and land and possibly the headworks to make the overall project viable.

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. Each of the community consultations were used to test the notion of mixed ownership models. Commonly the forums reinforced the need to be able to accommodate a wider range of ownership and entry arrangements for older persons housing. These ownership options may include instruments such as; lease for life, strata title, commercial rental with part ownership, commercial rental and pension level rental arrangements. The mix would need to be customised around each local community’s current and future needs.

The built form of the housing stock is also of great importance; universal design is recommended. The features of a universal design home allow residents to age in their place of residence and reduce the likelihood of the resident having to move to more accessible accommodation⁵.

Universal design includes features that include;

- A covered entry to the home with stepless pathways to the entries
- Wider corridors and doorways that allow access by wheelchairs, walking frames or other mobility aids
- Reinforced walls around the toilet, shower and bath to support the safe installation of grabrails when required and stepless access to showers
- Easy to use lever style door handles and taps
- Light switches that can be reached by people in wheelchairs
- A continuous handrail on one side of any stairway where there is a rise of more than 1 metre.

Consultations reveal that Wheatbelt residents overwhelmingly seek a small block with a unit that consist of 2 bedrooms, an ensuite, car accommodation and a hobby or office nook. High on the list of required items is the internet.

Support and Care at Home

HACC/Home Care appears 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.

HACC is the first level of funded support for older people in their homes or in the community. It is the largest, most widespread program. In most Wheatbelt locations it reaches a good proportion of the target older population according to HACC state data. However this project found that there were sometimes significant local deficits in the range of service types available (especially home maintenance) and that

⁵ National Rental Affordability Scheme (NRAS) Universal Design Principles

delivery can be hampered due to staffing limitations when delivered via WACHS services. Communities are generally well aware of HACC services and many Wheatbelt residents benefit greatly from them.

Home Care (Commonwealth – formerly Community Aged Care) is less well known. It is a more highly funded program of individual care “packages” intended to be a step up in support from that available under HACC and is less widely available. Through a lack of community awareness, confusion with HACC and some restricted availability its potential to deliver care is yet to be fully realised.

Within the full range of community aged care options, as articulated in the Living Longer Living Better Aged Care Reforms, there is significant scope to imagine a future aged care landscape in the Wheatbelt where older persons are regularly receiving up to and including nursing home levels of support in the community. Within this vision it is imagined that older persons will be able to enter a system that supports a continuum of care from the most basic HACC service through to palliative care in the home. The Commonwealth’s design of community aged care and respite services will support the provision of dementia care in a community setting.

The role of the carer will also be recognised with community and residential based respite services being available on a planned and emergency basis. It is intended that such a system will be integrated and coordinated. It is further imagined that the system of aged care will be enhanced by health reforms that emphasise primary care including strategies to better manage chronic disease, reablement, early interventions and geriatric health promotion. Through the Southern Inland Health Initiative the health reforms are being given real momentum and providing new opportunities for WA rural communities. Given the ageing population and the changing demand for services, this is a particular significant reform initiative.

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 (refer Chapter 3).

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 settings.

Some of the non WACHS facilities are also of fairly old design and decisions will need to be made soon by those providers to invest in upgrades/expansions. Considering the reluctance to invest in residential facilities in WA, lead times, the uneconomic scale

of likely demand in some areas against a projected burgeoning demand there is likely to be a continuing shortfall in available Residential Care.

There are strong reasons to consider a reconfiguration of overall age care delivery in the Wheatbelt. There is a need for more high quality Residential Care capacity. There is also a need to reflect economic realities by promoting the upgrade of some existing facilities, encouraging the entry of new providers in areas which will be viable and targeting WACHS involvement in residential aged care to key locations. In combination with these steps there should be substantial effort to maximise the effectiveness of the first three planks to allow people to age in their communities and lessen demand for Residential Care.

6.1.3 Specialised Dementia Care

This area of current deficit needs separate consideration. By 2015 it is projected that there will be 1,290 people aged 85+ living in the Wheatbelt. Of those people the Australian Institute of Health and Welfare estimates that 29.4% will have a diagnosis of dementia – that is around 380 people. Dementia is typically a progressive condition and most of those people will have their care needs met by family carers initially, then by in home or normal residential care.

A proportion of people will, unfortunately, develop special care needs including the need for secure care. At present there are 45 specialised dementia care beds in the Wheatbelt and they are concentrated at a few locations. There are none at all in the Eastern Wheatbelt for example.

It is doubtful that this is currently adequate, as demonstrated by considerable feedback from communities advising that it is common for older people needing specialised dementia care to have to go far away from their communities. This number of beds will almost certainly not be adequate to meet projected growth.

Consideration needs to be given to how specialised residential dementia care can be made available at strategic geographic locations throughout the Wheatbelt to ensure quality care is available not too distant from any community.

6.1.4 Summary of unmet needs now and in the future

Currently

The main unmet needs identified in this report disclose deficits in each of the “four planks”. Development of age friendly communities is in its early stages in some locations but not yet subject to a concerted strategy in most places. With one or two exceptions the stock and planning for sufficient, appropriate older persons’ housing is quite lacking. Care at home is notionally funded at reasonable levels but is nevertheless not readily available in various locations and is not really understood as an attractive form of aged care provided at a level comparable to care in a residential setting. Residential Care is in significant short supply in the two largest and fastest growing sub-regions (AROC and Central Coast & Central Midlands) and in one of its most widely dispersed (4WDL). Much existing residential care infrastructure is unsuitable.

Transport for older people is a major issue in almost all locations and specialised secure dementia care is insufficient concentrated in a few locations with none available at all in the eastern Wheatbelt.

The future

Major challenges will arise from demographic changes which will see very rapid growth in the 70+ population from 7,725 people in 2012 to 13,400 in 2027. This projected growth of 73.5% will be much greater than WA as a whole. Combined with a proportionally reducing younger population it will mean a quite predictable increased demand for support and services for older people without a commensurate increase in those in the age groups who would normally provide much informal support (family/friends). There will be many fewer people available to provide volunteer supports and many more needing such support.

The net effect will be a large increase in demand for formal support and services, based on older population growth alone, but exaggerated in its effect by the gradual winding back of informal support resources.

In the Wheatbelt, establishment and maintenance of Residential Care at a high standard will continue to be very difficult due to the sparseness and wide spread of population. The simple fact is, scale of operation is not economically viable in many locations. There is scope for new residential facilities in several of the regions but not in most. Existing facilities range from operationally viable to very uneconomic and sub standard with more of the latter.

A large scale of investment would be needed to provide upgraded and new facilities to meet current standards and to cater for demand growth. It is difficult to see where such investment will come from given a general reluctance in WA to invest in new residential facilities even in the metropolitan area. Thus the practical realities dictate an approach to aged support and care which will assist in “lessening” the demand for Residential Care and provide a full complement of supports and services to enable older people to age in their communities.

Fortunately aspects of recent Commonwealth aged care reforms will assist in this approach given the greatly increased levels of funding which will be progressively made available for Home Care, the introduction of Consumer Directed Care and the enhancement of the respite care program. Reforms in HACC should also contribute to a shift away from previous focus and reliance on Residential Care.

At the same time effort will need to be concentrated on a strategy to ensure that older people in every sub-region have access to quality Residential Care within a reasonable distance. In most sub-regions non WACHS providers are present and could expand or new entrants could establish at a scale. In a minority of sub-regions WACHS will still have to play a major role for some time but the current model of Residential Care could be reviewed and new care models trialled.

The other planks of age friendly communities and housing will need to play a big role as part of the strategy to lessen demand for Residential Care and to increase the capacity for people to age in their communities.

6.2 A range of solutions

6.2.1 The “four planks” framework

The “four planks” framework has been adopted to identify solutions to aged support and care issues in the Wheatbelt and is used to give order to the solutions for each sub-region. 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. In these cases there is an inevitable similarity in the solutions which are outlined, with exceptions noted for specific local governments. For care at home and care in a residential facility there is notable variation in the current situation between sub-regions. In these cases the sub-regional solutions are more individualised.

The following tables provide, firstly, a brief synopsis by sub-region of the key components of proposed solutions and, secondly, identifies critical whole of Wheatbelt issues. In Table 5, HACC, Home Care and Respite are shown as separate components of care or support delivered to maintain people at home.

Housing is treated separately in Table 6 as one of the Wheatbelt wide issues because the current balance of supply of suitable housing and potential demand has not emerged clearly enough to distinguish at a sub-regional level. A particular discussion about housing and other region wide issues is included at 1.4.

The solutions sketched below are extended in Appendices 1 to 7 by translating them into Implementation Plans for each sub-region.

Table 5: Wheatbelt Aged Support & Care Solutions Summary

Wheatbelt Aged Support & Care Solutions Summary					
Sub-region	Aged 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
CC&CM	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 Services 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	Plan to maintain service levels and to address	Maintain service coordination and	Explore local gaps in service and awareness.	Providers in Narrogin to plan

	SPF	periodic service gaps	ensure new packages sought to meet demand	Plan to provide full range of respite types.	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.

The whole of Wheatbelt issues and solutions identified in Table 6 below are expanded upon in Appendix 8: Whole of Wheatbelt Solutions.

Table 6: Whole of Wheatbelt Solutions

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

6.2.2 A potential new model for accommodation and care

This report has noted in several places the importance of suitable housing for older people and the difficulties in achieving viability for quality residential aged care in small facilities. The viability issue is particularly prominent in the Wheatbelt where there is a dispersed, population which is not just concentrated in large towns but spread widely and where there are many small centres. Many of these small centres have very small MPS facilities which are not built for the purpose of providing modern aged care and, on any view, struggle to provide the standard of care expected now and will find it especially difficult in the future as expected standards constantly rise.

There will always be a need for specialised high level residential care facilities but the reality is these can only be developed and operated viably when the scale of occupancy is quite large. The inevitable effect is that such facilities in the future will need to serve a sub-region or region wide catchment. This, of course, tends to work against “ageing in place” when an older person has to move from a location distant to the facility.

The project consultant, in parallel with this Wheatbelt project and other work it has done elsewhere in Australia, has considered this issue at length and sought to apply some fresh thinking to this dilemma.

There is a possible model of local provision of care, combined with accommodation, 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 available from family/other carers.

A cluster would comprise one and two bedroom independent living units, a secure garden, several observation “bed sits” and a common area building. The focus would be on high care need clients and 24/7 staffing would be a feasible. Up to date technology would be used for care monitoring and efficient care. Volunteers and family may participate with an option for family and informal carers to visit or live in under agreed conditions. Operational funding would be via home care packages through a block funding model.

Such a cluster model of home accommodation and care would be potentially feasible on a relatively small and economical scale of development, in the order of eight to twelve accommodation units. This could be envisaged as relevant and feasible 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. This would be combined with care provision through residents being eligible for Home Care support from an approved provider together with systems which would regularly monitor and record an older person’s care needs status and have the capacity to respond quickly when needed.

There has been some exploration of the potential for this innovation to be implemented, including staffing and financial modeling. Some discussion has occurred with potential funding bodies and an approved provider. 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. It would be potentially very suitable where communities are moving to a primary care model to refresh their current services.

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

6.3 Sub-regional solution themes

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 are sometimes difficult to envisage. 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 envisage 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” referred to in 6.2.2 above and consolidation of varied services where this doesn’t currently occur.

6.4 Whole of Wheatbelt solutions

Refer Table 6 and Appendix 8: Whole of Wheatbelt Solutions

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 and 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 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.

Housing stands out as a significant enabler of age friendly communities and community aged care. The development of a program of older persons housing will provide social and economic benefit in the Wheatbelt that will support the retention of older persons, carers and in some cases their families within rural communities. This initiative will also support incoming migration. The consultations undertaken in this project confirmed that Wheatbelt towns are sought after by some older persons as destinations to migrate to; this was due to the community spirit, safety and personal economic benefits. Within every community this inward migration is currently evident and could be built on as a valuable economic driver.

Some of the potential residents who seek to change housing or settle in Wheatbelt towns are not able to qualify as they do not meet the entry requirements due to their income or assets. Some of the stock is not consistent with the aspirations or indeed the needs of older persons. In some instances rules within the village/ILUs result in persons being unable to enter such as; the ownership of a pet. It can therefore be concluded that current arrangements do not reflect the true potential of what could be achieved if there was a mix of entry/ownership models, a built form and living arrangements that reflect community aspirations and an active marketing approach.

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.

Current governance arrangements for older persons housing in the Wheatbelt include small local trusts, Local Government initiatives, housing offered as part of a broader suite of aged care service and a retirement village collocated with residential aged care. Some of these arrangements are joint housing arrangements with WA Housing.

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.

Appendix 8: Whole of Wheatbelt Solutions provides a whole of Wheatbelt Implementation Plan for these three items.

