

FINAL

**Australian Meals on Wheels
Association
National Conference**

Sunday 9 to Tuesday 11 September 2007

Speaking Notes for Mary McDonald
Tuesday 11 September 2007
11.00 – 11.30am

to follow morning tea

I'm pleased to be here with you today. My name is Mary McDonald, and I'm the Assistant Secretary of the Community Care Branch at the Australian Government Department of Health and Ageing.

It's a great delight for the Department to be a Gold Sponsor of this conference.

Many of you may recognise me from the 2005 Meals on Wheels conference held in Sydney. At that stage I had been involved in community care for a short time. Even though 2005 was only two years ago, community care has been impacted by a number of changes in that time.

Thank you for this opportunity to share my perspective of the challenges and opportunities facing the community care sector, including those faced on the ground by service providers such as meals on wheels.

I'm going to touch on a few things today -

- Firstly, what's changing in community care – and why it's changing.

- Secondly; how the Australian Government has listened to you – the people on the ground - and is using that information to help us plan for the future.
- And thirdly - what might that future look like?

The Community Care Branch is responsible for managing programs that deliver services to clients which enable them to remain living independently in their own homes. One of these programs is the Home and Community Care Program, known as the HACC Program. The Australian Government jointly funds this program with the State and Territory Governments.

It's the State and Territory governments who administer the Program on the ground. And it's because of the HACC Program that I get to meet you – the dedicated Meals on Wheels volunteers and co-ordinators who make such a difference to the well being of our frail aged, our young disabled, and those who care for them at home.

I can't stress enough the valuable contribution that Meals on Wheels makes to those frail aged and young people with a disability who want to live independently at home – in their familiar neighbourhoods near family and friends. I've been advised that Meals on Wheels delivers over 10 million meals each year to around 100,000 people around Australia.

I'd like to congratulate the Meals on Wheels organisations for playing such a major role in the community care system, and acknowledge and thank the 80,000 or so volunteers who generously contribute their time to make this service possible.

I've also heard about some of the initiatives that Meals on Wheels are making to improve their services to clients - such as the texture modified menu range of meals for clients with swallowing difficulties. I understand that these are especially made in Kent Town here in South Australia. Or the volunteer induction program to welcome new members into the Meals on Wheels family.

It's great to see your organisation thinking about the future, and planning for the new ways we've all got to do our jobs - because there are big challenges ahead as the percentage of our aged population increases in relation to our working age taxpaying adults and available carers. There will also be greater numbers of high care clients.

You would have all seen the figures illustrated on this slide which shows the population projections for people over the age of 65 in less than 20 years time and then in less than 50 years time.

Population Projections

Australian Population:

- 20,797,917 (ABS Estimated, March 2007)

65 years and older:

- 2001 census: 2.4 million (12.6% of population)
- By 2021: expected to be 4.2 million (18%)
- By 2051: expected to be 6.8 million (>25%)

More people want to stay in their homes, and the resources put into community care are growing to reflect those preferences. As you'd be aware, Meals on Wheels receives over \$30 million a year through the HACC Program. It is one of the biggest recipients of HACC funding.

Funding to community care generally has increased since I spoke to you two years ago.

This slide shows the level of funding to the HACC Program. This year there is an increase in the Australian Government's contribution by \$78.3million from 2006/07. The total funding for the HACC Program is now over \$1.6 billion.

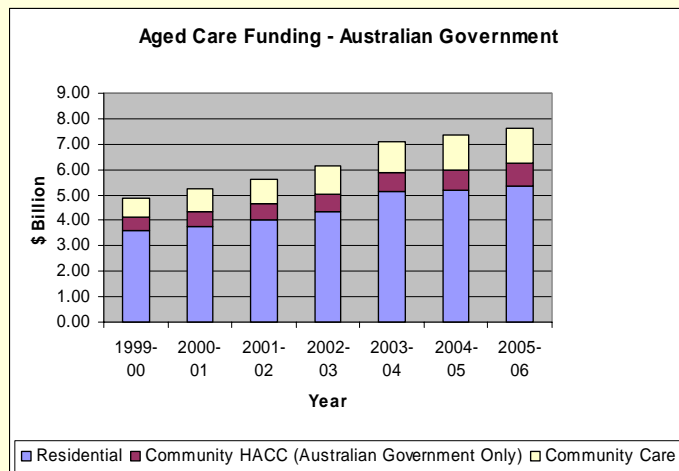
HACC Funding 2007-08

- Total HACC funding is \$1,652.003 million
- Joint Australian and State and Territory Government funding:
 - Australian Government contributes 60% or \$1,006.739 million
 - States and Territories contributes \$645.264 million

During the last two years a new HACC Agreement was negotiated and signed between the Australian Government and the states and territories. This new Agreement took effect from 1 July 2007 and changes in the Agreement will mean that the HACC Program will benefit from more streamlined administrative processes through the adoption of Common Arrangements.

