

NEEDS BASED PLANNING

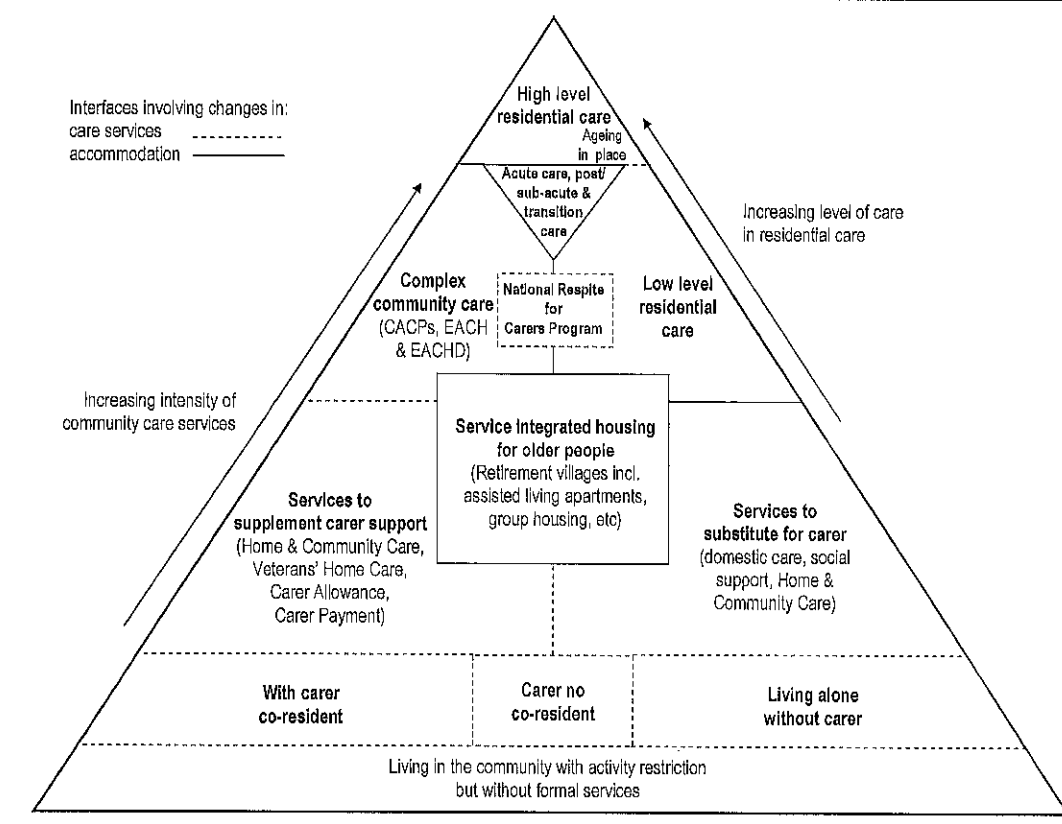
ISSUES PAPER

- A feature of the current Aged Care system
- Aims to ensure supply of community and residential care places by matching the number of new aged care places with growth in the aged population.
- Target Provision Ratio: 113 operational places per 1000 people aged 70 years or over:
 - 25 places – Community (21 CACPs & 4 EACH)
 - 44 places – Residential High Care
 - 44 places – Residential Low Care
- Ratios differ due to “Ageing in Place”
- Must be balanced between metropolitan, regional and rural and remote as well as differing levels of need.
- Allocation of places is on advice from the Aged Care Planning Advisory Committee (ACPAC)
- Government conducts and open tender for places (ACAR)
- Providers have two years to make places operational
- Government expects Providers to meet regional targets for supported and concessional residents based on socio-economic factors.
- Extra service provisions – must not unreasonably reduce access for supported/concessional or assisted residents. (15% of places in each State or Territory)

Questions:

- Does it match growth in the aged care population?
- Are the ratios appropriate?
- How relevant are ratios with ‘ageing in place’?
- How good is the advice from the ACPAC?
- Is the tender process the way for the future?
- How realistic is the two year provision to become operational?
- Should the regional concessional ratio targets be revised?
- How do concessional ratios relate to current socio-economic factors?
- What is the future for ‘extra service’ places?

Figure 1 Modes of care in the aged care system



Source: Howe (1996), revised with advice from Howe, A., Consultant Gerontologist, Melbourne, pers. comm., 18 May 2010.

The needs-based planning framework is a key feature of the current aged care system. It aims to ensure supply of community and residential care places by matching the number of new aged care places with growth in the aged population. The Australian Government signals its long-run intentions through a target provision ratio which provides guidance to investment by the private sector. The current ratio is scheduled to reach 113 operational places per 1000 people aged 70 years or over by June 2011 — 25 of the places are for community care and 88 for residential care (box 2).