Palliative Care

The issue of palliative care was raised at several community forums at the latter stage of consultations. Whilst this form of care is relevant for more people than those receiving aged care, a summary of relevant palliative care arrangements and resources for the Wheatbelt is provided at Appendix 9.

6.5 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.

Residential Care is only part of the aged care spectrum but its capital demands and difficult operating environment make it the most challenging aspect in the Wheatbelt. However, this project has allowed a clear path to emerge wherein non government providers can be realistically encouraged to invest in fully viable development in a number of identified areas. Only in a minority of sub-regions does it appear that WACHS will have to play a significant continuing role – but in a way which envisages a consolidation of activities to allow higher quality care being delivered in more viable settings.

6.5.1 Required funding and other resources

Age friendly communities

Much of the activity to establish age friendly communities will lie with local government and therefore will have to be catered for through strategic budgeting over multiple years to enable the necessary research and planning and then to allow for key activities and infrastructure work. Shires are already funding activities and works to support their older citizens and adoption of age friendly plans should mainly involve a sharper focus and adoption of a long term vision to better guide those expenditures.

The state government has a clear policy position to encourage “An age friendly WA” and has provided funding to support a number of pilot research activities by local government, including some Wheatbelt Shires. The government envisages a “shared responsibility of all sectors of society” for meeting the needs of an ageing population and in this context it is not unreasonable to expect that the government continues to offer a level of financial support to shires for targeted planning or other strategic activities.

Housing

The quantum of housing required cannot be easily projected using the data provided in the project. Very broad estimates for the Wheatbelt are that 20% of the 70+ population may require older persons housing across a mix of housing types. Current housing arrangements distort the potential demand as arrangements commonly include joint partnership arrangements for social housing with restrictive caveats.

There are several parts of the Wheatbelt where market forces will support the development of retirement housing on a Commercial basis over the longer-term. These include Northam, Chittering, Gingin and Dandaragan. These locations will also require older persons housing to support persons with limited financial capacity. Almost all other parts of the Wheatbelt would benefit a new approach. Features of this approach will include:

- Common designs that meet community expectations incorporating universal design
- Capacity to develop an approach that allows small block development where sewerage requirements restrict the development
- A ten year plan for the development of a housing stock with mixed ownership options across each sub-region and managed through a sub region master plan
- Incorporation of existing stock into the master plan
- The developed of a shared policy and practice approach with WA Housing to achieve the range and mix of options required where joint arrangements are in currently in place or required to support persons with reduced financial capacity
- Capacity to manage a building program that yields best value through master planning and scheduled but dispersed building program
- A well-conceived and executed marketing plan to support incoming settlement
- New governance arrangements at a sub-regional level that facilitate the planning, project management, ownership arrangements, marketing and operations required to realise a Wheatbelt-wide housing program (this may require the expansion of existing housing trust, MOUs with the trusts, the development of new entities or a local government taking a lead agency requirement)
- An approach that balances, self-sustainability, market demand and social requirements to achieve the outcomes detailed in the master planning
- A construction program that responds to deposits from future residents, means testing and wait lists on an township by township basis
- Local survey's of need such as those recently conducted by Carnarvon, Quairading and Beverly Shire's

These elements will support an approach that balances social needs and market forces will be essential to respond to the older persons housing needs given the inability of the dispersed Wheatbelt communities to create self-sustaining models without a new approach.

Home support and care

These areas are already subject to well developed funding streams to support ongoing service delivery. The main funding consideration will be to ensure that funding under the HACC, Home Care, Respite and other relevant community based programs is adjusted to meet demonstrated unmet needs. The area of Home Care will need close monitoring to ensure that, if necessary, the levels of available funding reflect not only the formal Commonwealth planning ratios but that flexibility is displayed in

adjusting available funding if continuing or increasing deficiencies are evident in available Residential Care.

Residential care

The economics of Residential Care provision are such that viability can only be achieved at certain scales or in the context of an aggregation of service types with one provider which is sufficient to generate an adequate revenue stream to “cross support” loss areas.

In the Wheatbelt there is every reason to think new and/or expanded non government facilities would be viable in the AROC and Central Coast & Central Midlands sub-regions in the near future. There is a case to be made that the current community-run residential facility at Wagin in the 4WDL sub-region should be expanded and would achieve greater sustainability if this was done. It is likely that WACHS will have to play a forward role in ensuring such an outcome due to its current support for the facility which adjoins the Wagin Hospital.

Dryandra and SEAVROC sub-regions have a substantial non-government Residential Care presence and population growth projections indicate a need for some further investment or reconfiguration in the next 12 to 15 years. This is essentially a decision for those non-government providers who should nevertheless be engaged and encouraged to meet any shortfall in demand for beds.

Dryandra Lodge at Kellerberrin is a community run facility which has recently been granted funding for additional beds. This is the only non-government facility in the CEACA sub-region and its viability will be enhanced if it can consolidate other service areas in its operations. WACHS will need to consider necessary investment to ensure consolidation and reconfiguration of other facilities in CEACA to ensure higher standards of residential aged care.

The scale of current and potential need in ROEROC is such that it is doubtful that a non-government provider is unlikely to be attracted to invest in the sub-region. Thus WACHS will need to undertake investment planning on the basis that it will have a continuing role to meet foreseeable Residential Care needs.

For those areas where there are major quality and viability issues with current residential care arrangements and little prospect of new not for profit or private investment, serious consideration needs to be given by funding bodies to supporting pilots of the “cluster” model of accommodation and care referred to earlier. This support would be mostly in the form of “seeding” investment (not ongoing operational subsidies) and support during start up and subsequent evaluation.

7 Appendix 1: AROC Solutions

7.1 Age Friendly Communities

Commentary

Key Features

Shires in the AROC sub-region did not highlight any strategic plans to establish age friendly communities; nevertheless some action in this area may have been taking place. A key purpose in having age friendly communities is to provide an environment which assists older people to live and engage and receive necessary support so they can remain independent and well as long as possible in their own “place”.

Assisting older people to remain well in their community for as long as possible is a great benefit to all and reduces the length of time in their life when they may require care.

Particular Issues

Transport was identified as the standout deficiency restricting people’s mobility and connection as well as access to health care. Addressing this issue at a sub-regional and state level requires a concerted approach.

Particular difficulties arise for people living in smaller towns or on farms where there is a lack of organised transport to centres such as Northam. This creates a risk of social isolation.

Residents of Chittering, Northam and Toodyay do not qualify for the PAT Scheme for medical appointments, adding to the logistical demands of the travel and throwing a financial burden onto family or friends.

Moving to Solutions for Age Friendly Communities (AFC) in AROC			
Key Steps	AROC Role	Responsibility	Stakeholders
Gain understanding of WA state approach to AFC	Referral to state policy and resources	<i>Primary:</i> Local Government <i>Other:</i> State Government, Community clubs/orgs Local services (Medical, Health, Aged, Government) Commercial services SW Medicare Local	Local Government Public Transport HACC
Consult and research priority needs among community using available WA tools	Consult more advanced sub-regions and pass on learnings		Volunteer Drivers Community clubs/orgs WDC RDA
Audit of for all elements of age friendly community	Support for common tools and approach		Services (Medical, Health, Aged Government)
Develop plans or refine existing plans	Assist peer review		Commercial services St John’s RFDS
Investigate operation of key shared facilities,	Develop template agreements		

Moving to Solutions for Age Friendly Communities (AFC) in AROC			
Key Steps	AROC Role	Responsibility	Stakeholders
equipment or services	Facilitate mutual support Coordinate approaches		
Implement plans	Encourage common approach to grants for capital funding Advocacy		
Monitor Implementation of Age Friendly Community Plan	Share information		
Improve and redevelop plans	Share learnings Advocacy Provide forum for information sharing Peer support		
Special focus - Develop a sub-regional integrated transport plan	Coordinate plan development and implementation Advocate Coordinate common approach to grants for capital funding	<i>Primary:</i> AROC WA transport depts. & agencies St John's Local Government (own buses etc.) HACC/WACHS Volunteer transport providers <i>Other:</i> Each Local Government Member of AROC Public Transport Volunteer Drivers RFDS	
Monitor implementation of transport plan and refine as needed	Assume lead role		

7.2 Older Persons Housing

Commentary

Key Features

All shires in the AROC sub-region, except for Northam, reported waiting lists for available older persons housing (Northam information may have been incomplete). Population projections imply escalating demand, with a near doubling of the sub-regional 70+ population in the next 15 years.

The shire roles will need to be shared with housing organisations and/or supported with new resourcing. State government agencies can play a positive role by working with the sub-region to develop innovative approaches. Varied ownership options need to be examined to meet the range of older people who may be seeking appropriate, well located housing.

Particular Issues

Where shires are required to be involved they will be understandably reluctant to assume all the burden of assessing, planning and facilitating the building of required housing. A collusive approach will be needed, involving local housing organisations, shires, AROC and state government.

Moving to Solutions for Aged Persons Housing in AROC

Key Steps	AROC Role	Responsibility	Stakeholders
Review current stock - demand - and priority areas for action	Identify the degree to which stock meets current requirements Identify current and future plans of current housing organisations Clarify wait lists Ascertain covenants on current stock Examine pricing Undertake a common community survey re housing configuration	<i>Primary:</i> AROC <i>Other:</i> Each Local Government that makes up AROC WDC RDA WA Dept of Housing	Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing The community 55+ years
Development of ageing in place, multiple ownership options and quality older persons housing plan including business case	Develop a coordinated approach to common development, ownership and design and integration Support a common approach to marketing	<i>Primary:</i> AROC <i>Other:</i> Existing older persons housing owners: Trusts, Foundations, Community Organisations, Local Government, Dept of Housing Possible new	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC

Moving to Solutions for Aged Persons Housing in AROC			
Key Steps	AROC Role	Responsibility	Stakeholders
		Housing providers	RDA WA Dept of Housing Royalties for Regions
Identify and allocate/ acquire land and capital funding	Develop a common approach to land and capital Advocate Acquire capital commitments Manage Royalties or other Capital applications	<i>Primary:</i> Local Government <i>Other:</i> RDL (crown land) Royalties for Regions Dept of Housing	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Development of older persons housing across AROC with ownership options, ageing in place, at a quality required by the community This development includes staged planning	Manage coordinated approach Form a legal entity to deliver older persons housing vision or appoint a regional housing provider to develop/ operate as required Manage relationships and approach with existing providers as required Coordinate new arrangements with existing providers are required/ invited	<i>Primary:</i> AROC Housing Provider <i>Other:</i> Each Local Government Entity Funder	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Management of older persons housing across AROC and ongoing staged development: with ownership options, ageing in place, & quality required by the community	Monitor progress and performance against agreements with provider	<i>Primary:</i> Housing Provider <i>Other:</i> Local Government Funder	Potential residents Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions

7.3 Care at Home

Commentary

Key Features

Most sub-region shires report good levels of HACC service but Chittering and Victoria Plains show a lower level of HACC availability according to state HACC data.

Evidence gathered for this project indicates that there is a variable range of HACC services delivered in different shires. For example, delivered meals are not available in Chittering or Victoria Plains. That shire, along with Dowerin and Chittering, appear to have a smaller available range of HACC services. Goomalling reports the largest available range of HACC services.

There is reportedly good current availability of the higher level Home Care packages in most sub-region shires, although some report deficiencies (Dowerin and Victoria Plains).

Particular Issues

The generally good availability of Home Care is likely because many of the Wheatbelt's Home Care providers are based in the sub-region. There is a major shortage of Residential Care in the sub-region and it appears possible that this is being compensated for by the high number of Home Care places available from locally based providers. Because the package held by those providers are intended for the whole Wheatbelt this factor may explain difficulties in accessing Home Care in some other parts of the Wheatbelt.

There is also a major challenge facing the AROC subregion. By 2022, the new Home Care planning ratios will have increased dramatically and the projected 70+ population in the AROC is predicted to be 3,319. After applying the new ratios to the higher population, the number of available Home Care packages in the subregion should rise to 153. There will need to be 100 new Home Care places made available in AROC over the next 9 years.