These are based on the direction set by *A New Strategy in Community Care – The Way Forward*, more commonly known in the sector as *The Way Forward*. Initiatives include the introduction of Access Points to streamline client's entry into the community care system and to make the assessment process for basic care support services more consistent.

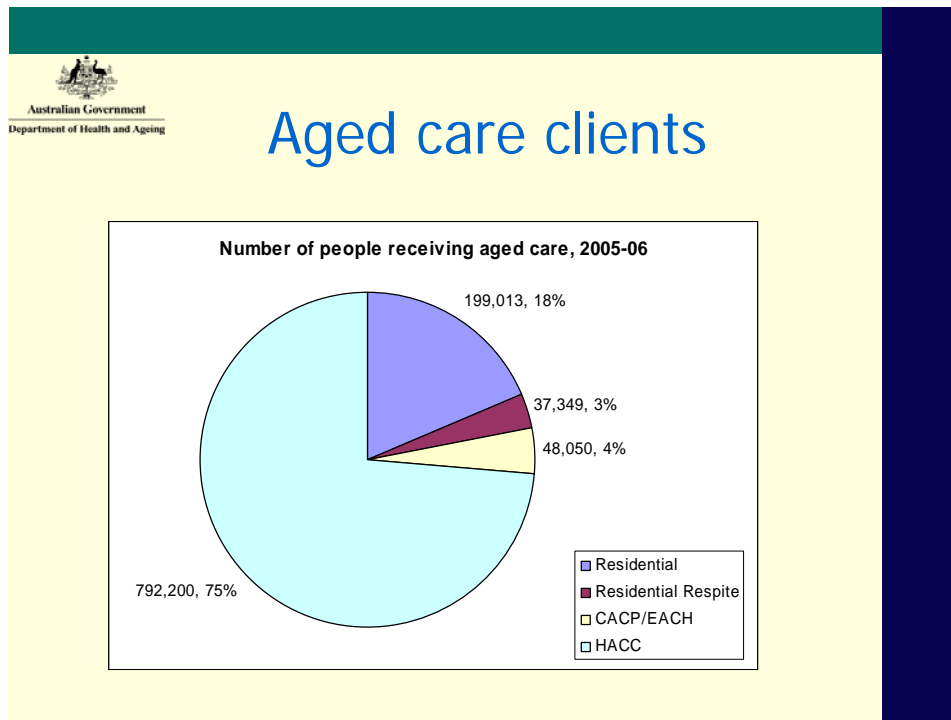
Australian Government \$



There's also been a boost to aged care funding generally including the other community care programs. This is illustrated by the slide - as you can see that both the maroon and yellow bands are increasing proportionally. This increase reflects the Australian Government's commitment to clients with diverse needs and preferences to remain in their own homes.

In fact as, this slide shows, nearly four times the number of people who live in residential care facilities receive low levels of basic care services in their homes through the HACC Program. Thanks to support services such as Meals on Wheels

only a small percentage of Australians over the age of 85 will enter residential care.



There are more Australian Government resources going into programs such as Community Aged Care Packages (CACPs). CACPs and Extended Aged Care at Home (EACH) packages, which as you might know, are individually planned and coordinated packages of care for people with complex care needs who would be eligible for residential care.

Over the next 4 years, the number of packages such as CACPs will rise in proportion to the number of people aged 70 years

and over. It's currently about 20 places per 1,000 people aged 70 and over, and this will become 25 places per 1,000.

The National Respite for Carers Program (NRCP) also funds a range of organisations to assist carers to obtain information and other support, including access to short-term and emergency respite. An additional 100,000 days of respite will also be provided over the next 4 years.

