SARRAH

Services for Australian Rural and Remote Allied Health

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Serious Incident Response Scheme (SIRS) Team
Ageing and Aged Care
Australian Government Department of Health

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**Services for Australian Rural and Remote Allied Health (SARRAH)**
**Submission: Serious Incident Response Scheme for Commonwealth funded in-home aged care services**

Thank you for the opportunity to provide feedback on the details of the Serious Incident Response Scheme (SIRS) for Commonwealth funded in-home aged care services. In establishing a SIRS, SARRAH encourages the Department to:

- Ensure the Scheme, covers and deals effectively with all of the key risk areas identified by both Australian Law Reform Commission (ALRC), including the risk of *neglect* and its status as a form of elder abuse; and
- Configure the Scheme so that policies, processes, performance assessment, monitoring and evaluation place substantial emphasis on preventing and averting the risk of serious incidents as well as compliance, attribution of responsibility and remedial action once a serious incident has taken place.

The focus of our submission is primarily to reinforce a proactive approach to positive ageing, maximise capacity and recovery, reduce vulnerability and risk for people receiving and/or eligible for in-home aged care services.

**"Under the SIRS, providers have the responsibility to manage incidents and take reasonable steps to prevent incidents ...."** (Page 5, Consultation Paper)

**SARRAH is the peak body representing rural and remote allied health professionals** (AHPs) working in the public and private sector, across aged care, health, disability, and other services and settings. SARRAH advocates on behalf of rural and remote Australian communities to improve access to allied health services that support equitable and sustainable health and well-being, including to support aged Australians to maintain and recover the ability to make choices about their own lives, to act on those choices and pursue what they value; supporting

independence, dignity and autonomy. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians.

SARRAHs priorities and approach to aged care services is consistent with those we consider most beneficial, effective and sustainable in health care, disability or other services: to prioritise person-centred, enabling and collaborative models of care that optimise individuals' outcomes.

SARRAH notes the establishment of the SIRS for aged care was a recommendation of the 2017 Australian Law Reform Commission report Elder Abuse - A National Legal Response (ALRC report), and was endorsed by the 2017 Review of National Aged Care Quality Regulatory Processes.

SARRAH believes the underlying objectives and priorities described by the ALRC, acknowledged in the Review of National Aged Care Quality Regulatory Processes and identified, again, by the Aged Care Royal Commission as needed provide a clear guide to how the SIRS might best operate. This includes promoting awareness, assessment and access to enabling allied health services where they would benefit a recipient of in-home aged care services.

The Aged Care Royal Commission found:

> ***People in aged care have limited access to services from allied health professionals,*** *including dietitians, exercise physiologists, mental health workers, occupational therapists, physiotherapists, podiatrists, psychologists, speech pathologists and specialist oral and dental health professionals.* ***A survey found that in 2018–19, only 2% of Home Care Package funding was spent on allied health.*** *Under the Commonwealth Home Support Programme in 2018–19, while 29% of people received services categorised as allied health and therapy services, more than half of the people received fewer than five allied health services per year. Allied health care in residential aged care is also insufficient and we are concerned that the type of service provided may be influenced by funding arrangements.*[1]
>
> (Note: text bolded by SARRAH.)

**The SIRS is an important opportunity to bolster the quality of care and embed a culture of continuous quality improvement that leads to better outcomes for older Australians.** SARRAH recognises an effective SIRS applied to on-home care will help ensure the additional $17.7B investment by the Commonwealth Government in the 2021-22 Budget delivers for the community and helps address key findings and recommendations of the Aged Care Royal Commission.

While relatively few of the Aged Care initiatives announced in the Budget are directed explicitly at improving access to allied health services, there is scope within several of the measures (including in-home care workforce investments) to enable providers to better meet quality standards (supported by the SIRS) in an area the Aged Care Royal Commission (ACRC) found should be substantially improved.

> *Reablement and rehabilitation need to be a central focus of aged care.* ***We recommend that care at home should include the allied health care that an older person needs to restore their physical and mental health to the highest level possible—and to maintain it at that level for as long as possible—to maximise their independence and autonomy****. Throughout our inquiry, many witnesses described the crucial role of allied health in maintaining mobility and functionality and providing restorative care in response to acute events. We also learned that many people receiving aged care services do not have sufficient access to allied health*

[1] Aged Care Royal Commission Final Report: Summary (page 66)

*services. We recommend that the benefits of allied health services should be considered in an assessment of a person's aged care needs, and that the person's aged care entitlement should adequately reflect those needs. For care at home, funding assigned for the older person should include an amount to meet any identified need for allied health care and the lead home care provider should be responsible for ensuring that allied health services are delivered.*[2]