Moving to Solutions for Support and Care at Home in AROC

Key Steps	AROC Role	Responsibility	Stakeholders
Providers to focus on coordination to ensure HACC and Home Care is delivered consistently across the sub-region and the Wheatbelt according to program intentions	Encourage and support providers to coordinate Facilitate any arrangements by shires which would assist providers to deliver care in more distant locations	<i>Primary:</i> HACC and Aged Care Providers WACHS WA HACC Dept. Social Services (DSS - Cwlth. Aged Care) Cwlth. Carelink and Respite Service <i>Other:</i> Housing Provider(s) Residential Care Provider(s) Local Government	WDC RDA Community Members

Moving to Solutions for Support and Care at Home in AROC			
Key Steps	AROC Role	Responsibility	Stakeholders
		State Aged Care Planning Advisory Committee (ACPAC)	
Take steps to ascertain the level of unmet demand for Home Care to inform Cwlth. decision making in future allocation of additional places	Assist providers to assess unmet demand by forwarding feedback from shires	<i>Primary:</i> Home Care Providers WACHS <i>Other:</i> ACPAC DSS	Local Governments WDC RDA Housing Providers Community members
Ensure that dialogue is established in relation to aged housing strategies to ensure housing location and designs facilitate delivery of care at home	Initiate discussions with providers to ensure future planning and operations align with the Age Friendly Community and Housing Strategies	<i>Primary:</i> AROC Housing Provider(s) Aged Care Providers Local Councils <i>Other:</i> State housing agencies	
Adopt innovative staffing arrangements to maximise the recruitment of carers living near care recipients	Promote feasibility of innovative local staffing models with providers	<i>Primary:</i> Service Providers	Older people and families Potential local employees
Establish dialogue between HACC/Home Care providers and health services to better integrate health and aged care including post acute care	Leverage local government investment in primary health (per subsidies to medical practices) to influence health services and care providers	<i>Primary:</i> Health Services Care providers SW Medicare Local Medical Practices <i>Other:</i> Local Councils	Community members

7.4 Residential Care

Commentary

Key Features

Residential Care is available primarily at not for profit facilities in Northam and at the WACHS Multi Purpose Service at Goomalling. There are 97 operational/funded beds in the sub-region. This is far short of the numbers that should be available under Commonwealth planning ratios which, on a 2011 population of 2,100, stood at 185 beds under the then ratios.

Particular Issues

Although WA is currently down on available Residential Care beds due to a general reluctance to invest in residential facilities, the deficiency in the AROC sub-region is very severe. Looking to the future, predicted 70+ population growth to 4,120 by 2027 yields a planning requirement for around 330 total beds to be available inside 15 years i.e. more than 230 additional beds will likely be needed over current capacity within a relatively short planning timeframe.

Likely solutions to future aged care needs in this sub-region will have to involve consideration of the essential role of non-government providers. Investment decisions by providers will be needed soon.

Moving to Solutions for Residential Aged Care in AROC

Key Steps	AROC Role	Responsibility	Stakeholders
Existing Providers to initiate action to ensure that Residential Aged Care is available according to benchmark levels	AROC to facilitate a discussion with existing Providers regarding plans to meet current and future unmet demand	<i>Primary:</i> Aged Care Providers AROC WACHS Cwlth. DSS <i>Other</i> Local Government	WDC RDA Community Members
Prompt interest in a new aged care facility from potential new Providers	Canvas interest in building new capacity using the findings of this report		
Assess capacity to offer arrangements to Providers to assist in building new or expanded Residential Care	Work with shires to identify land, planning or services offerings which may improve the business case for Provider expansion/entry	<i>Primary:</i> Shires AROC	
Review current arrangements to best integrate residential aged care with health	Encourage responsible bodies to examine current practices and see if they can be	<i>Primary:</i> Local HSM's Providers WACHS	

Moving to Solutions for Residential Aged Care in AROC			
Key Steps	AROC Role	Responsibility	Stakeholders
services. Maximise the benefits of reforms initiated through WACHS-SIHI to make best use of telehealth and increased primary health care	improved	WACHS-SIHI Local Government SW Medicare Local <i>Other:</i> Community Care Providers	

8 Appendix 2: Central Coast & Central Midlands Solutions

8.1 Age Friendly Communities

Commentary

Key Features

Apart from Moora, there have been other planning activities in the Dandaragan Shire which include elements relating to age friendly communities. Other shires did not highlight action being taken in this area although some action may have been taking place. A key purpose in having age friendly communities is to provide an environment which assists older people to live and engage and receive necessary support to remain independent and well as long as possible in their own “place”.

Those shires which need some local guidance could seek this from the Shire of Moora. Activity under this plank is clearly something which can be locally managed. Assisting older people to remain well in their community is a great benefit to all and reduces the length of time in their life when they may require care.

Particular Issues

Transport issues were strongly identified in Community Forums, especially so at Jurien Bay and, by implication, those coastal population centres and other areas not serviced by public transport.

Significant variability and deficiencies were also evident when it came to older people being able to readily access services in all parts of the sub-region. If a friend or relative drives an older person anywhere for a medical appointment there is a distinct preference for north-south travel that is centred on Perth. There is little interest in travelling ‘cross country’ for services, limiting the potential use of central service locations in the sub-region.

There is evidence of shortfalls in how older people are assisted to move within their communities. Several communities did not have community buses and there were often limitations on use in others e.g. only HACC eligible, no driver available.

Thus, it is evident that there is a need to develop a strategy to resolve these issues. This will need to be done in cooperation between transport and service providers and state agencies and should include coordination of existing resources.

Moving to Solutions for Age Friendly Communities (AFC) in Central Coast & Central Midlands

Key Steps	CC & CM Role	Responsibility	Stakeholders
Gain understanding of WA state approach to AFC and learnings from Moora community research	Referral to state policy and resources	<i>Primary:</i> Local Government <i>Other:</i> State Government, Community clubs/	Local Government Public Transport HACC Volunteer Drivers Community clubs/

Moving to Solutions for Age Friendly Communities (AFC) in Central Coast & Central Midlands			
Key Steps	CC & CM Role	Responsibility	Stakeholders
Consult and research priority needs among community using available WA tools	Consult more advanced sub-regions and pass on learnings	orgs Local services (Medical, Health, Aged, Government) Commercial services SW Medicare Local	orgs WDC RDA Services (Medical, Health, Aged Government) Commercial services St John's RFDS
Audit of for all elements of age friendly community	Support for common tools and approach		
Develop plans or refine existing plans	Assist peer review		
Investigate operation of key shared facilities, equipment or services	Develop template agreements Facilitate mutual support Coordinate approaches		
Implement plans	Encourage common approach to grants for capital funding Advocacy		
Monitor Implementation of Age Friendly Community Plan	Share information		
Improve and redevelop plans	Share learnings Advocacy Provide forum for information sharing Peer support	<i>Primary:</i> CC & CM WA transport depts. & agencies St John's Local Government (own buses etc.) HACC/WACHS Volunteer transport providers <i>Other:</i> Each Local Government Member of CC & CM Public Transport Volunteer Drivers RFDS	
Special focus - Develop a sub-regional integrated transport plan	Coordinate plan development and implementation Advocate Coordinate common approach to grants for capital funding		
Monitor implementation of transport plan and refine as needed	Assume lead role		

8.2 Older Persons Housing

Commentary

Key Features

All shires reported waiting lists for available older persons housing and population projections imply escalating demand for appropriately designed housing. Local housing associations may or may not be able to deal with increasing demand nor have plans, resources and space to do so.

Shires may often need to support housing organisations and will, in turn, need to be supported with new resourcing if this plank is to be fully implemented. State government agencies should play a positive role by working with the sub-region to develop innovative approaches. Varied ownership options need to be examined to meet the range of older people who may be seeking appropriate, well located housing.

Particular Issues

Where shires are required to be involved they will be understandably reluctant to assume all the burden of assessing, planning and facilitating the building of required housing. A collusive approach will be needed, involving local housing organisations, shires, Central Coast & Central Midlands and state government.

Moving to Solutions for Aged Persons Housing in Central Coast & Central Midlands

Key Steps	CC & CM Role	Responsibility	Stakeholders
Review current stock - demand - and priority areas for action	Identify the degree to which stock meets current requirements Identify current and future plans of current housing organisations Clarify wait lists Ascertain covenants on current stock Examine pricing Undertake a common community survey re housing configuration	<i>Primary:</i> CC & CM <i>Other:</i> Each Local Government that makes up CC & CM WDC RDA WA Dept of Housing	Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing The community 55+ years
Development of ageing in place, multiple ownership options and quality older persons housing plan including business case	Lead a coordinated approach to common development, ownership and design and integration Support a common approach to marketing	<i>Primary:</i> CC & CM <i>Other:</i> Existing older persons housing owners: Trusts, Foundations, Community Organisations, Local Government, Dept of Housing	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government

Moving to Solutions for Aged Persons Housing in Central Coast & Central Midlands			
Key Steps	CC & CM Role	Responsibility	Stakeholders
		Possible new Housing providers	WDC RDA WA Dept of Housing Royalties for Regions
Identify and allocate/ acquire land and capital funding	Develop a common approach to land and capital Advocate Acquire capital commitments Manage Royalties or other Capital applications	<i>Primary:</i> Local Government <i>Other:</i> RDL (crown land) Royalties for Regions Dept of Housing	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Development of older persons housing across CC & CM with ownership options, ageing in place, at a quality required by the community This development includes staged planning	Manage coordinated approach Form a legal entity to deliver older persons housing vision or appoint a regional housing provider to develop/ operate as required Manage relationships and approach with existing providers as required Coordinate new arrangements with existing providers are required/ invited	<i>Primary:</i> CC & CM Housing Provider <i>Other:</i> Each Local Government Entity Funder	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Management of older persons housing across CC & CM and ongoing staged development: with ownership options, ageing in place, with a quality	Monitor progress and performance against agreements with provider	<i>Primary:</i> Housing Provider <i>Other:</i> Local Government Funder	Potential residents Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for

Moving to Solutions for Aged Persons Housing in Central Coast & Central Midlands			
Key Steps	CC & CM Role	Responsibility	Stakeholders
required by the community			Regions

8.3 Care at Home

Commentary

Key Features

Based on reported experiences and an examination of identifiable Home Care packages available in the sub-region, there is a current shortage of in-home/community support and care. There is currently an estimated shortfall of 15 or 16 Home Care places in the sub-region, while around 75 additional places should be provided by 2022 to meet older population growth and new planning ratios.

HACC service levels appear to be adequate in most areas although some support types are not universally available. Limitations also tend to arise from rigid employment arrangements when the service is provided from MPS sites and from a shortage of available staff to provide home maintenance/repair.

Particular Issues

Shortfalls in availability of Home Care combined with a major shortage in Residential Care beds in the sub-region mean that there is a very significant deficiency in care options within the sub-region. This situation needs to be placed to the fore when there are further allocations of aged care places by the Commonwealth.

There is a need to initiate discussions about service delivery and coordination with non-government Approved Providers who are funded for the bulk of Home Care packages in the Wheatbelt. Shires may be able to facilitate delivery in this process by providing a small level of support e.g. a work station/office space for provider coordinators/staff.

There is also a need for WACHS to consider measures to address inherent limitations in service delivery from MPS sites.

Moving to Solutions for Support and Care at Home in Central Coast & Central Midlands

Key Steps	CC & CM Role	Responsibility	Stakeholders
Enter dialogue with providers to address barriers to provision of Home Care in locations distant from service base	Facilitate any arrangements by shires which would assist providers to deliver care in more distant locations	<i>Primary:</i> HACC and Aged Care Providers WACHS WA HACC Dept. Social Services (DSS - Cwlth. Aged Care)	WDC RDA Community Members
Providers to focus on coordination to ensure HACC and Home Care is delivered consistently across the sub-region and the Wheatbelt according to program intentions	Encourage and support providers to coordinate	Cwlth. Carelink and Respite Service <i>Other:</i> Housing Provider(s) Residential Care Provider(s) Local Government State Aged Care Planning Advisory Committee	

Moving to Solutions for Support and Care at Home in Central Coast & Central Midlands			
Key Steps	CC & CM Role	Responsibility	Stakeholders
		(ACPAC)	
Take steps to ascertain the level of unmet demand for Home Care to inform Cwlth. decision making in future allocation of additional places	Assist providers to assess unmet demand by forwarding feedback from shires	<i>Primary:</i> Home Care Providers WACHS <i>Other:</i> ACPAC DSS	Local Governments WDC RDA Housing Providers Community members
Ensure that dialogue is established in relation to aged housing strategies to ensure housing location and designs facilitate delivery of care at home	Initiate discussions with providers to ensure future planning and operations align with the Age Friendly Community and Housing Strategies	<i>Primary:</i> CC & CM Housing Provider(s) Aged Care Providers Local Councils <i>Other:</i> State housing agencies	
Adopt innovative staffing arrangements to maximise the recruitment of carers living near care recipients	Promote feasibility of innovative local staffing models with providers	<i>Primary:</i> Service Providers	Older people and families Potential local employees
Establish dialogue between HACC/Home Care providers and health services to better integrate health and aged care including post acute care	Leverage local government investment in primary health (per subsidies to medical practices) to influence health services and care providers	<i>Primary:</i> Health Services Care providers SW Medicare Local Medical Practices <i>Other:</i> Local Councils	Community members

8.4 Residential Care

Commentary

Key Features

A very large current shortage of around 70 beds exists in respect of Residential Care when compared with Commonwealth planning ratios. This will dramatically increase in the planning period ahead unless quite radical steps are taken. The scale of the potential shortfall is very high. To meet planning ratios around 160 further operational beds would be needed by 2027 to cover current and future demand.