Australian Government
Department of Health and Ageing

Additional support

Aged Care Approvals Round 2007

- 2327 CACP
- 900 EACH
- 666 EACH Dementia

National Respite for Carers Program

- additional 100,000 days of respite over the next four years

It's not only more dollars, but it's using them in the best way – and we've been looking into that. We're making sure all the parts of the community care system work together effectively, and I'll talk about some of that work in a moment.

Just as important as the funding boosts are the other initiatives we've taken to ensure that taxpayers' monies are spent in the best way to maximise the outcomes for our clients.

We've been consulting with the aged and community care sector to help us get a clearer picture of what's happening on the ground – and this consultation is informing our initiatives to improve the community care sector.

Consultation has been a major thrust of *The Way Forward* reform initiative. *The Way Forward* actually came from the Australian Government's 2002 review of community care. This initial review relied heavily on sector and client consultation and the action areas in *The Way Forward* were built from this feedback. Consultation is also critical to *The Way Forward's* successful implementation.

"The Way Forward" sets out ways to streamline and simplify the community care system. The developmental work involves a number of projects that look at areas such as assessment and quality processes. A key feature of these projects is a consultation process so that community care stakeholders are able to input into what the solutions might look like.

One of the projects is called the *National Quality Reporting Framework*, and I'd like to thank you if you were one of the 120 or so service providers, peak and industry bodies who responded to the Department's request for comments on common standards and the Framework.

This feedback's now being analysed, and will be used to develop nationally consistent standards, over-arching principles protocols, tools and a common approach to reporting across community care programs.

The next slide has details of *The Way Forward* website. This website has up to date information on all of the projects and ways in which you can participate. I encourage you to have a look at what is happening.

The Way Forward

Information about *The Way Forward* is available by searching on the Department's website:

www.health.gov.au or on

The Way Forward webpage:

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/about-the-way-forward>

We recognise that the community care sector is very complex, and we, as the Department of Health and Ageing, can not make improvements all on our own. We're also talking with our state and territory government partners, too – and our colleagues in other Australian Government departments, such as the Department of Veterans' Affairs and the Department of Families, Community Services and Indigenous Affairs.

When the initiatives of *The Way Forward* are in place, there'll be many improvements in the way the community care system works.

Service Providers who receive funding from a number of programs will benefit from reduced paperwork.

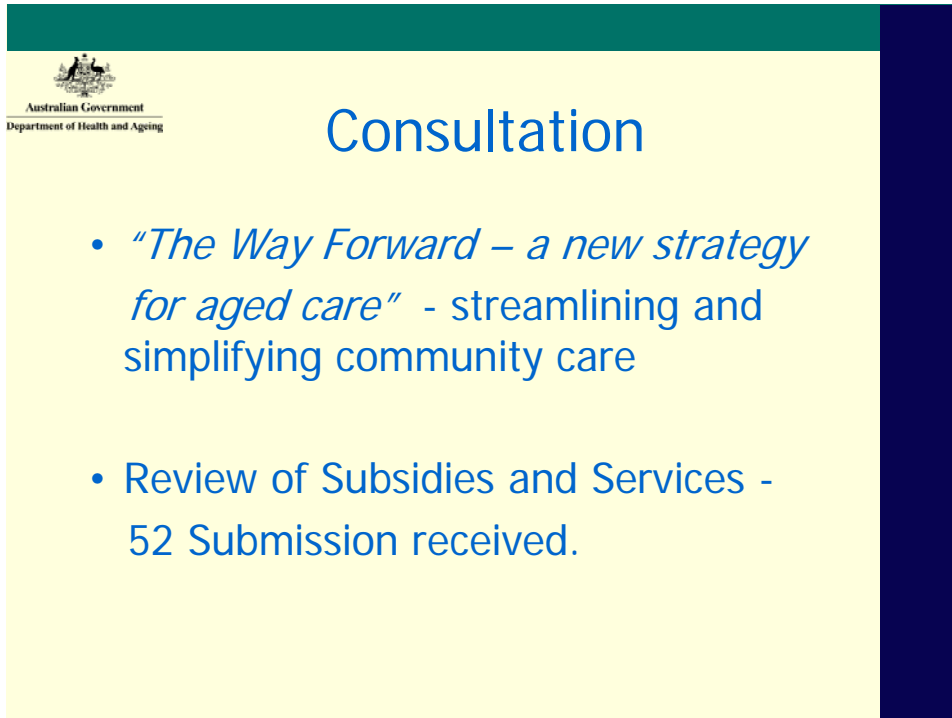
They'll save time with streamlined financial reporting. There'll also be more time for providing client care as we put in place more effective planning and data collections across programs.

