

LORD HOWE ISLAND BOARD

Business Paper

OPEN SESSION

ITEM

Aged Care – Lord Howe Island

RECOMMENDATION

It is recommended that the Board note the information provided in this paper.

BACKGROUND

I need to acknowledge to assistance of Michael Woods a key advisor to the Commonwealth Government in providing useful insights and information that has assisted in preparing this report and in understanding the complex arrangements that surround aged care and in particular Multi-Purpose Services in Australia.

The delivery of aged care in rural communities is a significant and growing issue. It causes very great anguish to the frail aged and to their family and friends when they have to leave them and their home to receive care and support a considerable distance away. Lord Howe Island's isolation is a significant additional factor.

The challenge of aging on Lord Howe Island in its remote location, limited health and aged care services and accommodation and housing constraint are well known. Concerns are raised regularly and these were also identified as a priority (along with mental health care services) need for islanders in the Community Strategic Plan engagement process. While it is not possible to list the many problems and impacts on older islanders and their families, some include having to leave their community if their needs cannot be met here; major and unsustainable burdens on carers who are sometimes not in good health themselves; and wellbeing, exposure to safety risks and health impacts.

Many have attempted to address this issue over many years and while they have brought about improvements, these have not all been sustained. Respite care, allocation of a home care provider organisation to LHI, and other actions or facilities are currently not providing their intended services to older islanders or their carers. An example is that while a space that could be available for respite care at the hospital exists, without supporting services or people, respite is not effectively available to long suffering carers or the persons they are caring for. The doctor and nurses in the Lord Howe community have been wonderful but their efforts both within their duties and those they choose to provide outside their responsibilities are not enough.

Commonwealth & State roles

One solution to the issue across Australia especially in small and remote communities is understood to be a joint initiative of the Commonwealth and state/NT governments to establish Multi-Purpose Services (MPS) in the 90's. These are administered under the Aged Care Act. The LHI health centre is understood to be one of about 179 MPS in rural and remote Australia.

The MPS Program is a joint initiative of the Australian and state and territory governments. The MPS Program provides integrated health and aged care services in all states and the Northern Territory to regional, rural and remote communities that could not support stand-alone hospitals or aged care homes. It is jointly funded by the Australian Government for aged care services and the state and territory governments for a range of health services. The state and territory health departments are generally the providers, in which case they are responsible for the delivery of aged care services.

Initial drivers for the MPS Program recognised that regional, rural and remote communities often did not have the critical mass of older people to support a viable residential aged care facility (RACF) in the traditional model. Consequently, people requiring residential aged care were having to leave their community and family to live in RACFs elsewhere. At the same time, local councils managing these facilities were divesting themselves of this service due to high costs and poor viability. Rural hospitals were similarly experiencing viability issues due to increasing costs of health care and increases in the acuity of admissions.

Many rural hospitals had 'patients' who were in fact nursing home type patients, living in sub-acute wards for want of another option. The MPS Program provided a solution to these challenges by enabling a more flexible approach to providing both health and aged care in a way that positively benefited communities.

It is understood that the MPS Program was designed to enable:

- improved access to a mix of health and aged care services that met regional, rural and remote community needs
- more innovative, flexible and integrated service delivery
- flexible use of funding and/or resource infrastructure within integrated service planning
- improved quality of care for clients
- improved cost-effectiveness and long-term viability of both health and aged care services.

The majority of MPS are apparently co-located with a hospital, either making use of existing infrastructure or as part of a new build. The Australian Government provides a flexible care subsidy for the aged care component (residential and home care) under a "cashed out" model and state and territory governments provide funding for health services and necessary capital infrastructure.

It is understood that in 2018-19 the Commonwealth appropriated \$181m for MPS and that in 2017/18 around \$150k was allocated from the Commonwealth Government's funds to the South East Sydney Local Health District for the Lord Howe Island MPS. State/NT governments are the majority funders of the MPS program across Australia and contribute about 77% (national average) of overall funding.

Roles and Responsibilities of LHIB

Aged care is not a direct or statutory responsibility of local government or organisations such as the LHIB. However, in representing and serving the needs of their communities, local councils often take a range of initiatives. These can be wide ranging and in NSW these are

often driven through priorities identified by communities in their Community Strategic Plans (CSP). At Lord Howe Island the issue of aged care is clearly an identified issue and concern as expressed through the CSP engagement process.