MPS sites will need to be subject of major new investment if they are to provide high quality aged care in the future.

The scale of potential demand for Residential Care is such that it should be viable for non-government providers to consider investment in one or two new facilities.

Particular Issues

The current and projected deficiency in beds in the Central Coast & Central Midlands sub-region is very severe. Looking to the future, predicted 70+ population growth to 2417 by 2027 yields a planning requirement for around 200 total beds to be available inside 15 years i.e. more than 150 additional beds will likely be needed over current capacity within a relatively short planning timeframe.

There is a need to engage the Commonwealth Department of Social Services (formerly DoHA) to consider the current and projected unmet demand situation in the sub-region, and to provide advice on the support mechanisms available to assist establishment of new residential aged care in the area. There is also a need to resolve any implied or explicit barriers to entry by new providers that result from the presence of MPS sites in the sub-region.

Moving to Solutions for Residential Aged Care in Central Coast & Central Midlands

Key Steps	CC & CM Role	Responsibility	Stakeholders
Enter discussion with the Commonwealth to convey severe shortfall in beds and resolve any issues restricting the entry of new Providers.	Join with WDC, SIHI and potential Providers to discuss situation with Commonwealth	<i>Primary:</i> CC & CM WACHS WACHS-SIHI Providers Cwlth. DSS <i>Other:</i> Local Government	WDC RDA Community Members
Prompt interest in one or two new aged care facilities from potential new Providers.	Canvas interest in building new capacity using the findings of this report	<i>Primary:</i> CC & CM WDC WACHS-SIHI	

Moving to Solutions for Residential Aged Care in Central Coast & Central Midlands			
Key Steps	CC & CM Role	Responsibility	Stakeholders
WACHS to consider future provision of aged care in light of clear need for investment to provide high quality care	Maintain dialogue with WACHS on issue	<i>Primary:</i> WACHS <i>Other:</i> CC & CM	
Assess capacity to offer arrangements to Providers to assist in building new or expanded Residential Care.	Work with shires to identify land, planning or services offerings which may improve the business case for Provider entry	<i>Primary:</i> Local Government	
Review current arrangements to best integrate residential aged care with health services. Maximise the benefits of reforms initiated through WACHS-SIHI to make best use of telehealth and increased primary health care	Encourage responsible bodies to examine current practices and see if they can be improved	<i>Primary:</i> Local HSMs Providers WACHS WACHS-SIHI Local Government SW Medicare Local <i>Other:</i> Community Care Providers	

9 Appendix 3: CEACA Solutions

The CEACA shires were the original local governments to join with the Wheatbelt Development Commission to undertake a project to seek solutions to looming aged care issues for their areas. That project yielded a report and a plan to implement solutions for the particular issues found in that large and less well serviced part of the Wheatbelt.

The Solutions below reflect the planned approach arising from the earlier project, with some minor updating. A number of the actions proposed have already been commenced and some have resulted in particular improvements to services or their future capacity to provide care for older people in or nearer to their communities.

9.1 Age Friendly Communities

Moving to Solutions for Age Friendly Communities (AFC) in CEACA			
Key Steps	CEACA Role	Responsibility	Stakeholders
Gain understanding of WA state approach to AFC	Referral to state policy and resources	<i>Primary:</i> Local Government <i>Other:</i> Community clubs/ orgs Services (Medical, Health, Aged Government) Commercial services SW Medicare Local	Local Government Public Transport HACC Volunteer Drivers Community clubs/ orgs WDC RDA Services (Medical, Health, Aged Government) Commercial services St John's RFDS
Consult and research priority needs among community using available WA tools	Consult more advanced sub-regions and pass on learnings		
Audit of for all elements of age friendly community	Common tools and approach		
Development of plans or refinement of existing plans	Peer review		
Development of governance for planning for and then operating shared facilities, equipment or services	Template Agreements Peer Support Coordinated approaches		
Implementation of plans	Common approach to grants for capital funding Advocacy		
Monitor Implementation of Age Friendly Community Plan excluding transport plan	Information Peer support		
Improve and redevelop plan	Common approach to grants for		

Moving to Solutions for Age Friendly Communities (AFC) in CEACA			
Key Steps	CEACA Role	Responsibility	Stakeholders
	capital funding Advocacy Information Peer support		
Development of a regional integrated transport plan	Coordinate Plan development and Implementation	<i>Primary:</i> CEACA Public Transport St John's Local Government (own buses etc.) HACC/WACHS Volunteer Transport	
Monitor Implementation of transport plan and Improve	Advocate common approach to grants for capital funding	<i>Other:</i> Each Local Government Member of CEACA Public Transport HACC Volunteer Drivers St John's RFDS	

9.2 Older Persons Housing

Moving to Solutions for Aged Persons Housing in CEACA			
Key Steps	CEACA Role	Responsibility	Stakeholders
Review current stock - demand - and priority areas based on Aged Care Solution findings and plan	Identify the degree to which stock meets current requirements Current and future plans of current Housing Orgs Wait lists Covenants on current stock Pricing Undertake a common community survey	<i>Primary:</i> CEACA <i>Other:</i> Each Local Government that makes up CEACA WDC RDA WA Dept of Housing	Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing The community 55+ years
Development of ageing in place, multiple ownership options, quality older persons housing plan including the business case	Develop a coordinated approach to common development, ownership and design and integration Common approach to marketing	<i>Primary:</i> CEACA <i>Other:</i> Existing older persons housing owners: Trusts, Foundations, Community Organisations, Local Government, Dept of Housing Possible new Housing provider	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Identify and allocate/ acquire land and capital funding	Develop a common approach land and capital Advocate Acquire capital commitments Manage Royalties or other Capital applications	<i>Primary:</i> Local Government <i>Other:</i> RDL (crown land) Royalties for Regions Dept of Housing	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Development of older persons housing across CEACA: with ownership options,	Manage coordinated approach Form a legal entity to deliver older	<i>Primary:</i> CEACA Housing Provider <i>Other:</i> Each Local Government Entity	Potential residents Residents of current stock Existing older persons Housing

Moving to Solutions for Aged Persons Housing in CEACA			
Key Steps	CEACA Role	Responsibility	Stakeholders
ageing in place, with a quality required by the community This development includes staged planning	persons housing vision or appoint a regional housing provider to develop/ operate as required Manage relationships and approach with existing providers as required Coordinate new arrangements with existing providers are required/ invited	Funder	Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Management of older persons housing across CEACA and ongoing staged development: with ownership options, ageing in place, with a quality required by the community	Monitor progress and performance against agreements with provider	<i>Primary:</i> Housing Provider <i>Other:</i> Local Government Funder	Potential residents Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions

9.3 Care at Home

Moving to Solutions for Support and Care at Home in CEACA			
Key Steps	CEACA Role	Responsibility	Stakeholders
Ensure Community Packaged Care Program is delivered according to the Living Longer Living Better architecture and consistent with benchmarks levels applicable to the CEACA sub region.	Advocate using the findings of this report Ascertain how the MPSs will deliver the Living Longer Living Better Community Aged Care Approach Form agreements MOUs to ensure future planning and operations align with the Housing and Aged Friendly Community Strategy	<i>Primary:</i> Aged Care Providers WACHS DSS <i>Other:</i> Housing Provider(s) Residential Care Provider(s) Local Government	Local Governments WDC RDA Aged Care Providers WACHS DSS Housing Provider(s) Community Members
Ensure Home Support Program is delivered according to the Living Longer Living Better architecture and consistent with benchmarks levels applicable to the CEACA sub region - currently part of bundled funding through the MPS		<i>Primary:</i> WA Health (HACC) WACHS <i>Other:</i> DSS Housing Provider(s) Residential Care Provider(s) Local Government	Local Governments WDC RDA Aged Care Providers WACHS DSS Housing Provider(s) Transport Providers Community members
Ensure that the Community Aged Care Strategy is integrated with health services	Facilitate connections/ links with the other elements of the Solution and the providers	<i>Primary:</i> Aged Care Providers WACHS Local Councils SW Medicare Local <i>Other:</i> Housing Provider(s) Residential Care Provider(s)	

9.4 Residential Care

Moving to Solutions for Residential Aged Care in CEACA			
Key Steps	CEACA Role	Responsibility	Stakeholders
Ensure that Residential Aged Care is delivered according to the Living Longer Living Better structure and the benchmark levels are delivered in the CEACA sub region.	CEACA facilitate a joint working party with RDA and WDC with WACHS, DSS, WA HACC and Dryandra Lodge Advocate using the findings of this report Ascertain how the MPSs will deliver the Living Longer Living Better Facilitate agreements with key stakeholders Ascertain what arrangements and approaches will be used in regard to restructuring aged care in MPSs, for beds that become redundant and growth arrangements	<i>Primary:</i> Aged Care Providers WACHS DSS <i>Other:</i> Housing Provider (s) Residential Care Provider (s) Community Care Providers Local Government Community Reference Group	Local Governments WDC RDA Aged Care Providers WACHS DSS Housing Provider (s) Community Members
Develop alternate and creative options	Work with the joint working party with reference to the report and innovations already tested in other locations and developing new approaches		
Ensuring workforce development strategies are implemented that facilitate the community aged care, housing and aged friendly strategy			
Supporting approaches that contribute to Dyrandra Lodge’s viability and capacity to respond to a portion of the identified need for additional residential aged	Work with the joint working party and Dryandra Lodge	<i>Primary:</i> Dryandra Lodge WACHS DSS <i>Other:</i> Housing Provider (s) Community Care Providers Local Government	Local Governments WDC RDA Aged Care Providers WACHS DSS Housing Provider

Moving to Solutions for Residential Aged Care in CEACA			
Key Steps	CEACA Role	Responsibility	Stakeholders
care and dementia care		Community Reference Group	(s) Community Members
Facilitate the context for the Residential Aged Care Strategy to be integrated with health services particularly maximizing the benefits of reforms initiated through WACHS-SIHI including the capacity to make best use of telehealth and increased primary health care	Work with the joint working party and particularly SIHI and local HSMs	<i>Primary:</i> WACHS including; Management, WACHS-SIHI and local HSMs SW Medicare Local <i>Other:</i> Housing Provider (s) Community Care Providers Local Government Community Reference Group	
Develop of local planning for each MPS	Work with WACHS to develop local community and key stakeholders in the planning and performance assessment of the MPS	<i>Primary:</i> WACHS <i>Other:</i> WA Health HACC	Local Governments WACHS DSS Community Members

10 Appendix 4: Dryandra Solutions

10.1 Age Friendly Communities

Commentary

Key Features

All shires will need to develop strategic plans to establish age friendly communities although some action in this area may have been taking place. A key purpose in having age friendly communities is to provide an environment which assists older people to live and engage and receive necessary support so they can remain independent and well as long as possible in their own “place”.

The WA Department of Local Government and Communities is encouraging local government to embrace “An age friendly WA”. Detailed resource materials are available and include the community consultation resource *Age-friendly communities: a Western Australian approach*, which outlines the domains of key importance and provides a methodology and consultation tools.

Creating an environment which supports older people to remain well in their community for as long as possible is a great benefit to all and is likely to reduce the length of time in their life when they may require care.

Particular Issues

Transport issues, including with everyday local transport, were given a strong focus by participants in Dryandra Community Forums, especially in less accessible places.

Significant variability and deficiencies were evident. Reliance on volunteers is high and likely to continue, even though demographics suggest the volunteer pool will shrink just as demand increases. The absence of taxi services can be a significant issue.

Capacity for travel within shires or the sub-region is very limited for older people who cannot drive or who do not have a vehicle. This impinges negatively on social engagement and normal daily living activities.

Thus, it is evident that there is a need to develop a strategy to resolve these issues. This will need to be done in cooperation between transport and service providers and state agencies and should include coordination of existing resources.

Moving to Solutions for Age Friendly Communities (AFC) in Dryandra			
Key Steps	Dryandra Role	Responsibility	Stakeholders
Gain understanding of WA state approach to AFC	Referral to state policy and resources	<i>Primary:</i> Local Government <i>Other:</i> State Government	Local Government Public Transport HACC
Consult and research priority needs among community using available WA tools	Consult more advanced sub-regions and pass on learnings	Community clubs/orgs Local services (Medical, Health/SIHI, Aged,	Volunteer Drivers Community clubs/orgs WDC RDA
Audit of for all	Support for		

Moving to Solutions for Age Friendly Communities (AFC) in Dryandra			
Key Steps	Dryandra Role	Responsibility	Stakeholders
elements of age friendly community	common tools and approach	Government) Commercial services SW Medicare Local	Services (Medical, Health, Aged Government) Commercial services St John's RFDS
Develop plans or refine existing plans	Assist peer review		
Investigate operation of key shared facilities, equipment or services	Develop template agreements Facilitate mutual support Coordinate approaches		
Implement plans	Encourage common approach to grants for capital funding Advocacy		
Monitor Implementation of Age Friendly Community Plan	Share information		
Improve and redevelop plans	Share learnings Advocacy Provide forum for information sharing Peer support		
Special focus - Develop a sub-regional integrated transport plan	Coordinate plan development and implementation Advocate Coordinate common approach to grants for capital funding	<i>Primary:</i> Dryandra WA transport depts. & agencies St John's Local Government (own buses etc.) HACC/WACHS Volunteer transport providers <i>Other:</i> Each Local Government Member of Dryandra Public Transport Volunteer Drivers RFDS	
Monitor implementation of transport plan and refine as needed	Assume lead role		

10.2 Older Persons Housing

Commentary

Key Features

Evidence emerged of strong unmet demand. Population projections imply further escalating demand. Most shires reported waiting lists for available older persons accommodation and population projections imply escalating demand for appropriately designed housing.