The Way Forward highlights action areas to make the system better, but we acknowledge that there are some issues with the structure of community care. One of the more recent undertakings is the "*Review of Subsidies and Services*". In it, we're identifying where improvements could be made in the structure and funding arrangements for Australian Government community aged care programs. We want to provide a more integrated set of programs that support frail older Australians with higher and more complex care needs, now and into the future.

This Review's exploring different subsidy, fee and assessment arrangements across our community care programs, and trying to identify gaps and overlaps in services. It's also looking at sustainability and future supply requirements, and like the rest of *The Way Forward* initiatives, we're consulting widely to get all the information we need.

Earlier this year we received over 50 submissions as part of the "*Review of Subsidies and Services in Australian Government*

Funded Community Care Programs”. This includes submissions from Peak Bodies representing providers and clients.



Australian Government
Department of Health and Ageing

Consultation

- *“The Way Forward – a new strategy for aged care”* - streamlining and simplifying community care
- Review of Subsidies and Services - 52 Submission received.

Another component for the information gathering for the *Review of Subsidies and Services* also includes a Consumer Research Project involving discussions with people who need or may need services in the future. The Project involves conducting qualitative research to explore the attitudes and perceptions of those making use of community aged care programs funded by the Australian Government and also those who may need to use them in the next ten to twenty years - people in their sixties and seventies.

Some of the issues explored were -

- what services are needed in community care;
- the effectiveness and appropriateness of existing services;
- preferences about how services are provided;
- preferences of older people in their future care and accommodation choices.

The Consultants - Open Mind Research group - have undertaken one-on-one interviews with individuals as well as focus groups, and have found that there is a diverse range of experiences and opinions.

Generational approach plays a big part in relation to attitudes. The current generation that is ageing - including the baby boomers - are more independent and more highly educated than the generations before them. They are determined to keep fit and active for as long as possible. This may represent an opportunity for the community care sector.

The “Active Service Model” is a different approach to community care, and finds its most advanced expression in the HACC Program.

It’s about policy makers using a different way of thinking about the capacities of frail older people and younger people with a

disability. The Active Service Model has a stronger emphasis on actively encouraging these clients back from a dependency on continuous care, by using an approach which encourages them to get back on their feet.

It's a model of client independence through person centred and capacity building approaches to service delivery rather than one which nurtures dependency on outside help.

It's based around recent research which indicates the likely benefits of expanding a more active service model in HACC.

How might Meals on Wheels embrace the Active Service Model?

- Maybe sometimes meals could be delivered to a convenient central dining location rather than taken to the clients' homes. This might offer an opportunity for socialising by those clients able and willing to leave their homes.

This could be something like the "Lunch Club" system used by Meals on Wheels in the ACT.

What about delivery of meals in a way that clients can “complete the process” - such as heating the meal or cooking the vegetables?

The future will include more use of assistive technologies. As you’ll probably know, this is using technology to let someone do a task they couldn’t otherwise do, or make the task an easier or safer process. And that will help community care clients to live independently at home longer than might otherwise be the case.

You’d see it in your clients’ homes already, and it can be as simple as a pill splitter for those with arthritic hands, to a hi-tech Environmental Control Unit in a home – or sensor points that turn on the light when someone gets out of bed. Maybe leaving the meal in a small fridge/microwave for heating at the client’s convenience could be common place in the future?

In May’s Federal Budget, the Australian Government committed new funding of over \$24 million over 4 years to establish an industry body to promote the use of assistive technology by community care providers. It’ll give these services the opportunity to harness their collective bargaining power to get discounts on these purchases from suppliers.

The funding will also go towards an annual grants program to fund innovation in assistive technology.

So I'd say that your volunteers will see some pretty amazing gadgets in the homes of their clients over the next few years as the need to let frail aged and younger people with disabilities stay longer in their home, inspires some creative solutions.

Right across the community care spectrum there are examples of creative approaches to the challenges that are ahead. The Department is committed to working with service providers such as Meals on Wheels to incorporate new ways of doing things. I would like to congratulate you on your commitment to your clients and to the sector as a whole.

To all of you out there – making a difference to peoples' lives – I would like to say, "Well done!"