**The nature of neglect and elder abuse**

The ALRC specifically identified neglect as a form of abuse, alongside physical abuse, psychological or emotional abuse, financial abuse and sexual abuse. The ACRC Final Report described the position of the Commissioners on this issue, as indicated by the following excerpts from those reports:

*Elder abuse, as described by the WHO, is 'a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person'. …..*

*Neglect includes failing to provide someone with such things as food, shelter or medical care. Family members may be responsible for providing such 'necessities of life' and some may receive a social security payment for doing so. Staff in residential care facilities and others who provide in-home care may also be responsible for providing such care. …..*

*Some approved providers' leadership and culture appear not to align with their mission and certainly not with the purpose of the aged care system. With some notable exceptions, Commissioner Briggs observes that providers have demonstrated little curiosity or ambition for care improvement, and have not prioritised enablement and allied health care.*[3]

**The intrinsic role of allied health**

Allied Health Professionals are qualified to apply their skills to retain, restore or gain optimal physical, sensory, psychological, cognitive, social and cultural function of clients, groups and populations[4].

A fundamental and defining purpose of allied health care is enablement. It is more therapeutic in focus than other crucial care services required by an elderly or other person. It differs from but complements both the expert medical services required to treat illnesses and conditions and the crucial day-to-day personal care needs elderly people may rely on. As the Commissioners found it is also comparatively absent in much of the care provided through aged care services; an area identified for improvement. The SIRS has a clear and direct role in shifting the focus of aged care to encompass the full suite of services needed to ensure the health and wellbeing of elderly people, and notably those who continue to live in the community and who require assistance to maintain their independence. To illustrate, from the ACRC findings:

*Mobility is closely linked with people's health and their quality of life. However, we heard numerous examples of aged care providers not supporting people to maintain and improve their mobility—including limited access to allied health professionals critical to promoting*

[2] Page 101)
[3] (page 75)
[4] What is Allied Health? – Australian Allied Health Leadership Forum (AAHLF)

*mobility, such as physiotherapists. Poor mobility increases the risk of falls and fall-related injuries due to deconditioning and reduced muscle strength.*[5]

As allied health services help people gain, retain and restore optimal physical, sensory, psychological, cognitive, social and cultural functioning, they provide vital protections against vulnerability to all forms of abuse. They can be highly preventative in this regard.

The SIRS consultation paper indicates aged care service providers have a role in pro-actively identifying, assessing and acting (directly, through referral or otherwise) to reduce the risk of harm to the aged person. While this seems to be required it could be put more clearly, so that service providers and officials monitoring performance and compliance with aged care standards are fully aware of and act on these expectations.

This raises the issue of balance and coverage in the consultation paper. It is critical, given the purpose of the SIRS is to support a system where negative incidents and forms of abuse (as described) are minimised and ideally removed entirely. SARRAH recommends greater detail, including examples, be incorporated with support resources to spell out expectations and the importance of prevention, with at least similar weight being given to that of issues such as compliance and potential liability.

The importance of prevention in promoting health, wellbeing and quality of life for elderly people is immeasurable. However, it is possible to identify the broad magnitude of financial costs borne by Australia's health and social support systems that might be avoided through enabling and preventative measures. For example:

- The AIHW estimated that in 2017–18, almost 223,000 cases of hospitalised injury and more than 5,100 injury deaths were due to unintentional falls. Falls were estimated to cost the Australian health system $3.9 billion in 2015–16.[6] (A very high portion of these falls would involve people in or eligible for aged care residential or in-home care services);
- Dietitians Australia has estimated mandatory malnutrition screening with nutrition management by Accredited Practising Dietitians using a food-first approach will improve the quality of life for aged care consumers and could provide more than $80 million in savings[7].
- The AMA has estimated that over the year up until 30 June 2021, there will have been 27,569 admissions of residents from nursing homes to hospitals that were potentially avoidable, costing $312 million and accounting for 159,693 hospital patient days.[8] While SARRAH is not aware as to whether similar analysis has been conducted regarding aged people living in the community and eligible for or receiving in-home aged care, the findings suggest a very significant cost might also be attributed to preventable hospitalisations among that population.

**Allied health and related service and workforce issues**

In 1993, the Australian Human Rights Commissioner Brian Burdekin expressed concern that the mental and physical wellbeing of older people was being neglected.

[5] (page 70)
[6] See Injury - Australian Institute of Health and Welfare (aihw.gov.au)
[7] DietitiansAustralia_Malnutrition_in_Aged_Care_Dec-2020.pdf
[8] AMA identifies savings of $21.2 billion in aged care hospital admissions | Australian Medical Association

*"[The] system often ignores elderly people who are mentally ill, or assigns them the lowest priority… Neglecting the physical health needs of old people is a form of elder abuse."*[9] As noted above, reports since, including the ACRC have expressed the same concern. The SIRS has a role in addressing these concerns in both residential and in-home settings.