Shires may often need to support housing organisations and will, in turn, need to be supported with new resourcing if this plank is to be fully implemented. State government agencies should play a positive role by working with the sub-region to develop innovative approaches. Varied ownership options need to be examined to meet the range of older people who may be seeking appropriate, well located housing.

Particular Issues

Where shires are required to be involved they will be understandably reluctant to assume all the burden of assessing, planning and facilitating the building of required housing. A collusive approach will be needed, involving local housing organisations, shires, Dryandra and state government.

Narrogin Cottage Homes is an active and enterprising organisation which has shown willingness to engage with housing provision issues, including outside of Narrogin. Having such a body provides a potential resource for the whole sub-region.

Moving to Solutions for Aged Persons Housing in Dryandra

Key Steps	Dryandra Role	Responsibility	Stakeholders
Review current stock - demand - and priority areas for action	Identify the degree to which stock meets current requirements Identify current and future plans of current housing organisations Clarify wait lists Ascertain covenants on current stock Examine pricing Undertake a common community survey re housing configuration	<i>Primary:</i> DRYANDRA <i>Other:</i> Each Local Government that makes up Dryandra WDC RDA WA Dept of Housing	Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing The community 55+ years
Development of ageing in place, multiple ownership options and quality older persons housing plan including business	Lead a coordinated approach to common development, ownership and design and integration	<i>Primary:</i> Dryandra <i>Other:</i> Existing older persons housing owners: Trusts, Foundations, Community	Potential residents Residents of current stock Existing older persons Housing Orgs

Moving to Solutions for Aged Persons Housing in Dryandra			
Key Steps	Dryandra Role	Responsibility	Stakeholders
case	Support a common approach to marketing	Organisations, Local Government, Dept of Housing Possible new Housing providers	Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Identify and allocate/ acquire land and capital funding	Develop a common approach to land and capital Advocate Acquire capital commitments Manage Royalties or other Capital applications	<i>Primary:</i> Local Government <i>Other:</i> RDL (crown land) Royalties for Regions Dept of Housing	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Development of older persons housing across Dryandra with ownership options, ageing in place, at a quality required by the community This development includes staged planning	Manage coordinated approach Form a legal entity to deliver older persons housing vision or appoint a regional housing provider to develop/ operate as required Manage relationships and approach with existing providers as required Coordinate new arrangements with existing providers are required/ invited	<i>Primary:</i> Dryandra Housing Provider <i>Other:</i> Each Local Government Entity Funder	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Management of older persons housing across Dryandra and ongoing staged development: with	Monitor progress and performance against agreements with provider	<i>Primary:</i> Housing Provider <i>Other:</i> Local Government Funder	Potential residents Aged care Service providers Local Government WDC

Moving to Solutions for Aged Persons Housing in Dryandra			
Key Steps	Dryandra Role	Responsibility	Stakeholders
ownership options, ageing in place, with a quality required by the community			RDA WA Dept of Housing Royalties for Regions

10.3 Care at Home

Commentary

Key Features

Increased delivery of Home Care is the most direct way to achieve the priority project Principle of allowing people to age in their communities. Fortunately there are active providers of Home Care in the sub-region and there appears to be good availability.

However, population estimates do indicate a funding requirement for 30 to 40 additional places in the sub-region by 2022.

HACC service levels appear to be adequate in most areas although some support types are not universally available.

Particular Issues

Care at home is a clear consumer preference as age related needs increase. An issue in some areas of the Dryandra sub-region is a lack of community awareness of the option of Home Care as a package of care funded well above that intended under HACC.

There is a need to facilitate community access to information about the range of aged care options and access avenues.

Moving to Solutions for Support and Care at Home in Dryandra

Key Steps	Dryandra Role	Responsibility	Other Stakeholders
Develop a strategy and program to ensure community is aware of Home Care as a fully resourced alternative to Residential Care	Work with providers to raise community awareness	<i>Primary:</i> Service Providers ACAR Shires <i>Other:</i> Health Services	Community members
Providers to focus on coordination to ensure HACC and Home Care is delivered consistently across the sub-region and the Wheatbelt according to program intentions	Encourage and support providers to maintain and improve coordination	<i>Primary:</i> HACC and Aged Care Providers WACHS WA HACC Dept. Social Services (DSS - Cwlth. Aged Care) Cwlth. Carelink and Respite Service	WDC RDA Community Members
Enter dialogue with providers to address barriers to provision of Home Care in locations distant from service base	Facilitate any arrangements by shires which would assist providers to deliver care in more distant locations	<i>Other:</i> Housing Provider(s) Residential Care Provider(s) Local Government	

Moving to Solutions for Support and Care at Home in Dryandra			
Key Steps	Dryandra Role	Responsibility	Other Stakeholders
Take steps to ascertain the level of unmet demand for Home Care to inform Cwlth. decision making in future allocation of additional places	Assist providers to assess unmet demand by forwarding feedback from shires	<i>Primary:</i> Home Care Providers WACHS <i>Other:</i> ACPAC DSS	Local Governments WDC RDA Housing Providers Community members
Ensure that dialogue is established in relation to aged housing strategies to ensure housing location and designs facilitate delivery of care at home	Initiate discussions with providers to ensure future planning and operations align with the Age Friendly Community and Housing Strategies	<i>Primary:</i> DRYANDRA Housing Provider(s) Aged Care Providers Local Councils <i>Other:</i> State housing agencies	
Adopt innovative staffing arrangements to maximise the recruitment of carers living near care recipients	Promote feasibility of innovative local staffing models with providers	<i>Primary:</i> Service Providers	Older people and families Potential local employees
Establish dialogue between HACC/Home Care providers and health services to better integrate health and aged care including post acute care	Leverage local government investment in primary health (per subsidies to medical practices) to influence health services and care providers	<i>Primary:</i> Health Services Care providers Medical Practices SW Medicare Local <i>Other:</i> Local Councils	Community members

10.4 Residential Care

Commentary

Key Features

On the face of things there is an adequate level of residential aged-care capacity within the Dryandra sub-region. There are two facilities at Narrogin with combined approvals for 85 beds which would be adequate to meet planning ratios but not all those beds are in operation. The low care hostel at Pingelly is now winding down.

Assuming the cessation of Pingelly Hostel there is likely to be a need for around 40 additional beds by 2027 based on demographic projections but that assumes full existing operational capacity at current facilities, which is doubtful. Therefore there is likely to be a need for significant new investment in refurbished or new Residential Care.

Particular Issues

The current issues for the sub-region are not so much the quantity of beds but the viability of the facilities at Narrogin. Neither is government run, with their viability a matter of scale, occupancy and efficiency of operation. On the latter point, it is of concern that the 50-bed Narrogin Nursing Home is not fully occupied.

Karinya Hostel is not large but it is fully occupied and forms part of a broader range of operations run by Narrogin Cottage Homes. Such a combination of activities improves viability of smaller aged-care services and can be taken as a positive indicator of viability.

The fact that up to 40 new beds will likely be needed in the sub-region by 2027 means investment decisions will have to be made within a reasonable timeframe to meet lead times.

Moving to Solutions for Residential Aged Care in Dryandra

Key Steps	Dryandra Role	Responsibility	Stakeholders
Initiate dialogue with the proprietors of Narrogin Nursing Home to seek an understanding of their plans for the facility	Open discussion	<i>Primary:</i> Dryandra WACHS-SIHI Provider Cwlth. DSS	WDC RDA Community Members
Determine whether there are any appropriate forms of support to encourage further investment.	Facilitate discussions	<i>Primary:</i> Dryandra Provider WACHS-SIHI <i>Other:</i> DSS	
Depending on outcomes of first steps above assess capacity for the sub-region to meet projected demand and develop strategy if needed	Maintain dialogue	<i>Primary:</i> Dryandra WACHS-SIHI Providers <i>Other:</i> DSS	

Moving to Solutions for Residential Aged Care in Dryandra			
Key Steps	Dryandra Role	Responsibility	Stakeholders
Review current arrangements to best integrate residential aged care with health services. Maximise the benefits of reforms initiated through WACHSSIHI to make best use of telehealth and increased primary health care	Encourage responsible bodies to examine current practices and see if they can be improved	<i>Primary:</i> Local HSM's Providers WACHS WACHS-SIHI Local Government SW Medicare Local <i>Other:</i> Community Care Providers	

11 Appendix 5: 4WDL Solutions

11.1 Age Friendly Communities

Commentary

Key Features

The 4WDL shires have already undertaken a project to examine the requirements for aged friendly planning in the sub-region. The project was conducted under the Department of Local Government and Communities grants program intended to encourage local government authorities to embrace Age Friendly Communities. The project was jointly conducted covering all the shires in the sub-region. A report containing combined findings from the perspective of older persons, carers and service providers.

Steps are already underway to address specific issues identified in the extensive consultations undertaken for the report. Various actions have flowed from the project, especially in relation the housing, however there do not appear to have been any age friendly strategic plans adopted by any of the shires. There is clearly a need to ensure that concerted and sustained planning and action ensues, consistent with the objective of assisting older persons to remain in their communities as they age.

Particular Issues

Access to transport services in all parts of the 4WDL sub-region was variable. Apart from longer journeys, there are also limitations on how older people are able to move around their communities. Accessing the Patient Assisted Transport Scheme (PATS) is also problematic.

Although based outside the sub-region the Community Assisted Transport Scheme operated from Narrogin does offer its services to 4WDL residents and has been pointed out as a potential model for other sub-regions. Several communities did not have community buses and there were often limitations on use in others e.g. only HACC eligible passengers, no driver available.

Volunteer drivers are critical and a vulnerable aspect of current arrangements. There is a need to consider contingency arrangements to meet a potential reduction in the pool of available volunteers.

The confusion around non HACC residents accessing HACC transport needs to be quickly cleared up and action to assist older people's understanding and/or interaction with PATS and optimising Fuel Card access and use would be valuable. Coordination of transport resources and utilisation is required.

Moving to Solutions for Age Friendly Communities (AFC) in 4WDL			
Key Steps	4WDL Role	Responsibility	Stakeholders
Ensure strategic plans are in place and being enacted to progressively address the most	Prompt focus on development of comprehensive strategic plans	<i>Primary:</i> Local Government <i>Other:</i> State Government,	

Moving to Solutions for Age Friendly Communities (AFC) in 4WDL			
Key Steps	4WDL Role	Responsibility	Stakeholders
significant barriers to AFC's identified in the 4WDL Research Report		Community clubs/ orgs Local services (Medical, Health, Aged, Government) Commercial services SW Medicare Local	
Investigate operation of key shared facilities, equipment or services	Develop template agreements Facilitate mutual support Coordinate approaches		
Implement plans	Encourage common approach to grants for capital funding Advocacy		
Monitor Implementation of Age Friendly Community Plans	Share information		
Improve and redevelop plans	Share learnings Advocacy Provide forum for information sharing Peer support		
Special focus - Develop a sub-regional integrated transport plan	Coordinate plan development and implementation Advocate Coordinate common approach to grants for capital funding	<i>Primary:</i> 4WDL WA transport depts. & agencies St John's Local Government (own buses etc.) HACC/WACHS	
Monitor implementation of transport plan and refine as needed	Assume lead role	Volunteer transport providers <i>Other:</i> Each Local Government Member of 4WDL Public Transport Volunteer Drivers RFDS	

11.2 Older Persons Housing

Commentary

Key Features

Several shires reported waiting lists for available older persons housing, while population projections imply escalating demand. There is major activity being undertaken in respect of older persons housing in the sub-region arising from the Age Friendly Communities research referred to above.

Particular Issues

Shires will need to be supported with new resourcing if this plank is to be fully implemented. Age appropriate housing solutions are more than a local issue when understood as a vital component in providing support for older people to remain in their communities and reduce the requirement to move away for costly residential care.

State government agencies can play a positive role by working with the sub-region to support housing development. Varied ownership options also need to be examined to meet the range of older people who may be seeking appropriate, well located housing.

