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SUBMISSION TO THE ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

INTRODUCTION

The Defence Force Welfare Association (DFWA) welcomes the opportunity to make a submission to the Royal Commission into Aged Care Quality and Safety. Although the Commission's Terms of Reference indicate that its remit covers a wide range of issues which it has been tasked to examine, the ones of specific interest to DFWA and upon which it is qualified to comment relate to those aspects that focus on and are of concern to the ex-military veterans' community.

After all, DFWA is an Australia-wide organisation established in 1959 to specifically foster the best interests and welfare of all members of the ADF and their families in any matter likely to not only affect them during their period of service but afterwards as well.

PREAMBLE

The requirement to address the needs of veterans and how they are supported by the Commonwealth in the aged care system stems from the directive to the Royal Commissioners, that for the purposes of the inquiry "to have regard to the following maters - all forms of Commonwealth aged care services whatever the setting or environment in which those services are delivered".

The Department of Veterans Affairs (DVA) has a role in the provision of aged care services to veterans through a number of programs such as Veterans Home Care and Community Nursing.

In 1997, veterans were granted 'special needs status' in the Aged Care Act in recognition of service to their country.

While veterans form a category of their own they can also belong to other 'special needs' groups, including Aboriginal and Torres Strait Islanders or those residing in rural and/or remote areas.

This submission is made up of two parts:

- **Part One:** A general background of the veteran population in Australia and how they are supported in the aged care system; and
- **Part Two:** A response to Counsel Assisting the Royal Commission for comment on their proposals for far reaching changes to aged care programs that were released in March 2020.

PART ONE - BACKGROUND OF VETERANS POPULATION

1.1 .The Commonwealth Government's responsibility for the health care of veterans stems from Australia's involvement in World War 1.

1.2 Until the introduction of universal health care for all Australians in the 1970s/80s the Department of Veterans Affairs and its predecessors was the only agency that provided health care. That care was limited to veterans who served in the two world wars, and later in the Korean War.

1.3. While the broader Australian health and aged care systems have evolved with improved access and a higher standard of care for all Australians, DVA has and continues to play a key role in ensuring veterans receive the services they need. There remains as strong a case today as there was 102 years ago to recognise the unique nature of military service, and the need for a tailored comprehensive system of support for veterans and their families beyond that provided for the whole Australian population. This support is similar to other support systems provided by other countries as a condition of military service and is accepted by the Australian community. In 2019 that commitment was formalised by the Australian Government when it endorsed a Military Covenant.

Definition of a Veteran

1.4 There is a range of definitions of a 'veteran'

a. The Veterans Entitlement Act defines a veteran as a person (or deceased person) who has rendered eligible war service or as a member of the defence forces who (on or after 31 July 1962) was rendering continuous full-time service outside Australia but not on operational service and was killed or injured by the actions of hostile forces or died, became ill or was injured while engaged in warlike operations against hostile force".

b. The Commonwealth Department of Health has defined a member of the veteran community as "a veteran of the Australian Defence Force or of an allied defence force, or a spouse, widow or widower of a person mentioned above".

c. In 2017 a Roundtable of Australian Veterans' Ministers agreed that a veteran would be defined as anyone who had served at least one day in the ADF

1.5 This submission will use the definition embodied in the Veterans Entitlement Act. It provides legislative authority for the treatment of veterans by virtue of their 'qualifying service'.

Veteran Demographics

1.6 "We think that there are around 631,000 veterans in Australia. So we only know those we support as clients...As at 31 March 2019 there were 287,069 clients of DVA including veterans and non-veterans. Of these DVA clients 175,991 were classified as veterans. We're aware of the 35,792 veterans that are clients of the DVA that are in residential care[1].

1.7 While the older veterans cohort is diminishing each year younger veteran (such as veterans who served in East Timor, Afghanistan and in peacekeeping operations) in receipt of DVA health care cards are increasing in number. The demand for aged care services will continue into the future.

DVA's Role in the Provision of Aged Care

1.8 DVA's current role in the provision of aged care services is grounded in the statutory powers to provide treatment to eligible persons. Treatment is defined under the relevant Acts as treatment provided, or action taken, with a view to restoring a person to, or maintaining a person in physical or mental health, alleviating a person's suffering or ensuring a persons' social well being.