Unfortunately, lack of access to or engagement of appropriate allied health services appears to be a major problem for the sector. For instance, the 2017 independent Review of National Aged Care Quality Regulatory Processes Report[10] found inappropriate use of antipsychotic medications and/or other restrictive practices in aged care services, related to a range of factors (barriers to best practice), including:

> ***Lack of access to mental health and allied health professionals' expertise for assessment, guidance on behavioural interventions and appropriate use of medicines, particularly in rural and remote areas.***[11]

The Review further stated:

> ***"The use of restrictive practices does, in some circumstances, constitute elder abuse. Restrictive practices can deprive people of their liberty and dignity. Standards need to provide safeguards to limit restrictive practices and allow them to be used only when absolutely necessary (page 118)".***

Importantly, the barriers aged care consumers and providers face in enabling and/or accessing allied health may also reflect the severe allied health (and other) service shortages, especially in rural and remote Australia. The mal-distribution (rural and remote shortages) of allied health professionals across Australia is long-standing and more acute than for other health professions, including GPs. While major gaps exist in allied health workforce data (an area of ongoing concern), the information available shows allied health per head of population distribution is generally half (or less) in rural and remote Australia than it is in metropolitan settings.[12] Similarly, wide disparities in the use of MBS allied health items (which tend to be used more by older people) also tend to be skewed toward high population areas[13]. Recent developments to support allied health service consultation, in telehealth and other areas provide scope for improved access for aged people living in rural and remote areas.

Aged Care services, like health and disability services, rely on a skilled workforce to meet service obligations – major issue for SIRS and other performance, regulatory and contractual mechanisms. Shortages in the allied health workforce – especially in rural and remote Australia – have serious implications for aged care consumers and service provider obligations. The impacts of allied health and other shortages are apparent in the growing evidence produced by the Australian Commission of Safety and Quality in Health Care (ACSQHC) through the Atlas of Healthcare Variation series14. To provide one of many examples, highly relevant to aged care:

> Chronic obstructive pulmonary disease (COPD): *"The rate was 18.1 times as high in the area with the highest rate compared with the area with the lowest rate. The number of*

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[9] Burdekin, B., 1993, *Human rights and mental illness*, Australian Government Publishing Service.
[10] Review of National Aged Care Quality Regulatory Processes Report | Australian Government Department of Health
[11] Page 120: Review of National Aged Care Quality Regulatory Processes Report | Australian Government Department of Health
[12] Health Workforce Data
[13] Medicare-subsidised GP, allied health and specialist health care across local areas: 2013–14 to 2017–18, Key findings - Australian Institute of Health and Welfare (aihw.gov.au)
[14] Australian Atlas of Healthcare Variation Series | Australian Commission on Safety and Quality in Health Care

*hospitalisations varied across states and territories, from 218 per 100,000 people in the Australian Capital Territory to 693 in the Northern Territory……. Rates of hospitalisation for COPD were substantially higher in remote areas than in other areas."* [15]

The former National Rural Health Commissioner, Professor Paul Worley, addressed the issue of allied health service and workforce capacity substantially, and with the benefit of an extensive and considered consultation process. His Recommendations were provided in his June 2020 report to Government *"Improving Access, Quality and Distribution of Allied Health Service".* The Report and Recommendations were developed recognising the implications for aged care. It should be considered closely in ensuring we have a workforce and skills capacity capable of delivering service obligations, and to inform mechanisms such as SIRS.

The Government's 2017 Review of Aged Care Quality Regulatory Processes makes it clear that workforce and service shortages are not, in themselves, an excuse for failing to meet standards of care.

*"Approved providers of aged care are required to have sufficient appropriately skilled and qualified staff to ensure that they operate in accordance with legislation and expected standards of care, including protecting residents' rights. They are also required to address the education and development of staff to ensure they have the knowledge and skills to perform their roles effectively.*
*In our view, meeting expected standards of care and having the appropriate staff and resources to do so should mean that barriers to best practice can be overcome."*[16]

Workforce development is inherently a shared responsibility. If SIRS is to effectively support delivery of quality aged care services to in-home consumers, a coordinated effort across Government and service sectors to address to current barriers to service, such as workforce shortages and mal-distribution.

For further information about how to support an increase in access to allied health service and workforce capacity in rural and remote Australia, please go to our website: Home - SARRAH. If you would like to discuss issues raised in our submission, require further information, please contact me at catherine@sarrah.org.au.

Yours Sincerely

Cath Maloney

Chief Executive Officer

[15] The Fourth Australian Atlas of Healthcare Variation (safetyandquality.gov.au)
[16] Review of National Aged Care Quality Regulatory Processes Report | Australian Government Department of Health (page 123)