Moving to Solutions for Aged Persons Housing in 4WDL

Key Steps	4WDL Role	Responsibility	Stakeholders
Development of ageing in place, multiple ownership options and continue action on quality older persons housing plans including business cases	Lead a coordinated approach to common development, ownership and design and integration Support a common approach to marketing	<i>Primary:</i> 4WDL <i>Other:</i> Existing older persons housing owners: Trusts, Foundations, Community Organisations, Local Government, Dept of Housing Possible new Housing providers	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Identify and allocate/ acquire land and capital funding	Develop a common approach to land and capital Advocate Acquire capital commitments Manage Royalties or other Capital applications	<i>Primary:</i> Local Government <i>Other:</i> RDL (crown land) Royalties for Regions Dept of Housing	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for

Moving to Solutions for Aged Persons Housing in 4WDL			
Key Steps	4WDL Role	Responsibility	Stakeholders
			Regions
Continue action on older persons housing across 4WDL with ownership options, ageing in place, at a quality required by the community This development includes staged planning	Manage coordinated approach Form a legal entity to deliver older persons housing vision or Appoint a regional housing provider to develop/ operate as required Manage relationships and approach with existing providers as required Coordinate new arrangements with existing providers are required/ invited	<i>Primary:</i> 4WDL Housing Provider <i>Other:</i> Each Local Government Entity Funder	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Management of older persons housing across 4WDL and ongoing staged development: with ownership options, ageing in place, with a quality required by the community	Monitor progress and performance against agreements with provider	<i>Primary:</i> Housing Provider <i>Other:</i> Local Government Funder	Potential residents Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions

11.3 Care at Home

Commentary

Key Features

HACC service levels appear to be adequate in most areas, except for Woodanilling, although developments during this project may have improved the situation there. The Share and Care voluntary association does much to supplement current HACC services in Wagin.

Research and consultations did not reveal a major current deficiency in Home Care availability. Nevertheless, the estimate is that 20 or more additional packages will be needed by 2022. This demand may increase if there is difficulty in enlarging the number of available Residential Care beds within the sub-region and with increased community awareness of Home Care as an alternative to Residential Care.

Particular Issues

Delivery of HACC and Home Care in the more remote areas of the sub-region from a central location can be problematic. Innovative employment solutions have been demonstrated to be effective in other Wheatbelt locations.

Moving to Solutions for Support and Care at Home in 4WDL

Key Steps	4WDL Role	Responsibility	Other Stakeholders
Providers to identify and address barriers to provision of Home Care in locations distant from service base	Facilitate any arrangements by shires which would assist providers to deliver care in more distant locations	<i>Primary:</i> HACC and Aged Care Providers Local Government WACHS WA HACC	WDC RDA Community Members
Take steps to ascertain the level of unmet demand for Home Care to inform Cwlth. decision making in future allocation of additional places	Assist providers to assess unmet demand by forwarding feedback from shires	<i>Primary:</i> Home Care Providers WACHS <i>Other:</i> ACPAC DSS	Local Governments WDC RDA Housing Providers Community members
Ensure that dialogue is established in relation to aged housing strategies to ensure housing location and designs facilitate delivery of care at home	Initiate discussions with providers to ensure future planning and operations align with the Age Friendly Community and Housing Strategies	<i>Primary:</i> 4WDL Housing Provider(s) Aged Care Providers Local Councils <i>Other:</i> State housing agencies	
Adopt innovative staffing arrangements to maximise the recruitment of carers living near	Promote feasibility of innovative local staffing models with providers	<i>Primary:</i> Service Providers	Older people and families Potential local employees

Moving to Solutions for Support and Care at Home in 4WDL			
Key Steps	4WDL Role	Responsibility	Other Stakeholders
care recipients			
Establish dialogue between HACC/Home Care providers and health services to better integrate health and aged care including post acute care	Leverage local government investment in primary health (per subsidies to medical practices) to influence health services and care providers	<i>Primary:</i> Health Services Care providers Medical Practices SW Medicare Local <i>Other:</i> Local Councils	Community members

11.4 Residential Care

Commentary

Key Features

Compared with Commonwealth planning ratios there is a current shortfall is around 20 beds in the sub-region. This deficit in beds will worsen in the planning period ahead unless definite steps are taken. The potential shortage is significant, with a predicted need for 40–45 further operational beds by 2027, above those currently available.

Residential Care is provided as low care at Waratah Lodge at Wagin and according to available care and bed capacity at MPS sites at Dumbleyung and Lake Grace. The MPS facilities are not built for purpose to provide modern, quality aged care. MPS sites would need to be subject of major new investment if they are to provide high quality aged care in the future.

Particular Issues

The scale of likely new demand for residentially based aged care in the sub-region is relatively small but for those people who have no other option it is very important to provide access as near to their community as possible. The scale is such that it is unlikely that a new non-government provider would be attracted to invest. Thus further development of Waratah Lodge will be a key consideration to meet future demand for the full range of care needs.

However, given the wide geographic spread of the sub-region, to allow for Residential Care nearer home for older people in the further eastern areas, consideration has to be given to the future configuration of the Lake Grace MPS.

Moving to Solutions for Residential Aged Care in 4WDL			
Key Steps	4WDL Role	Responsibility	Stakeholders
Waratah Lodge to consider how it can respond to the increasing need for the full spectrum of Residential Care in the sub-region (including dementia care)	Enter discussion with Waratah Lodge and WACHS	<i>Primary:</i> Waratah Lodge WACHS DSS <i>Other:</i> 4WDL	WDC RDA Community Members
WACHS to consider future provision of aged care at MPS sites in light of the investment needed for high quality care and the key “Importance of place” Principle of this project	Maintain dialogue with WACHS on issue	<i>Primary:</i> WACHS <i>Other:</i> 4WDL	
Assess capacity to offer arrangements to assist in building	Work with Wagin Shire to identify land, planning or	<i>Primary:</i> Local Government Waratah Lodge	

Moving to Solutions for Residential Aged Care in 4WDL			
Key Steps	4WDL Role	Responsibility	Stakeholders
new or expanded Residential Care.	services offerings which may improve the business case for expansion of Waratah Lodge		
Review current arrangements to best integrate residential aged care with health services. Maximise the benefits of reforms initiated through WACHS-SIHI to make best use of telehealth and increased primary health care	Encourage responsible bodies to examine current practices and see if they can be improved	<i>Primary:</i> Local HSM's Providers WACHS WACHS-SIHI Local Government SW Medicare Local <i>Other:</i> Community Care Providers	

12 Appendix 6: ROEROC Solutions

12.1 Age Friendly Communities

Commentary

Key Features

Strategic plans will be needed to establish age friendly communities although some action in this area may have been taking place. A key purpose in having age friendly communities is to provide an environment which assists older people to live and engage and receive necessary support so they can remain independent and well as long as possible in their own “place”.

The WA Department of Local Government and Communities is encouraging local government to embrace “An age friendly WA”. Detailed resource materials are available and include the community consultation resource, *Age-friendly communities: a Western Australian approach*, which outlines the domains of key importance and provides a methodology and consultation tools.

Creating the right environmental and social supports to assist older people to remain well in their community results in a great benefit to all. Done well, these supports are likely to reduce the period of time when care may be required.

Particular Issues

Significant variability and deficiencies were evident when it came to older people being able to readily access services in all parts of the sub-region. Public transport to Perth is quite circumscribed, with towns typically having service only twice a week or needing a special connection to even access the TransWA bus.

There are also limitations on the assistance given to older people to move within their communities. The lack of transport to the services available at Narrogin is a prominent problem. Several communities did not have community buses, while there were often limitations on use in others e.g. only HACC eligible, no driver available.

It is evident that there is a need to develop a strategy to resolve these issues. This will need to be done in cooperation between service providers and should include coordination of existing resources.

There is also a need to continue efforts to improve telehealth operation and access to limit required travel outside the sub-region.

Moving to Solutions for Age Friendly Communities (AFC) in ROEROC			
Key Steps	ROEROC Role	Responsibility	Stakeholders
Gain understanding of WA state approach to AFC	Referral to state policy and resources	<i>Primary:</i> Local Government <i>Other:</i> State Government, Community clubs/orgs Local services	Local Government Public Transport HACC Volunteer Drivers Community clubs/orgs WDC
Consult and research priority needs among community using available WA tools	Consult more advanced sub-regions and pass on learnings		

Audit of for all elements of age friendly community	Support for common tools and approach	(Medical, Health, Aged, Government) Commercial services SW Medicare Local	RDA Services (Medical, Health, Aged Government) Commercial services St John’s RFDS
Develop plans or refine existing plans	Assist peer review		
Investigate operation of key shared facilities, equipment or services	Develop template agreements Facilitate mutual support Coordinate approaches		
Implement plans	Encourage common approach to grants for capital funding Advocacy		
Monitor Implementation of Age Friendly Community Plan	Share information		
Improve and redevelop plans	Share learnings Advocacy Provide forum for information sharing Peer support		
Special focus - Develop a sub-regional integrated transport plan	Coordinate plan development and implementation Advocate Coordinate common approach to grants for capital funding	<i>Primary:</i> ROEROC WA transport depts. & agencies St John’s Local Government (own buses etc.) HACC/WACHS Volunteer transport providers <i>Other:</i> Each Local Government Member of ROEROC Public Transport Volunteer Drivers RFDS	
Monitor implementation of transport plan and refine as needed	Assume lead role		

12.2 Older Persons Housing

Commentary

Key Features

Shires typically reported waiting lists for available older persons housing, while population projections imply escalating demand. The existence or otherwise of waitlists can be influenced by the nature of housing available.

There is a need for each shire to facilitate/lead an informed plan to meet unmet housing needs and projected demand increase. Shires should consider the development of a consolidated sub-regional plan to guide and assist the financing/building of adequate older persons housing under various purchase options.

When older people are living in appropriate housing it facilitates increased delivery of care at home. This is one of the most direct ways to achieve the priority Principle of allowing people to age in their communities.

Particular Issues

It is acknowledged that it is sometimes difficult to get builders in more isolated shires. Accordingly proceeding on a sub-regional basis gives the opportunity for larger scale tenders which are more attractive to contractors.

Local housing associations may not be able to readily deal with increasing demand. Where shires are or need to become involved this role will need to be shared and/or supported with new resourcing. State agencies can support local activities by adopting flexible approaches. Varied ownership options also need to be examined

Moving to Solutions for Aged Persons Housing in ROEROC

Key Steps	ROEROC Role	Responsibility	Stakeholders
Review current stock - demand - and priority areas for action	Identify the degree to which stock meets current requirements Identify current and future plans of current housing organisations Clarify wait lists Ascertain covenants on current stock Examine pricing Undertake a common community survey re housing configuration	<i>Primary:</i> ROEROC <i>Other:</i> Each Local Government that makes up ROEROC WDC RDA WA Dept of Housing	Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing The community 55+ years
Development of ageing in place, multiple ownership options and quality older persons housing plan	Lead a coordinated approach to common development, ownership and design and	<i>Primary:</i> ROEROC <i>Other:</i> Existing older persons housing owners: Trusts, Foundations,	Potential residents Residents of current stock Existing older persons Housing Orgs

including business case	integration Support a common approach to marketing	Community Organisations, Local Government, Dept of Housing Possible new Housing providers	Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Identify and allocate/ acquire land and capital funding	Develop a common approach to land and capital Advocate Acquire capital commitments Manage Royalties or other Capital applications	<i>Primary:</i> Local Government <i>Other:</i> RDL (crown land) Royalties for Regions Dept of Housing	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Development of older persons housing across ROEROC with ownership options, ageing in place, at a quality required by the community This development includes staged planning	Manage coordinated approach Form a legal entity to deliver older persons housing vision or Appoint a regional housing provider to develop/ operate as required Manage relationships and approach with existing providers as required Coordinate new arrangements with existing providers are required/ invited	<i>Primary:</i> ROEROC Housing Provider <i>Other:</i> Each Local Government Entity Funder	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Management of older persons housing across ROEROC and staged development: with ownership options, ageing in place, & quality required by the community	Monitor progress and performance against agreements with provider	<i>Primary:</i> Housing Provider <i>Other:</i> Local Government Funder	Potential residents Age care providers Local Government WDC RDA WA Dept of Housing Royalties for Regions

12.3 Care at Home

Commentary

Key Features

No major current deficiency was identified in this area of care except in the availability of dementia Home Care. Nevertheless, the estimate is that up to 15 to 20 additional packages will be needed by 2022. Demand may increase if there is difficulty in enlarging the number of available Residential Care beds within the sub-region.

Particular Issues

An issue in some areas of the ROEROC sub-region is a lack of community awareness of the option of Home Care as a package of care funded well above that intended under HACC. When fully understood this form of care is commonly the clear preference for older people and their families and it obviously meets the key Principle of “The importance of place”.

There is a need to facilitate community access to information about the range of aged care options and access avenues.