Examples of steps local councils have taken in other places include facilitating and representing the community with other levels of government and their agencies, providing services or infrastructure to support services such as Meals on Wheels, providing coordination for the effective provisions of services by others, and building and/or managing aged care facilities.

The Lord Howe Island community has in the past taken steps such as funding and building the hospital and associated facilities. The Board owns and manages asset management and renewal of the built infrastructure (other than the internal maintenance) that enables the MPS to operate. It is noted however that there is a lack of formalised clarity in roles, responsibilities and financial arrangements.

Efforts in recent months

Board Resolutions in recent times have included:

- 15 May 2019 - To look at availability of nurse's flat – post REP
- 23 Sept 2019 - Issues Paper to establish taskforce, urgent communications with our Aged Care Provider (Australian Unity)

A range of investigations, meetings and discussions with elected Board members, health care staff, and community members have occurred. A consistent theme has been the need to identify key needs, barriers to their provision or resolution, and achievable steps. Significant effort has occurred by members of the community and hospital staff, as well as the CEO.

A recent meeting of the elected Board members, CEO and a recently returned care professional (Merje Keski-Nummi) established that an audit would be undertaken of those on-island who have need of services and assistance so that some clarity and focus can be applied to any negotiations and efforts for improvements.

A further meeting was held with the son of some aged and frail island community members. His objectives are directly aligned with those expressed for others, and he has progressed such that he will aim to bring a carer to live on their property to care for his parents. This is an expensive undertaking and it is likely that this carer may be able to provide some services to others in need on island, creating some critical mass and better cost effectiveness.

Questions such as whether services must be via the allocated service provider (Australian Unity) or whether another provider such as Adventist Care are yet to be clarified.

CURRENT POSITION

Some individuals have managed to facilitate Aged Care Assessment Team (ACAT) assessments. However, the difficulties of accessing ACAT assessments that need to be in the home or place of residence are a major gateway challenge. Without ACAT assessment and approvals, access to services cannot be achieved.

If ACAT assessment and approvals are achieved, another hurdle is the lack of a person on-island who can provide home care services. It is understood that Australian Unity have been advertising for personnel on Lord Howe for many months in The Signal.

The range of needs, services and facilities that would improve aged care here are many. A key that has emerged from discussions is that a strategic approach that identifies the services most in need, understanding of the achievability of delivering those services given the small population, remote location and commercial/funding barriers will be critical. The audit that is underway will assist to identify needs and to provide case studies that can be used in any advocacy or planning.

The Board Chair Anissa Levy volunteered at the September Board Meeting to convene a senior cross agency taskforce. To facilitate this a two to three page issues paper is being prepared and the appropriate invitees are being identified. An invitation from Anissa with her senior role in the NSW government will assist in bringing momentum and incentive to attend.

It is envisaged that the group would meet early in the new year to table the issues, establish protocols, identify tasks or information needs and map some steps. The second meeting is envisaged as having the benefit of the audit results, and any supporting data and information required.

An on-island working group that includes those already taking steps such as Kara and Karen as well as Merje and any others, will be formalised to coordinate efforts on island, seek to connect people wishing to collaborate, collect facts and data, and clarify the highest priority needs and appropriate goals. Their work can be a key input to the government interagency working group chaired by Anissa Levy.

A key step is the preparation of the issues paper and the CEO will facilitate this in liaison with those mentioned above. It is considered that in an environment of stretched resources, it may be strategically important to seek and prepare some case studies that highlights real people and their real issues. The working group can facilitate this and engaging a professional writer may be beneficial in unwrapping the real human stories and challenge of aging on a remote island.

Next Steps

- Convene (on-island) LHI Aged Care Working Group
- Prepare 2-3 page issues paper for the Board Chair to use in invitation to key government positions.
- Invitation issued to Taskforce by Anissa Levy
- Initial Meeting held.
- Audit completed on island and supporting documentation prepared for Taskforce
- On-island Working Group to coordinate aged care needs and service initiatives in interim.

RECOMMENDATION

It is recommended that the Board note the information provided in this paper.

Prepared: Peter Adams CEO

Endorsed: Peter Adams CEO

Attachments: Nil