

Submission to Productivity Commission Inquiry Caring for Older Australians

Date: 30 July, 2010 Our Ref 21.10

Submitted by: Peninsula Advisory Committee for Elders

Mornington Peninsula Shire

Private Bag 1000

Rosebud Vic. 3939

E-mail: PACE@seniorsissues.org

[Prepared by William Darby, PACE Research Officer]

Introduction

In 2001 the Mornington Peninsula Shire developed a five year Elder Citizens Strategy, and subsequently established a formal elder citizens consultative group for the municipality, to represent issues and the views of elder citizens. The Elder Citizens Advisory Committee, formed in May 2006, later changed its name to the Peninsula Advisory Committee for Elders (PACE).

Since its appointment by Council over four years ago PACE has been involved in the consideration of the needs of elder citizens, and in offering advice to Council of the extent to which current standards, or facilities throughout our Shire, might be improved to become more 'aged- friendly'.

During this period we have covered many different matters ranging from Home And Community Care to infrastructure, housing and aged care facilities. Consequently we believe that we are qualified to offer comments and suggestions for your consideration during your current inquiry into Aged Care

Whilst funding remains an important issue, we also have some other concerns:

Our Key Issues:

1. Funding formula – Victoria

Our experience relates to Victoria, specifically to the Mornington Peninsula Shire, which, for HACC funding purposes, is part of the Southern Metropolitan Region. The most recent Australian Census and demographic projections confirm that our numbers of aged residents is growing significantly, especially in the older age cohorts:

Current numbers/percentages are {Ref ¹]:

- Currently 26% (35,677) of total population are aged 60+ compared to 17% for the Melbourne Statistical Division.
- Furthermore, the 85+ population is significantly higher at 2.4% (3,287 people) compared to 1.6% for Melbourne.
- These are predicted to rise as follows: 33% (57,995) of total population will be 60+ by 2031, with 3% (5,276) over 85.

There has been a critique by the sector of the inadequacy of the Relative Resource Equity Formula (RREF) to allocate Home and Community Care

2

¹ Source: id profile, based on 2006 Census data

(HACC) growth funds. An independent analysis of the formula by the Statistical Consulting Centre of Melbourne University confirmed that the formula was based on flawed data that significantly advantaged some Local Government Areas (LGAs) while disadvantaging others. In addition the findings concluded that the RREF formula created a 'constructed' population that bore no reality to the real HACC eligible population of LGAs. □

The then Victorian Minister for Community Services, the Honourable Gavin Jennings announced that he would undertake a review of the formula in 2006. \square It is now four years later and while the review has commenced it has not been finalised. The consultants engaged by the Department of Health to undertake the review stated at an information session that they believe the RREF has a number of disadvantages when used to allocate growth funds. It could be argued that the level of inequity may be increasing rather than decreasing, creating significant disadvantage for residents in some municipalities. \square

The Department of Health recently advised that as the review has not been completed they would be using the RREF in its entirety to distribute HACC growth funds for the 2010/2011 year. They have advised that no consideration is being given to the 80+ population even though the Minister indicated in 2006 that this age cohort would be considered, given their need for assistance to remain at home.

Evidence supports the 80+ population as being the most prolific users of HACC services, yet they are not being given adequate consideration in setting the formula for allocation of growth funding.

Consequently there are increasing demands for supplementary funds to be supplied by the ratepayers of the Mornington Peninsula, who already contribute \$3.5 million per annum or 34% of the total cost of HACC services delivered through the Shire .

2. Greater numbers of Aged residents

As mentioned above we have also been involved in consideration of the changing demographics and consequent growing group of aged citizens, especially those over 80 years of age: we note that the Mornington Peninsula is already the 2nd most rapidly ageing LGA, second only to Geelong within Victoria and this is forecast to rise dramatically placing additional heavy demands upon all aged care facilities in coming years.

3. Increasing numbers with dementia

Finally within the '80 plus' group, there is growing evidence of a higher

incidence of dementia which, we believe will require both a higher standard of care and increased provision of suitable accommodation.

We also believe that to avoid seclusion, and to meet human rights, this group requires greater amenity than is currently provided in many facilities, which also raises issues regarding funding of such provisions.

Such facilities need to incorporate physical attributes known to contribute to best practice and which facilitate calming of anxiety etc. For example security, visual and physical connection with the outdoors, space to wander, seating areas in safe outside environments and especially restful garden areas are known to be beneficial.[Ref ²]

4. Design of Accommodation for Residential Care

Our activities have covered consideration of a range of projects and services, intended to support independent living, and aged housing, which included a number of proposals for new residential care facilities.

We are aware of one opinion that support and care accreditation and compliance needs to be kept separate from physical accommodation standards, and we understand that this view includes the expectation that accommodation standards will be prescribed by existing building regulations under the Building Code of Australia.

However we are advised by Council's planning officers that, in their experience, many matters are not covered in plans submitted for Council's Planning approval and that adequacy often depends upon 'guidelines', or the goodwill and judgment of the proponent rather than a requirement to meet a regulatory minimum.

Whilst building regulations and Australian Standards govern such matters as building components, safety measures, ventilation and lighting etc, there are other issues that need to be considered and for which there are, as yet, no recognised standards.

The quantum of landscaped areas, public and private, is an example, as is the provision for recreational and rehabilitation activities. Neither are there any specific requirements for car parking for visitors or staff. The provision of all such facilities has been left to the goodwill of the developer and the result is that not all aged care buildings provide a reasonable level of amenity.

Amenity

-

² Hampson. R. Monash Univ. PhD Thesis: Creating the best Physical Environment for People who live in Nursing Homes – "Design of nursing homes has the power to liberate or constrain the residents"

Some of the features seen repeatedly cause us concern:

Corridors: often have 90 degree angles: given residents, particularly in nursing homes, rely on frames or 'travel' in wheelchairs, and cling to a wall/rail with no line of sight, this can cause collisions and can be safety hazards. This also requires increased width if it needs to be used by guerneys. These corridors also provide problems for staff, and, conversely, nursing stations that have a clear line of sight along hallways are said to have great benefits.

Large dining rooms & sitting areas: while convenient for staff, large dining rooms can be a nightmare for residents. Unless there is excellent soundproofing, sounds reverberate, there are high levels of background noise, known to cause great difficulty for people who have hearing problems or wear aids, this then contributes to reduced conversations, and socialization between those seated at tables, and can be a great incentive to get the meal over with and return to the quietude of their rooms.

Large dining rooms also do not cater for the needs of residents who may need assistance or supervision for eating. A smaller separate dining room to facilitate this is known to be an improvement for everyone, improved amenity of the dining experience for the majority of residents, and enables full attention of staff to those most in need of assistance.

Breakout areas- are needed on each floor for private relaxation outside the resident's own room eg for reading, or small gatherings with relatives or friends.

Provision of Outside Paths, with seating and shelter- for walks, either for independent use by the resident or with visitors.[Ref 2-ibid]

It might be said that choice, and market forces would normally sort out the good from the bad, but while there is an under-supply of such accommodation, no such choice is available.

END

Attachments

PACEbrochure



[End]