Moving to Solutions for Support and Care at Home in ROEROC

Key Steps	ROEROC Role	Responsibility	Stakeholders
Undertake activities to ensure community is aware of Home Care as a fully resourced alternative to Residential Care	Work with providers to raise community awareness	<i>Primary:</i> Service Providers ACAR Shires Health Services	Community members
Providers to focus on coordination to ensure HACC and Home Care is delivered in complementary ways	Encourage and support providers to maintain and improve coordination	<i>Primary:</i> HACC and Aged Care Providers WACHS WA HACC Cwlth. Carelink and Respite Service <i>Other:</i> Housing Provider(s) Local Government	WDC RDA Community Members

Enter dialogue with providers to address barriers to provision of Home Care in locations distant from service base	Facilitate any arrangements by shires which would assist providers to deliver care in more distant locations		
Monitor the level of unmet demand for Home Care to inform Cwlth. decision making in future allocation of additional places	Assist providers to assess unmet demand by forwarding feedback from shires	<i>Primary:</i> Home Care Providers WACHS <i>Other:</i> ACPAC DSS	Local Governments WDC RDA Housing Providers Community members
Establish discussion in relation to aged housing strategies to ensure housing location and designs facilitate delivery of care at home	Initiate discussions with providers to ensure future planning and operations align with the Age Friendly Community and Housing Strategies	<i>Primary:</i> ROEROC Housing Provider(s) Aged Care Providers Local Councils <i>Other:</i> State housing agencies	
Adopt innovative staffing arrangements to maximise the recruitment of carers living near care recipients	Promote feasibility of innovative local staffing models with providers	<i>Primary:</i> Service Providers	Older people and families Potential local employees
Establish dialogue between HACC/Home Care providers and health services to better integrate health and aged care including post acute care	Leverage local government investment in primary health (per subsidies to medical practices) to influence health services and care providers	<i>Primary:</i> Health Services Care providers Medical Practices SW Medicare Local <i>Other:</i> Local Councils	Community members

12.4 Residential Care

Commentary

Key Features

Technically there are no major current deficiencies in available residential care beds in the sub-region when compared with Commonwealth planning ratios. However, the small scale of the MPS sites is such that periodically there is no access to a local service, and this causes older people to be sent away for Residential Care.

It is estimated that there will be future need for another 15 beds by 2027.

Particular Issues

Given the small scale of likely demand it is highly unlikely that a non-government provider will be interested in establishing a residential facility in the sub-region.

To meet recurring deficiencies in capacity and projected demand increase there will have to be decisions about new investment at MPS sites. This sub-region is unique in its dependency on WACHS facilities for Residential Care with little real prospect of introducing another provider.

Moving to Solutions for Residential Aged Care in ROEROC

Key Steps	ROEROC Role	Responsibility	Stakeholders
WACHS to plan for continuing role in Residential Care in this sub-region	Lead community discussion with WACHS on issue	<i>Primary:</i> WACHS SIHI Cwlth. DSS <i>Other:</i> ROEROC	WDC RDA Community Members
Factoring in progress in above process develop strategies to assist all older people to receive care in or near their communities	Maintain leadership, monitoring and advocacy role	<i>Primary:</i> ROEROC WACHS-SIHI Providers <i>Other:</i> DSS	
Review current arrangements to best integrate residential aged care with health services. Maximise the benefits of reforms initiated through WACHS-SIHI to make best use of telehealth and increased primary health care	Encourage responsible bodies to examine current practices and see if they can be improved	<i>Primary:</i> Local HSM's Providers WACHS WACHS-SIHI Local Government SW Medicare Local <i>Other:</i> Community Care Providers	

13 Appendix 7: SEAVROC Solutions

13.1 Age Friendly Communities

Commentary

Key Features

No evidence emerged of any formal strategic plans in the sub-region to establish age friendly communities, although some action in this area may have been taking place. A key purpose in having age friendly communities is to provide an environment which assists older people to live and engage and receive necessary support so they can remain independent and well as long as possible in their own “place”.

The WA Department of Local Government and Communities is encouraging local government to embrace “An age friendly WA”. Detailed resource materials are available and include the community consultation resource, *Age-friendly communities: a Western Australian approach*, which outlines the domains of key importance and provides a methodology and consultation tools.

Assisting older people to remain well in their community for as long as possible is a great benefit to all and tends to reduce the length of time when care may be required.

Particular Issues

Transport issues, especially around everyday local transport, were given a strong focus in Community Forums. This was particularly so at less accessible places but there were even transport issues in the larger centre of York. Shires are working to fill some gaps, but an overarching transport planning and coordination deficit is apparent.

Moving to Solutions for Age Friendly Communities (AFC) in SEAVROC			
Key Steps	SEAVROC Role	Responsibility	Stakeholders
Gain understanding of WA state approach to AFC	Referral to state policy and resources	<i>Primary:</i> Local Government <i>Other:</i> State Government, Community clubs/ orgs	Local Government Public Transport HACC
Consult and research priority needs among community using available WA tools	Consult more advanced sub-regions and pass on learnings	Local services (Medical, Health, Aged, Government)	Volunteer Drivers Community clubs/ orgs WDC RDA
Audit of for all elements of age friendly community	Support for common tools and approach	Commercial services	Services (Medical, Health, Aged Government)
Develop plans or refine existing plans	Assist peer review	SW Medicare Local	Commercial services St John's RFDS
Investigate operation of key shared facilities,	Develop template agreements		

equipment or services	Facilitate mutual support Coordinate approaches		
Implement plans	Encourage common approach to grants for capital funding Advocacy		
Monitor Implementation of Age Friendly Community Plan	Share information		
Improve and redevelop plans	Share learnings Advocacy Provide forum for information sharing Peer support		
Special focus - Develop a sub-regional integrated transport plan	Coordinate plan development and implementation Advocate Coordinate common approach to grants for capital funding	<i>Primary:</i> SEAVROC WA transport depts. & agencies St John’s Local Government (own buses etc.) HACC/WACHS Volunteer transport providers <i>Other:</i> Each Local Government Member of SEAVROC Public Transport Volunteer Drivers RFDS	
Monitor implementation of transport plan and refine as needed	Assume lead role		

13.2 Older Persons Housing

Commentary

Key Features

Most shires reported waiting lists for available older persons housing and widespread evidence emerged of strong unmet demand, despite there being some extra capacity available at Balladong in York. Population projections imply further escalating demand. Local housing associations will be challenged to deal with an increasing demand.

Particular Issues

Shires may need to support housing organisations and will, in turn, need to be supported with new resourcing if this plank is to be fully implemented. State government agencies can play a positive role by working with the sub-region to develop innovative approaches. Varied ownership options need to be examined to meet the range of older people who may be seeking appropriate, well located housing.

Where there are strong and competent bodies managing older persons' housing locally and they are willing to be central to the strategic planning to meet unmet need, they should continue to lead with support from shires and other partners.

Moving to Solutions for Aged Persons Housing in SEAVROC			
Key Steps	SEAVROC Role	Responsibility	Stakeholders
Provide support for existing housing providers to assist in viability and appropriate expansion if needed	Encouragement of shires to act in support of existing providers	<i>Primary:</i> Local Government Housing providers WA Dept Housing	Residents of current stock Existing older persons Housing Orgs Aged care Service providers
Review current stock - demand - and priority areas for action	Identify the degree to which stock meets current requirements Identify current and future plans of current housing organisations Clarify wait lists Ascertain covenants on current stock Examine pricing Undertake a common community survey re housing configuration	<i>Primary:</i> SEAVROC Housing providers <i>Other:</i> Each Local Government that makes up SEAVROC WDC RDA WA Dept of Housing	The community 55+ years
Development of ageing in place, multiple ownership	Lead a coordinated approach to common	<i>Primary:</i> SEAVROC <i>Other:</i> Existing older persons	Potential residents Residents of current stock

options and quality older persons housing plan including business case	development, ownership and design and integration Support a common approach to marketing	housing owners: Trusts, Foundations, Community Organisations, Local Government, Dept of Housing Possible new Housing providers	Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Identify and allocate/ acquire land and capital funding	Develop a common approach to land and capital Advocate Acquire capital commitments Manage Royalties or other Capital applications	<i>Primary:</i> Local Government <i>Other:</i> RDL (crown land) Royalties for Regions Dept of Housing	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Development of older persons housing across SEAVROC with ownership options, ageing in place, at a quality required by the community This development includes staged planning	Manage coordinated approach Form a legal entity to deliver older persons housing vision or appoint a regional housing provider to develop/ operate as required Manage relationships and approach with existing providers as required Coordinate new arrangements with existing providers are required/ invited	<i>Primary:</i> SEAVROC Housing Provider <i>Other:</i> Each Local Government Entity Funder	Potential residents Residents of current stock Existing older persons Housing Orgs Aged care Service providers Local Government WDC RDA WA Dept of Housing Royalties for Regions
Management of older persons housing across SEAVROC and ongoing staged development: with	Monitor progress and performance against agreements with provider	<i>Primary:</i> Housing Provider <i>Other:</i> Local Government Funder	Potential residents Aged care Service providers Local Government WDC

ownership options, ageing in place, with a quality required by the community			RDA WA Dept of Housing Royalties for Regions
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13.3 Care at Home

Commentary

Key Features

Current availability of HACC and Home Care appears to be somewhat below planning expectations. There is likely to be a level of unmet demand. Population estimates also indicate a need for 35 to 40 additional places by 2022.

Increased delivery of Home Care is the most direct way to achieve the priority project Principle of “Importance of place”. Fortunately there are active providers of Home Care in the sub-region who should be able to respond.

Particular Issues

An issue in some areas of the SEAVROC sub-region is a lack of community awareness of the option of Home Care as a package of care funded well above that intended under HACC.

There is a need to facilitate community access to information about the range of aged care options and access avenues.

Cunderdin is in the process of potential transformation of the MPS to a Primary Care Service and in following this course a well developed capacity to provide care in the home will be critical. Cluster models of housing and advanced practice in relation to home care at Cunderdin are concepts which should be seriously considered to minimise occasions when older people may have to seek care away from their local community.

Moving to Solutions for Support and Care at Home in SEAVROC

Key Steps	SEAVROC Role	Responsibility	Stakeholders
Ensure additional capacity is put in place to meet any current shortfalls in Home Care and provide additional places as older population and planning ratios increase	Assist providers to assess unmet demand by forwarding any feedback from shires	<i>Primary: HACC and Home Care Providers WACHS Other: ACPAC DSS</i>	Local Governments WDC RDA Housing Providers Community members
Develop a strategy and program to ensure community is aware of Home Care as a fully resourced alternative to Residential Care	Work with providers to raise community awareness	<i>Primary: Service Providers ACAT Shires Other: Health Services</i>	Community members

Providers to coordinate to ensure and Home Care is delivered consistently across the sub-region and the Wheatbelt according to program intentions	Encourage and support providers to maintain and improve coordination	<i>Primary:</i> HACC and Aged Care Providers WACHS WA HACC DSS Cwlth. Carelink and Respite Service <i>Other:</i> Housing Provider(s)	WDC RDA Community Members
Enter dialogue with providers to address barriers to provision of Home Care in locations distant from service base	Facilitate any arrangements by shires which would assist providers to deliver care in more distant locations	<i>Primary:</i> Service Providers Local Government	
Ensure that dialogue is established in relation to aged housing strategies to ensure housing location and designs facilitate delivery of care	Initiate discussions with providers to ensure future planning and operations align with the Age Friendly Community and Housing Strategies	<i>Primary:</i> SEAVROC Housing Provider(s) Aged Care Providers Local Councils <i>Other:</i> State housing agencies	Local Governments WDC RDA Housing Providers Community members
Adopt innovative staffing arrangements to maximise the recruitment of carers living near care recipients	Promote feasibility of innovative local staffing models with providers	<i>Primary:</i> Service Providers	Older people and families Potential local employees
Establish dialogue between Home Care providers and health services to better integrate health and aged care including post acute care	Leverage local government investment in primary health (per subsidies to medical practices) to influence health services and care providers	<i>Primary:</i> Health Services Care providers Medical Practices SW Medicare Local <i>Other:</i> Local Councils	Community members

13.4 Residential Care

Commentary

Key Features

There is a significant level of residential aged care capacity within the sub-region, with two reasonable sized facilities at Balladong and Brookton and four MPS sites providing additional beds.

There is a possible need for modest growth in beds over the next fifteen years (around 20).

Particular Issues

The issue for this sub-region is not so much the quantity of beds but the quality and viability of some facilities. The question is whether future provision of residential aged care at current MPS sites is viable or desirable. MPS sites will need major new investment if they are to provide care to meet current national standards.

There is need for a planning process among current providers and WACHS to ensure adequate capacity in the event that WACHS decides that its provision of Residential Care in the sub-region is no longer viable.