1.9 Current programs and services funded and administered by DVA relevant to aged care include:

- **Veterans Home Care (VHC)** is designed to assist eligible persons who wish to continue living at home by providing a small amount of practical assistance including domestic assistance, personal care, respite care and safety related home and garden maintenance.

- **Coordinated Veterans' Care Program (CVC)** focuses on improving the management of chronic conditions and quality of life who are most at risk of unplanned hospitalisaton through the collaborative development of a care plan. Additional social assistance services are available as part of CVC.

- **Rehabilitation Appliance Program (RAP)** provides rehabilitation aids and appliances to help minimise the impact of their disabilities, enhance their quality of life and maximise independence when undertaking daily living activities.

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[1] Transcript, Adelaide Hearing Ms Cosson, Secretary Department of Veteran Affairs

- **Community Nursing** provides clinical nursing services to persons in their own home. Community nursing can help restore or maintain health and independence at home and assist in avoiding premature admitting to hospital or residential aged care.

- **Respite Care** can be given to carers so that they can be temporarily relieved of their caring responsibilities.

- **Convalescent Care** refers to a short period of non-acute care that is provided to assist recovery from an illness or operation immediately following an acute hospital admission. Convalescent care can be provided in a variety of facilities but cannot be provided at home.

- **Repatriation Transport Scheme** provides transport when travelling for approved medical treatment.

- **Repatriation Pharmaceutical Benefits Scheme** provides a wide range of pharmaceuticals and wound dressings at a concessional rate.

1.10 In 2017-18 47,907 veterans and/or war widows/ers were approved for Veterans Home Care (VHC) and 17,556 received services under the Community Nursing Program[2].

1.11 In 2018-19 a total of 40,206 older veterans were approved for VHC services and 15,605 received community-nursing services[3].

Types of Home Care Packages Available to Older Australians

1.12 The Commonwealth Home Support Program provides a broad range of entry level support services to older people in the community who have functional limitations to remain living independently at home and in their community. These services include centre-based day care, domestic assistance, personal care and social support.

1.13 The Home Care Packages Program helps people with complex care needs to live independently in their own homes.

1.14 From February 2017 Home Care Packages were allocated according to consumer need rather than the hitherto practice of being allocated to providers on the basis of assumed need.

1.15 There are 4 levels of care ranging from low level care needs (Level 1) to high care needs (Level 4) Services provided under these packages tailored to the individual.

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[2] AIHW Report on Government Services, 2019

[3] Productivity Commission Annual Report, January 2020

1.16. As at 30 June 1919 106,707 people were recipients of Home Care packages of which 44.7% received a Home Care Package Level 2.

Veterans Waiting to Receive Home Care Packages

1.17 When a veteran has been assessed as being eligible for a home care package they are managed in common with other members of the Australian aged care community. DVA has no involvement.

1.18 The system has no mechanism to follow up with persons who are on a waiting list to give them updates, including whether they have moved up the waiting list, or how long before a package is available. In the interim, there is a clear and present danger of declining function, inappropriate hospitalisation, voluntary carers burnout and premature admission into residential aged care.

1.19. In 2017-18 the average wait time for the various packages was: level 1 – 7 months; Level 2 – 13 months; Level 3 – 16 months, Level 4 22 months[4].

The Veterans Supplement

1.20 The Veterans Supplement was introduced in 2013 as part of the 'Living Longer Living Better' aged care reforms. All veterans with a mental health condition accepted by DVA and are in receipt of a Commonwealth funded Home Care Package or reside in a Commonwealth funded residential aged care service are eligible to attract the Veterans Supplement. There is no assessment required as eligibility is based on DVA accepted mental health conditions. The supplement was introduced to ensure that service related mental health conditions did not act as a barrier to access appropriate care.

1.21 In Home Care the Veterans Supplement is worth an extra 11.5% and in residential care the supplement is a set fee, currently $7.18 per day.

1.22 While there is an expectation on the provider to determine veteran needs there is no monitoring mechanism to ensure that the additional funds are used to the benefit of the veteran. In most cases it appears that is simply placed in general revenue of the provider.

