



Aged & Community Services  
Association of NSW & ACT

## **Submission to the Productivity Commission**

### **Inquiry into Caring for Older Australians**

**Aged & Community Services Association of NSW & ACT**

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## **ACS Profile**

Aged & Community Services Association of NSW & ACT Inc (ACS) is the leading peak organisation for not-for-profit aged care services including residential care, community care and housing and retirement villages in NSW & ACT. ACS represents 277 organisations providing over 1,800 services to more than 100,000 people. ACS members range from very large multi-site organisations to very small rural and remote stand alone facilities.

## **ACS Position**

This is a submission to the Productivity Commission Inquiry into the *Caring for Older Australians* identifying NSW specific issues and opportunities.

## **Transition of Home and Community Care**

Currently NSW is the largest provider of HACC services with a complex system involving 1700 outlets with 600 organisations. In the NSW HACC system there is a strong emphasis on both volunteer participation and connection to local communities.

ACS and the NSW Department of Human Services, Ageing, Disability and Home Care (ADHC) have recently entered into a partnership agreement for the transition period for the COAG reforms of the HACC program. ACS as a non-government peak body, independently representing its members and advocating on their behalf as a representative organisation, as well as covering the full spectrum of self care, community care and residential care, is well placed to assist ADHC.

ACS is in the position to communicate, through established relationships with NSW and national offices of the Department of Health and Ageing, during the transition process.

The NSW Community Care Industry Council, comprising the HACC peaks and facilitated by ACS, plays an essential role in ensuring cooperative collaborations and networking to make certain ongoing development of the sector continues during the transition process.

ACS will be working with ADHC to develop, coordinate a communication strategy to the HACC sector and inform ADHC on issues relevant to the transitional arrangements, including the identification of the current strengths of the system.

## Recommendation

- Clear transition processes as aged care moves from State to Commonwealth.
- NSW and ACT must be engaged in the ageing issues that sit outside Commonwealth aged care e.g. prevention, transport etc. State/Territories will continue to focus on the areas of health and housing requiring cross fertilisation with the aged care system.
- Carer services are seamless across the continuum of care as is currently the case with the NRCP and HACC respite programs such as Dementia Respite, Dementia Monitoring.

## **Transitional Care**

In NSW the Transitional Care (TC) Program is auspiced through NSW Health and operates in hospitals and in the community. There have been no opportunities for community or residential aged care providers to have access to this funding and to provide these services as has occurred in other states. TC has been in some instances used for early discharge from acute care without a clear focus on rehabilitation.

## Recommendation

National guidelines for the provision of transitional care in a variety of settings including residential care to provide enhanced consumer choice.

## **Multi Purpose Services**

Multi Purpose Services (MPS) are a model of care that can provide flexibility of services to the community and also ensures continuation of subacute and residential aged care services in rural and remote towns. In NSW, MPS are currently operated by NSW Health and are consequently medically focused. Once the NSW MPS model is introduced into a town, the aged care provider is required to hand over their building and bed licences to NSW Health who will then operate them as a flexible service under the *Aged Care Act 1997*. There was a review of MPS by the NSW Ministerial Committee on Health Services in Smaller Towns in 2000 (The Sinclair Report) where recommendations were made to NSW Health promoting a more flexible model where the aged care provider could continue to manage the aged care facility. [NSW Ministerial Advisory Committee on Health Services in Smaller Towns \(Sinclair Report\)](#). None of the recommendations were actioned by the NSW Health Department and MPS' in NSW continue to operate under a very medical model. They have not been required to meet the Commonwealth certification requirements or the aged care accreditation. In Tasmania there are some very good models of MPS where the aged care provider retains the management of the aged care facility and Health funds the health related services. In NSW the MPS model does not accept any charges for accommodation regardless of the residents' assets and the recurrent funding is at a level of the previous RCS 7 for low care and RCS 3 for high care which is inappropriate with the increasing level of dependency in residential aged care.

MPS are a positive model for small rural and remote towns which ensures continuation of service delivery but the rigid model in NSW has restricted further expansion.

### Recommendation

That there is a national flexible model for MPS which provides high quality of care to older Australians in rural and remote areas to ensure future viability of services and is financially sustainable into the future.

### **Legislation – NSW**

In 2004 ACS was successful in its lobbying for the repeal of the *NSW Nursing Homes Act 1988*. However one of the trade-offs/arrangements with the NSW Nurses' Association was the transfer of the nursing requirements for nursing home (as defined under the *Aged Care Act* as allocated high care places) into the *NSW Public Health Act 1991*. This included:

1. A registered nurse is on duty in the nursing home at all times
2. A registered nurse is appointed as a director of nursing of the nursing home, and
3. Any vacancy in the position of director of nursing of the nursing home is filled within 7 days.
4. Minimum qualifications for a Director of Nursing at a nursing home (*Public Health (General) Regulation 2002, Regulation 20B*).

The prescribed minimum necessary qualifications for a registered nurse to be appointed as a director of nursing at a nursing home include:

- (a) Five years post-basic or post-graduate nursing experience, and
- (b) Two years full-time administrative experience in a position of, or more senior than that of, nursing unit manager in a hospital or nursing home.

The *Aged Care Act & Principles 1997* require Approved Providers (APs) to ensure that they maintain an adequate number of appropriately skilled staff to ensure the care needs of residents is met, including skilled staff. For high care residents the Specified Care & Services also require ongoing assessment, planning and management of care for residents carried out by a registered nurse.

Currently NSW and NT are the only states/territories in Australia that have a legislative requirement to have a registered nurse 24/7 in a high level care facility. Other states e.g. WA have recognised that there is duplication/over regulation of the requirements and have repealed the State legislation.

Recommendation

Removal of the legislative duplication.