Aged Care Assessment Teams (ACATs), or Aged Care Assessment Services in Victoria, determine eligibility for subsidised community and residential care under the Act. ACATs generally comprise, or have access to, a range of health professionals, including geriatricians, physicians, registered nurses, social workers, physiotherapists, occupational therapists and psychologists. Their role is to assess the care needs of older people and to work closely with the client, their carer and family to identify the most suitable aged care services available.

Box 2 Needs-based planning arrangements

Each year since 1985, the Australian Government has made available new residential and community care places for allocation in each state and territory. Initially the planning arrangements sought to provide 100 aged care places for every 1000 people aged 70 years or over. Since 2004-05 provision has been expanded and is scheduled to reach 113 aged care places for every 1000 people aged 70 years or over by June 2011. In recognition of poorer health among Indigenous communities, planning also takes account of the Indigenous population aged 50–69 years.

Initially all 100 places were residential places but over the last twenty years there has been greater emphasis on community care and a re-balancing from low level residential care to high level residential care. Under the current arrangements 25 out of every 113 places are community care places (21 CACPs and 4 EACH), 44 places are for residential low care and 44 are for residential high care.

Operational aged care provision ratios differ from these planning ratios, largely because of the policy of 'ageing in place' (which allows a resident who enters a place for low care to remain in that place if and when he/she comes to need high care).

The Government has to balance the provision of services between metropolitan, regional, rural and remote areas, as well as between people needing differing levels of care. The Secretary of the Department of Health and Ageing, acting on the advice of the Aged Care Planning Advisory Committees, allocates places to each Aged Care Planning Region within each state and territory.

Following the allocations of new places to regions within each state and territory, the Government conducts an open tender to allocate these places to approved providers that demonstrate they can best meet the aged care needs within a particular planning region. Because of the time required for building approval and construction, providers have two years to make residential places operational. Community care packages tend to become operational sooner after allocation.

For each aged care planning region, the Government expects service providers to meet regional targets for supported and concessional residents, based on socio-economic indicators. The lowest regional target ratio is 16 per cent and the highest is 40 per cent. These targets aim to ensure residents who cannot afford to pay for accommodation have equal access to care.

At the same time, some aged homes may be approved to offer 'extra service' to recipients of residential care. However, approval of 'extra service' status must not be granted if it would result in an unreasonable reduction of access for supported, concessional or assisted care recipients. Not more than 15 per cent of places in each state or territory may be approved to be offered as 'extra service'.

Source: SCRGSP (2010).

Box 3 Aged care services — main types and level of care

Community care

Home and Community Care (HACC) provides services such as domestic assistance, personal care, professional allied health care and home modification, to allow people to live independently in their own homes and to reduce the potential or inappropriate need for admission to residential care.

Community Aged Care Packages (CACPs) are designed to support frail older people with significant care needs in their own homes. The care provided is roughly equivalent to low level residential care.

Extended Aged Care at Home (EACH) and *Extended Aged Care at Home Dementia (EACH-D)* packages provide higher levels of care, including nursing care, to people in their own homes. EACH-D packages are designed specifically for people who experience behaviours of concern and psychological symptoms associated with dementia.

Residential care

Low care includes personal care services — for example, assistance with the activities of daily living such as bathing, toileting, eating, dressing, mobility, managing incontinence, community rehabilitation support, assistance in obtaining health and therapy services and support for people with cognitive impairments.

High care includes personal care services *and* nursing services and equipment — for example, equipment to assist with mobility and the provision of basic pharmaceuticals, therapy services and oxygen.

Residential care also includes accommodation services (including the provision and maintenance of buildings, grounds, heating and cooling, and furnishings) and hotel-type services (such as food, cleaning and linen).

Extra service places provide a higher standard of accommodation, food and other hotel-type services for a higher charge.

Flexible care

Transition Care provides time-limited, goal-oriented and therapy focused care for older people after a hospital stay. This form of care can be provided for up to 12 weeks in either a residential setting or in the community. Transition care is a jointly funded initiative between the Australian Government and the states and territories.

Multi-Purpose Services (MPS) integrates health and aged care services that are individually tailored for rural and remote communities depending on their geography, population and care needs. Each MPS is financed by a flexible funding pool, with contributions from the Australian Government and the states and territories.

Innovative Pool Care supports the development and testing of flexible models of service delivery. The program provides opportunities to use flexible care places to test new approaches to providing care for specific target groups.

Source: DoHA (2009).