PART TWO - COMMENTS RELATING TO PROPOSALS BY COUNSEL ASSISTING THE ROYAL COMMISSION

2.1 In March 2020, Counsel Assisting the Royal Commission outlined their current proposals for far reaching changes to aged care program design. Counsel noted: "The purpose of outlining our current proposals for a re-designed aged care program in these submissions is to elicit responses from organisations and entities involved in the aged care system, government, experts, users of aged care

[4] Transcript - Adelaide Hearing 31 January 2019

services and the general public in order to build on the consultations that have already occurred.

The following is the DFWA response to those proposals as they affect the veteran community.

Home Care Packages – Current Policy

2.2 Veterans living at home in need of assistance to enable them to remain living in their homes are currently faced with a piecemeal array of policies that seem to be process driven rather than being patent centric.

- They are provided with complete health care including general practitioner and specialist care, allied health care including dental, physiotherapy, pharmaceutical, podiatry and can include transport to attend practitioners' rooms or home visits by providers such as podiatrists or pathology collection workers.
- Limited home care services such as home cleaning are also available – some with co payments and provided under DVA Home Nursing Programs. These are funded by DVA.
- However, if they require more complex home care packages they have to access them from Department of Health funded and managed packages.
- As was noted in the Foreword to Volume 1 of the Commission's Interim Report the current system of aged care in general "is not built around the people it is supposed to help and support but around funding mechanisms, processes and procedures." and the current policies of Home Care packages to veterans exemplifies that observation.

2.3 As responsibility for aged care rests with the Commonwealth Government there appears no barrier for DVA, another Commonwealth department, to accept responsibility for Home Care Packages. DVA's role is grounded on the statutory powers vested in the Commonwealth to provide treatment to eligible persons. Treatment is defined under the relevant Acts as treatment provided or action taken with a view to restoring a person to, or maintaining a person in physical or mental health, alleviating a person's suffering or ensuring a person's social well being. This would enable a patent focused approach in which the patent in conjunction with their GP as case manager can select what forms of home care are required and to modify those when needed.

2.4 A very significant issue which is common to all needing aged care, not only veterans, is that while waiting for a Home Care Package they are not advised as to their progress up the queue to gain a package. That uncertainty leads to anxiety and deterioration in their health and quality of life.

"Delay in providing services goes to the very heart of quality and safety in aged care[5]".

[5] Interim Report, Volume 2, p 16

2.7 Uncertainty as to availability of home care packages usually results in family members taking on additional responsibilities when they themselves are available. However in many cases family members do not reside in the same locality or they themselves are unable to help because of their own physical limitations. The end result in many cases is a decision to enter residential aged care.

THE RECOMMENDATION BY DFWA IS THAT DVA ASSUME FULL RESPONSIBILITY FOR THE PROVISION OF HOME CARE PACKAGES FOR THOSE VETERANS FOR WHOM THEY HAVE RESPONSIBILITY.

Transition to Residential Aged Care – Veterans Perspective

2.8 For many veterans DVA has provided for their health care for many years. Unfortunately, when transitioning into residential care they must interact with a different government sector and there is a common perception that they have been abandoned by DVA.

2.9. "The transition of older Australians from their homes into residential aged care can be challenging for them and their loved ones. The decision to enter residential aged care often follows a traumatic event such as a fall or a sudden decline in health." - Aged Care Commission Interim Report refers.

"Despite information being available it still appears there is a need to understand the aged care system in order to understand the information. For those without family/friends who can navigate the system the demand for advocacy services to assist individuals to access appropriate care has become more important.... The RSL can report that demand for these aged care advocacy/navigation type services has not decreased with the introduction of the aged care reforms, in fact it has increased[6]".

2.10 Senior Counsel in March 2020 proposed[7] inter alia that "People seeking and receiving aged care should be offered personalized help at all stages, including face-to-face assistance as required, as well as ongoing case management".

A new workforce of care finders should provide this help (where the person warrants or needs it) on a local basis throughout Australia. They should be trained to understand the wishes of older people (including the techniques of supported decision making). Care finders should also take into account the views and needs of informal carers.

Care finders should be able to share local knowledge with people they are assisting and give advice about different care options. Care finders should be able to arrange basic supports on an immediate interim basis and arrange comprehensive assessments."

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[6] RSL Submission to the Commission

[7] Senior Counsel Adelaide hearing, 4 March 2020 p-7907

Expanding on the 'care finder' concept, Counsel recommended that care finders be trained to understand the needs of diverse groups - some will have specialist expertise in this regard'.