Moving to Solutions for Residential Aged Care in SEAVROC

Key Steps	SEAVROC Role	Responsibility	Stakeholders
Non-government providers and WACHS to enter discussion around future provision of high quality Residential Care	Prompt the need for discussions	<i>Primary:</i> WACHS-SIHI Residential Care Providers <i>Other:</i> Cwlth. DSS	WDC RDA Community Members
Plan for modest growth in demand	Prompt providers to plan	<i>Primary:</i> Residential Providers <i>Other:</i> DSS SEAVROC	
Review current arrangements to best integrate residential aged care with health services.	Encourage responsible bodies to examine current practices and see if they can be improved	<i>Primary:</i> Local HSM's Residential Care Providers WACHS -SIHI Local Government <i>Other:</i> Community Care Providers	

14 Appendix 8: Whole of Wheatbelt Solutions

Specialised Dementia Care			
Objective	Actions	Responsibilities	Stakeholders
To provide sufficient capacity in each sub-region to provide quality specialised dementia care, including secure care	Undertake detailed assessment of current capacity for quality dementia care against current and likely future demand	<i>Primary:</i> Non govt. providers WACHS-SIHI	Communities Local Government Health Services Older people and families
	Assess likely demand for additional secure dementia facilities	<i>Other:</i> WDC RDA DSS SW Medicare Local	
	Estimate the level of current and future demand for dementia care which could be delivered in home		
	WACHS and private providers to liaise and develop a region wide Dementia Care Plan capable of providing quality dementia care in all sub-regions		
	Develop any necessary investment cases		

Transport			
Objective	Actions	Responsibilities	Stakeholders
Maximise use of current capacity at sub-regional level and in communities and seek to address gaps	Document range of resources and supports available at sub-regional level	Primary: Transport providers HACC providers Local Government State Government Health services	Volunteer drivers Communities Older people
	Assess viability of current arrangements and how to support		
	Examine and address barriers to use of PATS and Fuel Card		
	Stimulate sub-regional and regional coordination		
	Identify gaps and prioritise those which are having most effect on ageing in community		
	Develop plans to address priority gaps		
	Prepare cases to secure necessary capital or program funding		

Older Persons Housing			
Objective	Actions	Responsibilities	Stakeholders
To provide suitable, accessible local housing to maximise the ability of older people to “age in place”	Review current stock and assess immediate and likely future demand	Primary: Housing Associations Local Government State Government Other: WDC Regional Development	Communities Older people
	Develop viable ownership & management options		
	Establish capital sources to continue or initiate development		
	Confirm or develop viable housing management		
	Initiate development		

15 Appendix 9: Palliative Care in the Wheatbelt

Commentary

What is palliative care?

A person receiving palliative care will have an active, progressive and far-advanced disease, with little or no prospect of cure. The aim of palliative care is to achieve the best possible quality of life for the individual patient, their carers and family. Palliative care affirms life and treats dying as a normal process; neither hastens nor postpones death; provides relief from pain and other distressing symptoms; integrates the physical, psychological, social, emotional and spiritual aspects of care, with coordinated assessment and management of each person's needs; offers a support system to help people live as actively as possible until death; and offers a support system to help the family cope during the person's illness and in their own bereavement.

Who receives palliative care?

Palliative care is provided to people of all ages who are dying. The need for palliative care does not depend on any specific medical diagnosis, but on the person's needs. Some of the common medical conditions of people requiring palliative care include: cancer, HIV/AIDS, motor neurone disease, muscular dystrophy, multiple sclerosis and end-stage dementia.

Families and carers also receive support from palliative care services. Families provide much of the care for people who are dying, and practical and emotional support for them in this role is critical.

Where are palliative care services provided?

Palliative care services can be provided in the home, in community-based settings like nursing homes, palliative care units, and in hospitals. People who are dying need to be able to move freely between these places in response to their medical care and support needs.

The pattern of care will be different for every individual, and may depend on factors like: geography, services in an area, and the needs and desires of the person, family members and friends.

In general, palliative care is best provided within close proximity to the person's local environment and community.

The National Palliative Care Program

The Australian Government provides support for people with a life-limiting illness through the National Palliative Care Program.⁶

Palliative care in rural Western Australia developed in an ad hoc manner leading to diverse models of palliative care and inconsistent levels of funding from region to region.⁷

⁶ (DSS website accessed 2/9/13)

⁷ Rural Palliative Models of Care, Government of Western Australia Department of Health, 2008

“A rural audit of palliative care conducted in WA in 2007 found that many rural services care for small numbers of palliative care patients, have staff with little palliative care specific education, and most education received is of an informal nature. Although a lack of knowledge about implementing palliative care standards was reported, there was agreement of a need for systems to improve care, for example clinical pathways. The audit also identified that little attention had been given to a palliative care governance structure or developing service models to meet the Australian Palliative Care Standards.”⁸

It has also been recognised that primary health and community care providers are the main providers of non-specialised palliative care and that people living in regional areas are less likely to receive care from a specialized palliative care service.⁹

There have been a number of reports and recommendations around Palliative Care in the past ten years including key recommendations from the Rural Palliative Care Model in Western Australia report by The WA Department of Health that:

- A state-wide palliative care education plan and implementation strategy be developed to provide access to a health professional workforce with palliative care knowledge and skills
- There is a coordinated approach, with the Palliative Care Network linking stakeholders to the development and implementation of pathways and protocols to guide rural primary care providers in appropriate and timely management of palliative care patients

The Rural Palliative Care Model in Western Australia is currently being implemented across all seven WACHS regions in regional, rural and remote Western Australia to address the barriers of remoteness and isolation and seeks to build multi-disciplinary teams through integrated systems of communication and education and support for evidenced based best practice palliative care services. It also enhances the experience of care for the palliative patient and their carer/s by strengthening the links between specialist palliative care services and mainstream health service delivery. It involves the establishment of a state-wide rural model framework and a palliative care team. These teams provide regional coordination and have the clinical expertise to build capacity and linking collaboration in health professionals throughout the regions. The Australian General Practice Network (AGPN) endorsed the broad aim of the project which increased the capacity of primary health care providers, in partnership with other services, and provided quality palliative care to rural and remote Australia.

The Palliative Care Quality Improvement Project is an initiative of the Western Australian Government Department of Health, through the WA Cancer and Palliative Care Network, WACHS and the Palliative Care Outcomes Collaboration, through the Cancer and Palliative Care Research and Evaluation Unit. It includes input from the WA Country Health Service, local health services, St John of God Health Care and Regional Palliative Care Teams and uses a train the trainer method within each WACHS region. Nurses are provided with resources and are supported to act as local mentors. Regional Palliative Care Teams meet with the local link nurses via videoconference every 1-2 months.

⁸ WA Cancer and Palliative Care Network. Rural Palliative Care Model in Western Australia. Perth:

Government of Western Australia Department of Health, 2008

⁹ “The Palliative Care Quality Improvement Project.” Clare Johnson et al 12th National Rural Health Conference, 2013

Palliative Care in the Community

Most older people in Australia live in the community – either in their own homes, including in retirement villages, or with friends or relatives. Palliative care can be provided for people living in all these places by family carers, non professional aged care workers or community health care professionals.

The National Program Guidelines for the HACC program 2007 specifies that specialist palliative care services (where the client is in the terminal stages of illness) are outside the scope of the HACC program. Volunteers can contribute companionship and counselling, assistance with tasks in the home and transport to medical appointments and treatment. The HACC service provider needs to carefully assess which HACC services are needed to fill service gaps and complement services provided by specialist palliative care teams.

Older adults in need of a palliative approach to care are defined as people aged 65 years or older who have a progressive, life-limiting illness or frailty. Aboriginal or Torres Strait Islander people aged 50 years or older are considered to be older adults within the context of aged care.

In regional Western Australia Community Aged Care, specialised palliative care is provided by a small number of services including SilverChain and Baptist Care who provide community care in many of the regional centres and outlying areas.

SilverChain

The Silver Chain Hospice Care Service provides in-home palliative care supporting people with a life limiting illness, their families and carers in the Perth Metropolitan area. The Service works in close collaboration with the person's General Practitioner and all inpatient palliative care services in Perth and regional centres. There is no fee for the SilverChain Hospice Home Care Service.

SilverChain also offers the Rural Telephone Nurse Advisory Service-This service gives rural health professionals 24 hour access to prompt, convenient and free palliative care expertise from Silver Chain Hospice Care Nurse Consultants to support the needs of an individual.

Palliative Care in a Hospice or Palliative Care Unit

The GP is usually the first port of call for people requiring palliative care and ongoing medical support and a GP who does not have special expertise in this area can receive advice and support from the palliative care service. Services that may be relevant to Wheatbelt residents include:

Albany Palliative Care (Hospice)

Phone: (08) 0429 379 145

Administrative Officer (Tue-Thu): (08) 9892 2380

Fax: (08) 9892 2580

Albany offers both a community and inpatient palliative care service in partnership with the patient's own GP or medical providers, with access to 24 hour support from Silver Chain. The Albany Hospice is a 4 bed unit located on the hospital grounds, offering symptom control, respite and terminal care, and is available for both public and private patients.

Avon Hospice Inc

Northam WA 6401

Phone: (08) 9690 1338

Fax: (08) 9690 1319

Bunbury Palliative Care Service (Inpatient Unit)

St John of God Hospital

Cnr Bussell Highway and Robertson Drive

Bunbury WA 6230

Phone: (08) 9722 1790 (inpatient service)

Phone: (08) 9721 3374 (community service)

Fax: (08) 9792 5030

St John of God Hospital Bunbury has a purpose-built 10 bed inpatient palliative care unit. The multidisciplinary team also provides a 24-hour community palliative care service, day hospice program, outpatient clinics and bereavement follow-up. Referral from a doctor is necessary

Busselton Hospice Unit

Phone: (08) 9751 1642

Fax: (08) 9751 1653

Kalgoorlie Hospital Palliative Care Unit

Phone: (08) 9080 5340

Great Southern Regional Palliative Care Service

Phone: (08) 9892 2222 pager 122

Mobile: 0429 379 145

Narrogin Cancer Support and Palliative Care Services

Phone: (08) 9881 0461

Fax: (08) 9881 0351

Peel Community Palliative Care Service

Phone: (08) 9531 7222

Fax: (08) 9531 7221

South West Regional Palliative Care Service

Phone: (08) 9722 1488

Fax: (08) 9722 1079

Email: wachsswpalliativecare@health.wa.gov.au

Wagin Palliative Care Service

Phone: (08) 9861 1033

Wheatbelt Regional Palliative Care Service

Phone: (08) 9690 1780

Fax: (08) 9690 1601

There are palliative care services in many major public and private hospitals across the Wheatbelt. (see above). The person with advanced illness may need the specialist services of a hospital for treatment. Many of the MPS services in the Wheatbelt offer some form of palliative care although, as one service noted, "Patients are referred to the most appropriately resourced and equipped health facility to meet their health care needs" so it will not necessarily be the closest.

MPS sites offering palliative/hospice services in the Wheatbelt are:

Kondinin	Bruce Rock	Beverley
Lake Grace	Corrigin	Southern Cross
Cunderdin	Dalwallinu	Goomalling
Pingelly	Kellerberrin	Merredin
Wagin	Kununoppin	Narembeen
Northam	Moora	Quairading
Boddington	Narrogin	York
Wongan Hills	Wyalkatchem	

In a study “Do Rural Primary Health Care Nurses Feel Equipped for Palliative Care?” undertaken in rural NSW in 2012, it was found that nurses in small rural and remote communities often face the additional stress of caring for neighbours or life-long friends, often having relationships with palliative care clients and their families beyond the professional context. Nurses are often approached afterhours in small communities with geographical isolation presenting personal and professional challenges. Community Nurses often need to provide services over 5 or 6 roles.

The range of palliative care duties performed includes pain and symptom management, liaison with GPs, medication management, infusions, bowel and bladder care, delivery of equipment, personal care, dressings, wound and pressure care, stomal therapy, tube feeding, surveillance visits, social and welfare work, bereavement support and counseling.

Infrequent palliative care cares can affect feelings of clinical competence with the use of equipment such as syringe drivers limited in the course of regular roles.¹⁰

Palliative care in Hostels, Residential Aged Care Facilities

Residential aged care can provide some short term respite or longer term palliative care for some people. In general aged care services are paid for by the Commonwealth but some fees may apply.

There can be issues around accessing and transporting equipment used for palliative care particularly for medication management and pain control in a timely manner. In some cases the equipment can be ordered and by the time it arrives the patient has died.

In rural and regional areas there can also be issues around access to palliative care trained GPs. Many only visit the facility once or twice a week and there can be delays prescribing medication or even provision of death certificate.

¹⁰ Do Rural Primary Health Care Nurses Feel Equipped for Palliative Care? Melissa Cummings et al. 2012