2.11 In a recent Productivity Commission Inquiry the Commission found that "The system fails to focus on the lifetime wellbeing of veterans". There needed to be a whole-of-life approach taken by Defence and DVA to support all veterans from entitlement to death. This recommendation must incorporate veterans' aged care needs[8].

2.12. In evidence before the Commission the Secretary of DVA commented: "when members transition out of the Australian Defence Force, we've invested and built a capability to help them navigate their way out.....I believe we now need to do something similar in the aged care space and potentially put forward an outline of building a capability for a coordinator, a veteran coordinator to help our veterans transition into mainstream. We don't have that at the moment[9]".

2.13 At present Services Australia (formerly known as the Department of Human Services) conducts information sessions in a number of regional centers' and metropolitan area that explain the various options of residential aged care. They also offer face to face counseling but obviously not to the extent of recommending a particular provider.

2.14 The "care finder" concept seems to be the same concept that DVA should adopt and would meet the "whole of life approach" recommended by the Productivity Commission.

THE RECOMMENDATION BY DFWA IS THAT DVA SUPPORT THE "CARE FINDER" MODEL IN ITS WHOLE OF LIFE APPROACH TO THE CARE OF VETERANS

Data Collection and Analysis

"The next topic by way of fundamental change I will address is data collection and analysis. Data analytics have the potential to improve the quality and safety of care provided to each individual at the individual level. This is most obvious in areas such as medication management and enabling preventative interventions. The new aged care program should be underpinned by standardised data collection and evaluation[10]'.

2.15 The use of data collection and analysis in this way is already embraced by DVA in its Veterans 'MATES' program (Veterans Medicines Advice and Therapeutics Education Services). All clinical services provided to veterans are paid by DVA, including specialist services and pharmaceuticals that have been prescribed to them.

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[8] "A Better Way to Support Veterans" Productivity Commission Report No 93, June 2019

[9] Statement by Ms Cosson, DVA Secretary, Adelaide hearing

[10] Senior Counsel Adelaide Hearing 4 March 2020 p 7903

2.16 Each year Veterans MATES focuses on 4 topics and utilises DVA's administrative claims data to pinpoint members of the veterans' community who would benefit. The program has focused on increasing use of under-used medicines, reducing adverse medicine events reducing use of unnecessary medicines and improving the utilisation of health services. Each year approximately 77,000 DVA clients receive educational material specific to their health care needs and targeted messages are sent to treating doctors targeted for each DVA client's health care needs.

SUMMARY

To reiterate, the DFWA was established to specifically foster the best interests and welfare of all members of the ADF and their families in any matters likely to not only affect them during their period of service but also once they have retired as well.

Thus, personnel issues and a concern for their well-being are very much at the forefront of the Association's activities. That includes the following:

- Advocating improved conditions of service for ADF members;
- Providing advocacy services on behalf of serving personnel and retirees who may have a claim on the Government under Commonwealth legislation covering superannuation, compensation and veterans' entitlements; and
- Representing the interests of ADF serving members as a recognized intervener at the DFRT. DFWA is also the Defence Employees Representative on the Public Safety Industry Advisory Committee of Government Skills Australia.

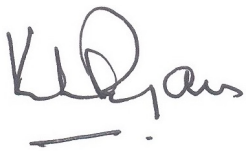
DFWA is strictly politically neutral and has a deliberate policy of remaining outside the Defence policy debate, except where it may affect the well being of serving ADF personnel.

Against this background and mindful of its principal roles, DFWA welcomed the opportunity to make a submission to the Royal Commission into Aged Care Quality and Safety, particularly into aspects that focus on the veterans' community. DFWA recommends to the Royal Commission the following:

- THAT DVA ASSUME FULL RESPONSIBILITY FOR THE PROVISION OF HOME CARE PACKAGES FOR THOSE VETERANS FOR WHOM THEY HAVE RESPONSIBILITY; AND
- THAT DVA ADOPT THE 'CARE FINDER' MODEL IN ITS WHOLE OF LIFE APPROACH TO THE CARE OF VETERANS

At the discretion of the Royal Commission, I offer myself and our Honorary Medical Adviser to appear personally before the Commission at any time, and to answer any questions about the issues contained in this Submission, or other questions that may be deemed appropriate.

Yours Sincerely



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